



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. → 32-25-021					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name Parent		3. First Name Sarah		4. Middle Name Ann	
5. Nickname —		6. 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) 6680 Sylvan Ct.				5. FAX (Optional) ()	
6. E-mail Address (Optional) ()					
7. City Avon		8. State IN		9. ZIP Code 46123	
10. County Hendricks		11. Telephone (Day) ()		12. Telephone (Evening) ()	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other Non-Partisan					
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Avon School Corporation School 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. Friends of Sarah Parent for Avon Schools					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. Same as above				15. FAX (Optional) ()	
16. E-mail Address (Optional) ()					
17. City ()		18. State ()		19. ZIP Code ()	
20. County ()		21. Telephone (Day) ()		22. Telephone (Evening) ()	
23. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.					
24. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. Same as above				25. FAX (Optional) ()	
26. E-mail Address (Optional) ()					
27. City ()		28. State ()		29. ZIP Code ()	
30. County ()		31. Telephone (Day) ()		32. 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.) Everwise					
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. Sarah Parent				33. Signature of the Committee Chairperson SParent	
34. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.					
35. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. Same as above				36. FAX (Optional) ()	
37. E-mail Address (Optional) ()					
38. City ()		39. State ()		40. ZIP Code ()	
41. County ()		42. Telephone (Day) ()		43. Telephone (Evening) ()	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)					
44. 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).				45. Signature of Person Accepting Appointment SParent	
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.					
46. Typed or Printed Name of Chairperson		47. Signature of Chairperson		48. Date (mm/dd/yy) 6/25/25	
49. Typed or Printed Name of Candidate Sarah Parent		50. Signature of Candidate SParent		51. Date (mm/dd/yy) 6/25/25	
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 JUN 26 AM 8:46
Majorie Pike

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CLERK OF THE INDIANA COURT