



**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. →

32-25-004

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

2. Last Name STARK	First Name ANN	Middle Name NICOLE	Nickname	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) 10008 OLYMPIC CIRCLE INDIANAPOLIS, IN 46234			5. FAX (Optional)	6. E-mail Address (Optional) ANNSTARK95@YAHOO.COM	
7. City INDIANAPOLIS	State IN	ZIP Code 46234	8. County HENDRICKS	9. Telephone (Day) (317) 333-9831	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.) COUNTY AUDITOR		

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 ANN STARK FOR AUDITOR					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 10008 OLYMPIC CIRCLE INDIANAPOLIS, IN 46234			15. FAX (Optional)	16. E-mail Address (Optional) ANNSTARK95@YAHOO.COM	
17. City INDIANAPOLIS	State IN	ZIP Code 46234	18. County HENDRICKS	19. Telephone (317) 333-9831	20. Committee Organization Date (mm/dd/yy) 06/24/25
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. ANN STARK					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 10008 OLYMPIC CIRCLE INDIANAPOLIS, IN 46234			23. FAX (Optional)	24. E-mail Address (Optional) ANNSTARK95@YAHOO.COM	
25. City INDIANAPOLIS	State IN	ZIP Code 46234	26. County HENDRICKS	27. Telephone (Day) (317) 333-9831	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.) JP MORGAN CHASE					
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 ANN STARK	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. ANN STARK					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 10008 OLYMPIC CIRCLE INDIANAPOLIS, IN 46234		35. FAX (Optional)	36. E-mail Address (Optional) ANNSTARK95@YAHOO.COM		
37. City INDIANAPOLIS	State IN	ZIP Code 46234	38. County HENDRICKS	39. Telephone (Day) (317) 333-9831	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 ANN STARK	Signature of Chairperson 	Date (mm/dd/yy) 06/24/25
43. Typed or Printed Name of Candidate ANN STARK	Signature of Candidate 	Date (mm/dd/yy) 06/24/25

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

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CLERK OF HENDRICKS COUNTY
Indiana File