



**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
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. →						32-25-072
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>						
2. Last Name Zielinski		First Name Daniel		Middle Name Francis	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) 30 Woodfield GN				5. FAX (Optional)		6. E-mail Address (Optional)
7. City Danville	State IN	ZIP Code 46122	8. County Hendricks	9. Telephone (Day) 317 441-8853	10. Telephone (Evening) 317 441-8853	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Hendricks Circuit Court			
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>						
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Dan Zielinski for Circuit Court Judge						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 30 Woodfield GN				15. FAX (Optional)		16. E-mail Address (Optional)
17. City Danville	State IN	ZIP Code 46122	18. County Hendricks	19. Telephone 317 441-8853	20. Committee Organization Date (mm/dd/yy) 07/10/2025	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 30 Woodfield GN				23. FAX (Optional)		24. E-mail Address (Optional)
25. City Danville	State IN	ZIP Code 46122	26. County Hendricks	27. Telephone (Day) 317 441-8853	28. Telephone (Evening) 317 441-8853	
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.) NA						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) NA				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		
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>						
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer Dan Zielinski		Signature of the Committee Chairperson [Signature]	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Dan Zielinski						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 30 Woodfield GN				35. FAX (Optional)		36. E-mail Address (Optional)
37. City Danville	State IN	ZIP Code 46122	38. County Hendricks	39. Telephone (Day) 317 441-8853	40. Telephone (Evening) 317 441-8853	
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>						
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 [Signature]		
<b>SECTION E. CERTIFICATION OF STATEMENT</b>						
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 Dan Zielinski		Signature of Chairperson [Signature]		Date (mm/dd/yy) 07/10/25		
43. Typed or Printed Name of Candidate Dan Zielinski		Signature of Candidate [Signature]		Date (mm/dd/yy) 07/10/25		
<b>Warning:</b> 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

FILED  
CLERK OF HENDRICKS COUNTY  
25 JUL 10 PM 3:23  
Margarita Pike