



**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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. → 32-25-009									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name Hesson		First Name Larry		Middle Name Ray		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) 620 Lawndale Drive						5. FAX (Optional)		6. E-mail Address (Optional) larryhesson@netzero.net	
7. City Plainfield		State IN	ZIP Code 46168	8. County Hendricks		9. Telephone (Day) 317 625-0907		10. Telephone (Evening) 317 625-0907	
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.) Hendricks County Council at Large					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Hesson - County Council									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 620 Lawndale Drive						15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Plainfield		State IN	ZIP Code 46168	18. County Hendricks		19. Telephone 317 625-0907		20. Committee Organization Date (mm/dd/yy) 06/24/25	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Larry Ray Hesson									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 620 Lawndale Drive						23. FAX (Optional)		24. E-mail Address (Optional)	
25. City Plainfield		State IN	ZIP Code 46168	26. County Hendricks		27. Telephone (Day) 317 625-0907		28. Telephone (Evening) 317 625-0907	
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.)									
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. Larry R. Hesson						Signature of the Committee Chairperson Larry R. Hesson			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Larry Ray Hesson									
34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 620 Lawndale Drive						35. FAX (Optional)		36. E-mail Address (Optional)	
37. City Plainfield		State IN	ZIP Code 46168	38. County Hendricks		39. Telephone (Day) 317 625-0907		40. Telephone (Evening) 317 625-0907	
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 Larry R. Hesson			
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 Larry R. Hesson			Signature of Chairperson Larry R. Hesson			Date (mm/dd/yy) 06/24/25			
43. Typed or Printed Name of Candidate Larry R. Hesson			Signature of Candidate Larry R. Hesson			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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