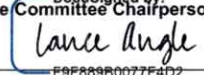
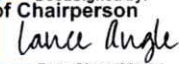
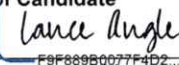




**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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

FILE NUMBER					
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i> 32-25-054					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name ANGLE		First Name LANCE		Middle Name KENYON	
				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) 5726 SARATOGA PLACE				5. FAX (Optional) ()	
				6. E-mail Address (Optional) LANCEANGLE1@GMAIL.COM	
7. City PLAINFIELD	State IN	ZIP Code 46168	8. County HENDRICKS	9. Telephone (Day) (317) 496-9360	10. Telephone (Evening) (317) 496-9360
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.) PLAINFIELD TOWN COUNCIL DISTRICT 2		
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 ANGLE					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5726 SARATOGA PLACE				15. FAX (Optional) ()	
				16. E-mail Address (Optional) LANCEANGLE1@GMAIL.COM	
17. City PLAINFIELD	State IN	ZIP Code 46168	18. County HENDRICKS	19. Telephone (317) 496-9360	20. Committee Organization Date (mm/dd/yy) 06/26/25
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. LANCE ANGLE					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5726 SARATOGA PLACE				23. FAX (Optional) ()	
				24. E-mail Address (Optional)	
25. City PLAINFIELD	State IN	ZIP Code 46168	26. County HENDRICKS	27. Telephone (Day) (317) 496-9360	28. Telephone (Evening) (317) 496-9360
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.) NONE					
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 LANCE ANGLE		
			Signature of the Committee Chairperson  F9F859B0077F4D2...		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. LANCE ANGLE					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5726 SARATOGA PLACE				35. FAX (Optional) ()	
				36. E-mail Address (Optional)	
37. City PLAINFIELD	State IN	ZIP Code 46168	38. County HENDRICKS	39. Telephone (Day) (317) 496-9360	40. Telephone (Evening) (317) 496-9360
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	
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 LANCE ANGLE		Signature of Chairperson 		Date (mm/dd/yy) 6/29/25	
43. Typed or Printed Name of Candidate LANCE ANGLE		Signature of Candidate 		Date (mm/dd/yy) 6/29/25	
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).					

FOR OFFICE USE ONLY

2025 JUL -2 AM 9:38
 MAJOR PIR
 FILED
 CLERK OF THE INDIANAS COURT