



**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. → 32-25-035

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

2. Last Name Delp	First Name Loren	Middle Name P	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) 7686 Barberry Ct.	5. FAX (Optional) ()	6. E-mail Address (Optional) delpforprosecutor@gmail.com
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7. City Brownsburg	State IN	ZIP Code 46112	8. County Hendricks	9. Telephone (Day) (317) 654-7250	10. Telephone (Evening) ()
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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.) Prosecuting Attorney for 55th Judicial Circuit
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SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) Check if this is a new name.

Loren Delp for Prosecutor

14. Mailing Address (number and street, city, state, and ZIP code) 7686 Barberry Ct.	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional) delpforprosecutor@gmail.com
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17. City Brownsburg	State IN	ZIP Code 46112	18. County Hendricks	19. Telephone (317) 654-7250	20. Committee Organization Date (mm/dd/yy) 06/25/2025
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21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.

22. Mailing Address (number and street, city, state, and ZIP code) 7686 Barberry Ct.	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ()	24. E-mail Address (Optional)
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25. City Brownsburg	State IN	ZIP Code 46112	26. County Hendricks	27. Telephone (Day) (317) 654-7250	28. Telephone (Evening) ()
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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.)
State Bank of Lizton

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
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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.	Brian Woodard	Person Appointed Treasurer	Signature of the Committee Chairperson
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33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.

Brian Nicholas Woodard

34. Mailing Address (number and street, city, state, and ZIP code) 6498 Juliet Dr.	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ()	36. E-mail Address (Optional)
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37. City Avon	State IN	ZIP Code 46123	38. County Hendricks	39. Telephone (Day) (317) 460-7472	40. Telephone (Evening) ()
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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 <i>Loren Delp</i>
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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 Loren Delp	Signature of Chairperson <i>Loren Delp</i>	Date (mm/dd/yy) 1/7/26
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43. Typed or Printed Name of Candidate Loren Delp	Signature of Candidate <i>Loren Delp</i>	Date (mm/dd/yy) 1/7/26
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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

**CLERK OF THE INDIANA SUPREME COURT
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