



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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

FILE NUMBER

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

32-24-029

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

| | | | | | |
|--|-------------------------|----------------------|---|---|---|
| 2. Last Name Shafer | First Name Nathaniel | Middle Name Aaron | Nickname Nate | 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) 765 Tateam Drive | | | 5. FAX (Optional) () | 6. E-mail Address (Optional) shafer.nathaniel@gmail.com | |
| 7. City Danville | State IN | ZIP Code 46122 | 8. County Hendricks | 9. Telephone (Day) (828) 337-5504 | 10. Telephone (Evening) (828) 337-5504 |
| 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.) | | |

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | | |
|--|-------------|-------------------|---|---------------------------------------|---|
| 13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Nate Shafer for School Board | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 765 Tateam Drive Danville, IN, 46112 | | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) shafer.nathaniel@gmail.com |
| 17. City Danville | State IN | ZIP Code 46122 | 18. County Hendricks | 19. Telephone (828) 337-5504 | 20. Committee Organization Date (mm/dd/yy) |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Nathaniel Aaron Shafer | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 765 Tateam Drive | | | 23. FAX (Optional) () | | 24. E-mail Address (Optional) shafer.nathaniel@gmail.com |
| 25. City Danville | State IN | ZIP Code 46122 | 26. County Hendricks | 27. Telephone (Day) (828) 337-5504 | 28. Telephone (Evening) (828) 337-5504 |
| 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.) | | | | | |
| 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 | | |

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 | Signature of the Committee Chairperson |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. | | |

| | | | | | |
|---|-------|----------|---------------------------|----------------------------|--------------------------------|
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. | | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) |
| 37. City | State | ZIP Code | 38. County | 39. Telephone (Day) () | 40. Telephone (Evening) () |

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

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|--|---|
| 31. 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 |
|--|---|

SECTION E. CERTIFICATION OF STATEMENT

I 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.

| | | |
|--|--|----------------------------|
| Typed or Printed Name of Chairperson Nathaniel Shafer | Signature of Chairperson Nathaniel Shafer | Date (mm/dd/yy) 9/25/24 |
| Typed or Printed Name of Candidate Nate Shafer | Signature of Candidate Nate Shafer | Date (mm/dd/yy) 9/25/24 |

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

Manojit Pika

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FILED
CLERK OF THE HENDRICKS COUNTY