



**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. →

32-26-031

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

2. Last Name Setser	First Name Laurel	Middle Name Thomas	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) 2496 N Washington St.			5. FAX (Optional)	6. E-mail Address (Optional) lsetser@avonlibrary.net	
7. City Danville	State IN	ZIP Code 46122	8. County Hendricks	9. Telephone (Day) (317) 985-2640	10. Telephone (Evening) (317) 985-2640
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 Board		

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. Setser for Center Township					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2496 N Washington St.			15. FAX (Optional)	16. E-mail Address (Optional) lsetser@avonlibrary.net	
17. City Danville	State IN	ZIP Code 46122	18. County Hendricks	19. Telephone (317) 985-2640	20. Committee Organization Date (mm/dd/yy) 2/1/2024
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Laurel T Setser					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2496 N Washington St.			23. FAX (Optional)	24. E-mail Address (Optional) lsetser@avonlibrary.net	
25. City Danville	State IN	ZIP Code 46122	26. County Hendricks	27. Telephone (Day) (317) 985-2640	28. Telephone (Evening) (317) 985-2640
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 National 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 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. Laurel T Setser			Signature of the Committee Chairperson <i>[Signature]</i>		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Laurel T Setser					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2496 N Washington St.			35. FAX (Optional)	36. E-mail Address (Optional) lsetser@avonlibrary.net	
37. City Danville	State IN	ZIP Code 46122	38. County Hendricks	39. Telephone (Day) (317) 985-2640	40. Telephone (Evening) (317) 985-2640

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 <i>[Signature]</i>
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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 Laurel T Setser	Signature of Chairperson <i>[Signature]</i>	Date (mm/dd/yy) 2/9/2024
43. Typed or Printed Name of Candidate Laurel T Setser	Signature of Candidate <i>[Signature]</i>	Date (mm/dd/yy) 2/9/2024

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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26 FEB 10 AM 8:05
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