



**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. →

32-26-023

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

2. Last Name <b>Baggesen</b>	First Name <b>Theodore</b>	Middle Name <b>Patrick</b>	Nickname <b>Ted</b>	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) <b>9554 S CR 100 East</b>	5. FAX (Optional) ( )	6. E-mail Address (Optional) <b>tpbaggesen@msn.com</b>
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7. City <b>Clayton</b>	State <b>IN</b>	ZIP Code <b>46118</b>	8. County <b>Hendricks</b>	9. Telephone (Day) <b>317 246 8874</b>	10. Telephone (Evening) <b>Same</b>
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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.) <b>Liberty Township Board</b>
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**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate.)  Check if this is a new name.  
**Baggesen Leads**

14. Mailing Address (number and street, city, state, and ZIP code) <b>9554 S CR 100 East</b>	<input type="checkbox"/> Check if this is a new address. ( )	15. FAX (Optional) ( )	16. E-mail Address (Optional) <b>tpbaggesen@msn.com</b>
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17. City <b>Clayton</b>	State <b>IN</b>	ZIP Code <b>46118</b>	18. County <b>Hendricks</b>	19. Telephone <b>317 246 8874</b>	20. Committee Organization Date (mm/dd/yy) <b>Same</b>
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21. Chairperson's Full Name  Designate Candidate as Chairperson.  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)
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25. City	State	ZIP Code	26. County	27. Telephone (Day) ( )	28. Telephone (Evening) ( )
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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.)  
**North Salem Bank**

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
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**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 <b>Meg Baggesen</b>	Signature of the Committee Chairperson <b>Theodore P. Baggesen</b>
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33. Treasurer's Full Name  Designate candidate as treasurer.  Check if this is a new treasurer.

**Meg Baggesen**

34. Mailing Address (number and street, city, state, and ZIP code) <b>9554 S CR 100 East Clayton 46118</b>	<input type="checkbox"/> Check if this is a new address. ( )	35. FAX (Optional) ( )	36. E-mail Address (Optional)
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37. City <b>Clayton</b>	State <b>IN</b>	ZIP Code <b>46118</b>	38. County <b>Hendricks</b>	39. Telephone (Day) <b>317 250 6388</b>	40. Telephone (Evening) <b>Same</b>
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**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 <b>Meg Baggesen</b>
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**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 <b>Theodore P. Baggesen</b>	Signature of Chairperson <b>Theodore P. Baggesen</b>	Date (mm/dd/yy) <b>02/15/26</b>
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43. Typed or Printed Name of Candidate <b>Theodore P. Baggesen</b>	Signature of Candidate <b>Theodore P. Baggesen</b>	Date (mm/dd/yy) <b>02/15/26</b>
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**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**

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CLERK OF HENDRICKS COUNTY  
FEB 5 PM 2:59**