

**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 <i>If Yes, please enter the file number in this box. →</i>													
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.													
2. Last Name Pfister			First Name Robert			Middle Name J			Nickname			3. Type of Committee (Check one) ☒ Candidate's Principal Committee ☐ Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 11319 Shoreline Dr						5. FAX (Optional) ()			6. E-mail Address (Optional) rob@robpfister.com				
7. City Leo			State IN	ZIP Code 46765-9718		8. County Allen		9. Telephone (Day) (260) 433-8080		10. Telephone (Evening) ()			
11. Party Affiliation ☒ Democratic ☐ Libertarian ☐ Republican ☐ Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Cedar Creek 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.) ☐ Check if this is a new name. Pfister for Cedar Creek Township													
14. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 11319 Shoreline Dr						15. FAX (Optional) ()			16. E-mail Address (Optional) rob@robpfister.com				
17. City Leo			State IN	ZIP Code 46765-9718		18. County Allen		19. Telephone (260) 433-8080		20. Committee Organization Date (mm/dd/yy) 02/06/2026			
21. Chairperson's Full Name ☒ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson. Robert J Pfister													
22. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 11319 Shoreline Dr						23. FAX (Optional) ()			24. E-mail Address (Optional) rob@robpfister.com				
25. City Leo			State IN	ZIP Code 46765-9718		26. County Allen		27. Telephone (Day) (260) 433-8080		28. Telephone (Evening) ()			
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.) Chase													
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.) ☐ Yes ☒ 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 Robert J Pfister			Signature of the Committee Chairperson 				
33. Treasurer's Full Name ☒ Designate candidate as treasurer. ☐ Check if this is a new treasurer. Robert J Pfister													
34. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 11319 Shoreline Dr						35. FAX (Optional) ()			36. E-mail Address (Optional) rob@robpfister.com				
37. City Leo			State IN	ZIP Code 46765-9718		38. County Allen		39. Telephone (Day) (260) 433-8080		40. Telephone (Evening) ()			
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 							
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 Robert J Pfister				Signature of Chairperson 				Date (mm/dd/yy) 02/10/2026					
43. Typed or Printed Name of Candidate Robert J Pfister				Signature of Candidate 				Date (mm/dd/yy) 02/10/2026					
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).													