



**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. → 32-25-024

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

2. Last Name BRANDGARD	First Name ROBIN	Middle Name GIRARD	Nickname N/A	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) 652 BEECH DR W; PLAINFIELD, IN 46168		5. FAX (Optional) N/A		6. E-mail Address (Optional) ROBIN.BRANDGARD@AOL.COM	
7. City PLAINFIELD	State IN	ZIP Code 46168	8. County HENDRICKS	9. Telephone (Day) 317, 839, 7375	10. Telephone (Evening) 317, 839, 7375
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 WARD 4		

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. BRANDGARD FOR TOWN COUNCIL					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 652 BEECH DR W; PLAINFIELD, IN 46168		15. FAX (Optional) N/A		16. E-mail Address (Optional) ROBIN.BRANDGARD@AOL.COM	
17. City PLAINFIELD	State IN	ZIP Code 46168	18. County HENDRICKS	19. Telephone 317, 839, 7375	20. Committee Organization Date (mm/dd/yy) 06/25/25
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. ROBIN GIRARD BRANDGARD					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 652 BEECH DR W; PLAINFIELD, IN 46168		23. FAX (Optional) N/A		24. E-mail Address (Optional) ROBIN.BRANDGARD@AOL.COM	
25. City PLAINFIELD	State IN	ZIP Code 46168	26. County HENDRICKS	27. Telephone (Day) 317, 839, 7375	28. Telephone (Evening) 317, 839, 7375
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.) N/A			31. Salaries and Reimbursements (Will the committee pay the candidate a salary reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input 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 VIRGINIA L. BRANDGARD	Signature of the Committee Chairperson Robin G. Brandgard
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. VIRGINIA L. BRANDGARD		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 652 BEECH DR W; PLAINFIELD, IN 46168		35. FAX (Optional) N/A
36. E-mail Address (Optional) GINNY.BRANDGARD@AOL.COM	37. City PLAINFIELD	State IN
ZIP Code 46168	38. County HENDRICKS	39. Telephone (Day) 317, 839, 7375
40. Telephone (Evening) 317, 839, 7375		

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 Virginia L. Brandgard
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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 ROBIN GIRARD BRANDGARD	Signature of Chairperson Robin G. Brandgard	Date (mm/dd/yy) 06/25/25
43. Typed or Printed Name of Candidate ROBIN GIRARD BRANDGARD	Signature of Candidate Robin G. Brandgard	Date (mm/dd/yy) 06/25/25

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 1:54
MAYOR PKE
FILED
CLERK OF SUPERIOR COURT