



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 LAWRENCE	First Name MIKAH	Middle Name ANTHONY	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) 3302 DIXON LN APT 152			5. FAX (Optional)	6. E-mail Address (Optional)
7. City KOKOMO	State IN	ZIP Code 46902	8. County HOWARD	9. Telephone (Day) (765) 865-7279
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 TRUSTEE	
10. Telephone (Evening) (765) 865-7279				

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. COMMITTEE TO ELECT MIKAH LAWRENCE				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3302 DIXON LN APT 152			15. FAX (Optional)	16. E-mail Address (Optional)
17. City KOKOMO	State IN	ZIP Code 46902	18. County HOWARD	19. Telephone (765) 865-7279
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. MIKAH A LAWRENCE			20. Committee Organization Date (mm/dd/yy) 02/11/26	
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3302 DIXON LN APT 152			23. FAX (Optional)	24. E-mail Address (Optional)
25. City KOKOMO	State IN	ZIP Code 46902	26. County HOWARD	27. Telephone (Day) (765) 865-7279
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.) COMMUNITY FIRST				
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	

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. MIKAH LAWRENCE		Signature of the Committee Chairperson <i>Mikah A Lawrence</i>		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. MIKAH A LAWRENCE				
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3302 DIXON LN APT 152			35. FAX (Optional)	36. E-mail Address (Optional)
37. City KOKOMO	State IN	ZIP Code 46902	38. County HOWARD	39. Telephone (Day) (765) 865-7279
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
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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.			<p>FOR OFFICE USE ONLY</p> <p>FILED</p> <p>FEB 11 2026</p> <p>DEBBIE STEWART Clerk Howard Cir. Court</p>
42. Typed or Printed Name of Chairperson MIKAH A LAWRENCE	Signature of Chairperson <i>Mikah A Lawrence</i>	Date (mm/dd/yy) 2/11/26	
43. Typed or Printed Name of Candidate MIKAH A LAWRENCE	Signature of Candidate <i>Mikah A Lawrence</i>	Date (mm/dd/yy) 2/11/26	
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).			