



**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. →

32-26-008

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

2. Last Name	First Name	Middle Name	Nickname		3. Type of Committee (Check one)
Steinmetz	Kyle	Leigh			<input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code)			5. FAX (Optional) ()		6. E-mail Address (Optional) kylesteinmetz@gmail.com
PO Box 452					
7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Pittsboro	IN	46167	Hendricks	(317) 440-9723	(317) 440-9723
11. Party Affiliation			12. Office Sought (Include district number, if any. Not required for an exploratory committee.)		
<input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			Middle Township Trustee, Hendricks County		

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.	
Kyle Steinmetz for Middle Township Trustee					
14. Mailing Address (number and street, city, state, and ZIP code)				<input type="checkbox"/> Check if this is a new address.	
PO Box 452				()	
17. City				15. FAX (Optional) ()	16. E-mail Address (Optional) kylesteinmetz@gmail.com
Pittsboro					
18. County				19. Telephone	20. Committee Organization Date (mm/dd/yy)
Hendricks				(317) 440-9723	01/20/26
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.					
23. FAX (Optional) ()					
24. E-mail Address (Optional)					
25. City					
26. County					
27. Telephone (Day)					
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.)					
To be established - State Bank Pittsboro IN					
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 type="checkbox"/> No		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee.				Signature of the Committee Chairperson 12/20/26	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.					
Kyle Leigh Steinmetz					
34. Mailing Address (number and street, city, state, and ZIP code)				<input type="checkbox"/> Check if this is a new address.	
PO Box 452				()	
37. City				35. FAX (Optional) ()	36. E-mail Address (Optional)
Pittsboro				IN	46167
38. County				39. Telephone (Day)	40. Telephone (Evening)
Hendricks				(317) 440-9723	(317) 440-9723

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 Kyle Steinmetz	
FOR OFFICE USE ONLY				

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	Signature of Chairperson	Date (mm/dd/yy)
Kyle Leigh Steinmetz	Kyle Steinmetz	01/20/26
43. Typed or Printed Name of Candidate	Signature of Candidate	Date (mm/dd/yy)
Kyle Leigh Steinmetz	Kyle Steinmetz	01/20/26

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).