



**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. →

32-25-060

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

2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
Lofton	Carrie	Elaine			
4. Mailing Address (number and street, city, state, and ZIP code)			5. FAX (Optional)	6. E-mail Address (Optional)	
116 Gale Road			()	celofton75@gmail.com	
7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Danville	IN	46122	Hendricks	317, 945-6072	317, 945-6072
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.) Clerk-Treasurer Town of Danville		

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

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Committee to Elect Carrie E Lofton					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			15. FAX (Optional)	16. E-mail Address (Optional)	
116 Gale Road			()	celofton75@gmail.com	
17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
Danville	IN	46122	Hendricks	317, 945-6072	01/15/2023
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Carrie Elaine Lofton					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			23. FAX (Optional)	24. E-mail Address (Optional)	
116 Gale Road			()	celofton75@gmail.com	
25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Danville	IN	46122	Hendricks	317, 945-6072	317, 945-6072
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.) Hendricks County Bank & Trust Co					
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 Carrie E Lofton	Signature of the Committee Chairperson Carrie E Lofton			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Carrie Elaine Lofton					
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)		
116 Gale Road		()	celofton75@gmail.com		
37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
Danville	IN	46122	Hendricks	317, 945-6072	317, 945-6072

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 Carrie E Lofton
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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	Signature of Chairperson Carrie E Lofton	Date (mm/dd/yy) 07/07/2025
43. Typed or Printed Name of Candidate	Signature of Candidate Carrie E Lofton	Date (mm/dd/yy) 07/07/2025

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

2025 JUL -7 PM 3:23
FILED
CLERK OF THE HENDRICKS COUNTY