



# 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. →

32.25-057

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

2. Last Name Kish	First Name Nicole	Middle Name Lee	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) P.O. Box 213			5. FAX (Optional)	6. E-mail Address (Optional)	
7. City Linton	State IN	ZIP Code 46149	8. County Hendricks	9. Telephone (Day) 317-543-6596	10. Telephone (Evening)
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		

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

13. Full Name of Committee (Do not abbreviate.) Elect Nicole Kish			<input type="checkbox"/> Check if this is a new name.		
14. Mailing Address (number and street, city, state, and ZIP code) Same			15. FAX (Optional)	16. E-mail Address (Optional)	
17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name Nicole Kish			<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) Same			23. FAX (Optional)	24. E-mail Address (Optional)	
25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
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.) N/A					
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. Nicole Kish	Signature of the Committee Chairperson Nicole Kish				
33. Treasurer's Full Name Nicole Kish	<input checked="" 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) Same	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)

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).

## 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 Nicole Kish	Signature of Chairperson Nicole Kish	Date (mm/dd/yy) 7-2-25
43. Typed or Printed Name of Candidate Nicole Kish	Signature of Candidate Nicole Kish	Date (mm/dd/yy) 7-2-25

**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).

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