



**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. → 32-26-0060					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name Rose	First Name Darlene	Middle Name Sue	Nickname		
4. Mailing Address (number and street, city, state, and ZIP code) 697 South Tennessee Street			5. FAX (Optional) (N/A)	6. E-mail Address (Optional) dsrose99@gmail.com	
7. City Danville	State IN	ZIP Code 46122	8. County Hendricks	9. Telephone (Day) (317) 679-1629	10. Telephone (Evening) (317) 679-1629
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) Center Township Trustee		
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. Elect Darlene Rose					
14. Mailing Address (number and street, city, state, and ZIP code) 697 South Tennessee Street			<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) (N/A)	16. E-mail Address (Optional) dsrose99@gmail.com
17. City Danville	State IN	ZIP Code 46122	18. County Hendricks	19. Telephone (317) 679-1629	20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name <input 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	State	ZIP Code	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.)					
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 committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer Jennifer I. Pearcey	Signature of the Committee Chairperson Darlene S. Rose	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Jennifer I. Pearcey					
34. Mailing Address (number and street, city, state, and ZIP code) 4087 Galena Dr. #1			<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ())	36. E-mail Address (Optional) jennifpearcy@comcast.net
37. City Avon	State IN	ZIP Code 46123	38. County Hendricks	39. Telephone (Day) (317) 697-7164	40. Telephone (Evening) (317) 697-7164
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 Jennifer I. Pearcey		
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 Darlene Rose	Signature of Chairperson Darlene S. Rose		Date (mm/dd/yy) 01/20/2026		
43. Typed or Printed Name of Candidate Darlene Rose	Signature of Candidate Darlene Rose		Date (mm/dd/yy) 01/20/2026		
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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Mayrose File