



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**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. →

32-25-014

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

2. Last Name LAWSON		First Name NICOLE		Middle Name	Nickname NICKI	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) 1319 BROOK CT				5. FAX (Optional) ( )		6. E-mail Address (Optional)
7. City DANVILLE	State IN	ZIP Code 46122	8. County HENDRICKS	9. Telephone (Day) (317) 946-4357	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.) ASSESSOR		

**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. NICKI LAWSON FOR ASSESSOR						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1319 BROOK CT				15. FAX (Optional) ( )		16. E-mail Address (Optional)
17. City DANVILLE	State IN	ZIP Code 46122	18. County HENDRICKS	19. Telephone (Day) (317) 946-4357	20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. NICOLE LAWSON						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1319 BROOK CT				23. FAX (Optional) ( )		24. E-mail Address (Optional)
25. City DANVILLE	State IN	ZIP Code 46122	26. County HENDRICKS	27. Telephone (Day) (317) 946-4357	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.) NONE AT THIS TIME						
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 NICOLE LAWSON		Signature of the Committee Chairperson	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. NICOLE LAWSON						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1319 BROOK CT				35. FAX (Optional) ( )		36. E-mail Address (Optional)
37. City DANVILLE	State IN	ZIP Code 46122	38. County HENDRICKS	39. Telephone (Day) (317) 946-4357	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).	Signature of Person Accepting Appointment
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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 NICOLE LAWSON	Signature of Chairperson Nicole Lawson	Date (mm/dd/yy) 6/25/2025
43. Typed or Printed Name of Candidate NICOLE LAWSON	Signature of Candidate Nicole Lawson	Date (mm/dd/yy) 6/25/2025

**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**

FILED  
JUL 1 2025  
JUL 1 2025 JUN 25 AM 9:13  
Majorie Pike  
CLERK OF THE INDIANA COURTS