



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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. → 32-26-020

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

2. Last Name Stinson	First Name Nancy	Middle Name ---	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) PO Box 1018 Brownsburg IN 46112		5. FAX (Optional) (-----)		6. E-mail Address (Optional) Nancy4INOffice@gmail.com
7. City Brownsburg	State IN	ZIP Code 46112	8. County Hendricks	9. Telephone (Day) (317) 258-4853
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Brownsburg Town Council Member, Ward 5	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Nancy 4 Indiana Office				
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. PO Box 1018 Brownsburg IN 46112			15. FAX (Optional) (---)	16. E-mail Address (Optional) Nancy4INOffice@gmail.com
17. City Brownsburg	State IN	ZIP Code 46112	18. County Hendricks	19. Telephone (317) 258-4853
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Nancy Stinson			20. Committee Organization Date (mm/dd/yy) 01/29/26	
22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. PO Box 1018 Brownsburg IN 46112			23. FAX (Optional) (---)	24. E-mail Address (Optional) Nancy4INOffice@gmail.com
25. City Brownsburg	State IN	ZIP Code 46112	26. County Hendricks	27. Telephone (Day) (317) 258-4853
28. Telephone (Evening) (317) 258-4853				
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.) Hendricks County Bank & Trust				
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. Nancy Stinson	Signature of the Committee Chairperson Nancy Stinson
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Nancy Stinson	
34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. PO Box 1018 Brownsburg IN 46112	
35. FAX (Optional) (---)	36. E-mail Address (Optional) Nancy4INOffice@gmail.com
37. City Brownsburg	State IN
ZIP Code 46112	38. County Hendricks
39. Telephone (Day) (317) 258-4853	40. Telephone (Evening) (317) 258-4853

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
Nancy Stinson

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 Nancy Stinson	Signature of Chairperson Nancy Stinson	Date (mm/dd/yy) Feb 4 '26
43. Typed or Printed Name of Candidate Nancy Stinson	Signature of Candidate Nancy Stinson	Date (mm/dd/yy) Feb 4 '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).

FOR OFFICE USE ONLY

FILED
DEPOSITED IN COURT
FEB -4 PM 2:38
Majors Pica