



**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 If Yes, please enter the file number in this box. → 32-26-006					
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	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) 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.)		
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			15. FAX (Optional) () N/A	16. E-mail Address (Optional) dsrose@dsrose99@gmail.com	
17. City Danville	State IN	ZIP Code 46122	18. County Hendricks	19. Telephone 317,629-1629	20. Committee Organization Date (mm/dd/yy) 01/20/2026
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) ()			23. FAX (Optional) ()	24. E-mail Address (Optional)	
25. City Huntington	State IN	ZIP Code 46755	26. County Hendricks	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.) Huntington					
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 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 Drive			35. FAX (Optional) () N/A	36. E-mail Address (Optional) jenny.pearcey@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 2021 JAN 22 AM 9:12		
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 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).					

FOR OFFICE USE ONLY
2021 JAN 22 AM 9:12
Marjorie Pike
**FILED
PROSECUTOR'S OFFICE
INDIANA SUPREME COURT**