



**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 If Yes, please enter the file number in this box. → | | | | | | 32-25-040 |
| SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | | |
| 2. Last Name Sommers | | First Name SHANE | | Middle Name ROBERT | 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) 632 MAC BETH DR AVON IN 46123 | | | | 5. FAX (Optional) | | 6. E-mail Address (Optional) |
| 7. City Avon | State IN | ZIP Code 46123 | 8. County HENDRICKS | 9. Telephone (Day) (317) 509-4291 | 10. Telephone (Evening) (317) 509-4291 | |
| 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.) WASHINGTON TOWNSHIP BOARD | | |
| 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 SHANE SOMMERS FOR WASHINGTON TOWNSHIP BOARD | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 632 MAC BETH DR | | | | 15. FAX (Optional) | | 16. E-mail Address (Optional) |
| 17. City Avon | State IN | ZIP Code 46123 | 18. County HENDRICKS | 19. Telephone (317) 509-4291 | 20. Committee Organization Date (mm/dd/yy) 06/23/2025 | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Shane Robert Sommers | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 632 MAC BETH DR | | | | 23. FAX (Optional) | | 24. E-mail Address (Optional) |
| 25. City Avon | State IN | ZIP Code 46123 | 26. County HENDRICKS | 27. Telephone (Day) (317) 509-4291 | 28. Telephone (Evening) (317) 509-4291 | |
| 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 Signature of the Committee Chairperson Shane Sommers | | |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. SHANE SOMMERS, ROBERT SOMMERS | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 632 MAC BETH DR | | | | 35. FAX (Optional) | | 36. E-mail Address (Optional) |
| 37. City Avon | State IN | ZIP Code 46123 | 38. County HENDRICKS | 39. Telephone (Day) (317) 509-4291 | 40. Telephone (Evening) (317) 509-4291 | |
| 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 | | Signature of Chairperson | | Date (mm/dd/yy) | | |
| 43. Typed or Printed Name of Candidate | | Signature of Candidate | | Date (mm/dd/yy) | | |
| SHANE SOMMERS | | [Signature] | | 06/30/25 | | |
| 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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FILED
JUL 1 2025
25 JUN 30 AM 9:00
Marilyn Price
JUL 1 2025
JUL 1 2025