



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R14 / 10-17)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

FEB 6 10:21AM

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 <i>Shetler</i>	First Name <i>Thomas</i>	Middle Name <i>James</i>	Nickname <i>Tommy</i>	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) <i>10837 Havenwood Meadows</i>	5. FAX (Optional) ()	6. E-mail Address (Optional) <i>ThomasJShetleriii@gmail.com</i>
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7. City <i>Evansville</i>	State <i>IN</i>	ZIP Code <i>47725</i>	8. County <i>Vanderburgh</i>	9. Telephone (Day) <i>(812) 319 5057</i>	10. Telephone (Evening) <i>(812) 319 5150</i>
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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.) <i>Central Township trustee Board</i>
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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.) <i>Committee to elect Thomas J. Shetler</i>	<input type="checkbox"/> Check if this is a new name.
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14. Mailing Address (number and street, city, state, and ZIP code) <i>1253 Edinburgh Ave</i>	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional) <i>ThomasJShetleriii@gmail.com</i>
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17. City <i>Evansville</i>	State <i>IN</i>	ZIP Code <i>47711</i>	18. County <i>Vanderburgh</i>	19. Telephone <i>(812) 319 5057</i>	20. Committee Organization Date (mm/dd/yy) <i>2-6-26</i>
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21. Chairperson's Full Name <i>Thomas J. Shetler III</i>	<input type="checkbox"/> Designate Candidate as Chairperson.	<input checked="" type="checkbox"/> Check if this is a new chairperson.
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22. Mailing Address (number and street, city, state, and ZIP code) <i>10837 Havenwood Meadows</i>	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ()	24. E-mail Address (Optional) <i>ThomasJShetleriii@gmail.com</i>
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25. City <i>Evansville</i>	State <i>IN</i>	ZIP Code <i>47725</i>	26. County <i>Vanderburgh</i>	27. Telephone (Day) <i>(812) 319 5057</i>	28. Telephone (Evening) <i>(812) 319 5050</i>
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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.) <i>None</i>	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
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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 <i>Thomas Shetler III</i>	Signature of the Committee Chairperson <i>Thomas J. Shetler</i>
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33. Treasurer's Full Name <i>Thomas Shetler</i>	<input type="checkbox"/> Designate candidate as treasurer.	<input checked="" type="checkbox"/> Check if this is a new treasurer.
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34. Mailing Address (number and street, city, state, and ZIP code) <i>4213 Weaver Rd</i>	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ()	36. E-mail Address (Optional) <i>ThomasJShetleriii@gmail.com</i>
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37. City <i>Evansville</i>	State <i>IN</i>	ZIP Code <i>47711</i>	38. County <i>Vanderburgh</i>	39. Telephone (Day) <i>(812) 319 5050</i>	40. Telephone (Evening) <i>(812) 465 0245</i>
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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 <i>Tom Shetler</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.	FOR OFFICE USE ONLY
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42. Typed or Printed Name of Chairperson <i>Thomas Shetler</i>	Signature of Chairperson <i>Thomas Shetler</i>	Date (mm/dd/yy) <i>2-6-26</i>
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43. Typed or Printed Name of Candidate <i>Thomas Shetler</i>	Signature of Candidate <i>Thomas Shetler</i>	Date (mm/dd/yy) <i>2-6-26</i>
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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).	VANDERBURGH CIRCUIT COURT FILED FEB 06 2026 K6
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