



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

*32-26-025*

**1. IS THIS AN AMENDMENT?  Yes  No If Yes, please enter the file number in this box. →**

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Ward	First Name Christina	Middle Name Marie	Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) 527 Raintree Dive			5. FAX (Optional) ( )	6. E-mail Address (Optional) wardcsmiles@aol.com	

7. City Danville	State IN	ZIP Code 46122	8. County Hendricks	9. Telephone (Day) (317) 4311119	10. Telephone (Evening) ( )
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11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other _____	12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
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**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate.)  Check if this is a new name.

Christina Ward for Danville School Board

14. Mailing Address (number and street, city, state, and ZIP code) 527 Raintree Drive	<input type="checkbox"/> Check if this is a new address.		15. FAX (Optional) ( )	16. E-mail Address (Optional) wardcsmiles@aol.com
17. City Danville	State IN	ZIP Code 46122	18. County Hendricks	19. Telephone (317) 43111119

21. Chairperson's Full Name Christina Ward	<input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.
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22. Mailing Address (number and street, city, state, and ZIP code) 527 Raintree Drive	<input type="checkbox"/> Check if this is a new address.		23. FAX (Optional) ( )	24. E-mail Address (Optional)
25. City Danville	State IN	ZIP Code 46122	26. County Hendricks	27. Telephone (Day) (317) 43111119

29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)  
PNC Danville

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)	31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Phil Ward	Signature of the Committee Chairperson <i>Phillip A. Ward</i>
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33. Treasurer's Full Name Phillip Arthur Ward	<input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.
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34. Mailing Address (number and street, city, state, and ZIP code) 527 Raintree Drive	<input type="checkbox"/> Check if this is a new address.		35. FAX (Optional) ( )	36. E-mail Address (Optional)
37. City Danville	State IN	ZIP Code 46122	38. County Hendricks	39. Telephone (Day) (317) 43111119

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>Phillip A. Ward</i>
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Christina Ward	Signature of Chairperson <i>Christina Ward</i>	Date (mm/dd/yy) 02/09/2026
43. Typed or Printed Name of Candidate Christina Ward	Signature of Candidate <i>Christina Ward</i>	Date (mm/dd/yy) 02/09/2026

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY  
*Manjorie Pike*  
206 FEB - 9 AM 11:21  
CLERK OF THE INDIANA STATE BOARD OF ELECTIONS  
FILED  
CLERK OF THE INDIANA STATE BOARD OF ELECTIONS