



**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>									
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	
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	
7. City Brownsburg		State IN	ZIP Code 46112	8. County Hendricks		9. Telephone (Day) (317) 654-7250		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.) Prosecuting Attorney for 55th Judicial Circuit					
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. Loren Delp for Prosecutor									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 7686 Barberry Ct.						15. FAX (Optional) ()		16. E-mail Address (Optional) delpforprosecutor@gmail.com	
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	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 7686 Barberry Ct.						23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City Brownsburg		State IN	ZIP Code 46112	26. County Hendricks		27. Telephone (Day) (317) 654-7250		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.) 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			
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 Brian Woodard			Signature of the Committee Chairperson		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Brian Nicholas Woodard									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 6498 Juliet Dr.						35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City Avon		State IN	ZIP Code 46123	38. County Hendricks		39. Telephone (Day) (317) 460-7472		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 			
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 				Date (mm/dd/yy) 1/7/26		
43. Typed or Printed Name of Candidate LOREN DELP			Signature of Candidate 				Date (mm/dd/yy) 1/7/26		
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).									

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CLERK OF SUPERIOR COURT