



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. →

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

2. Last Name SHOUSE		First Name THOMAS		Middle Name BRACK	Nickname TOM	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) 4324 STRATFORD				5. FAX (Optional) ()		6. E-mail Address (Optional) Tommy724@aol.com	
7. City EVANSVILLE	State IN	ZIP Code 47710	8. County VANDERBURGH	9. Telephone (Day) (812) 3055000		10. Telephone (Evening) (812) 3055000	
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.) CENTER TOWNSHIP ADVISORY 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 type="checkbox"/> Check if this is a new name. TOM SHOUSE FOR CENTER TOWNSHIP ADVISORY BOARD							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4324 STRATFORD ROAD				15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City EVANSVILLE	State IN	ZIP Code 47710	18. County VANDERBURGH	19. Telephone (812) 3055000		20. Committee Organization Date (mm/dd/yy) 01/28/2026	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. THOMAS B SHOUSE							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4324 STRATFORD ROAD				23. FAX (Optional) ()		24. E-mail Address (Optional) Tommy724@aol.com	
25. City EVANSVILLE	State IN	ZIP Code 47710	26. County VANDERBURGH	27. Telephone (Day) (812) 3055000		28. Telephone (Evening) (812) 3055000	
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.) UNITED FIDELITY 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.		Person Appointed Treasurer Thomas B Shouse		Signature of the Committee Chairperson Thomas B Shouse	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. THOMAS B SHOUSE					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4324 STRATFORD ROAD				35. FAX (Optional) ()	
36. E-mail Address (Optional)					
37. City EVANSVILLE	State IN	ZIP Code 47710	38. County VANDERBURGH	39. Telephone (Day) (812) 3055000	
40. Telephone (Evening) (812) 3055000					

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 Thomas B Shouse
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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 THOMAS B SHOUSE	Signature of Chairperson Thomas B Shouse	Date (mm/dd/yy) 2/3/2026
43. Typed or Printed Name of Candidate THOMAS B SHOUSE	Signature of Candidate Thomas B Shouse	Date (mm/dd/yy) 2/3/2026

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

VANDERBURGH CIRCUIT COURT
★ FILED ★
FEB 03 2026