

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of Indiana

Richard Stanley, Jr. and Tim Clark

Plaintiff(s)

v.

Brown County Election Board

Defendant(s)

Civil Action No. 25-1482-TWP-MKK

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Mark Williams
President of Brown County Election Board
P.O. Box 85
Nashville, IN 47448

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Richard Stanley, Jr. 4356 Lanam Ridge Rd. Nashville, IN 47448 stanleyiplaw@yahoo.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 07/25/2025

CLERK OF COURT, Kristine L. Seifert
BY: [Signature] Deputy Clerk
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA

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Civil Action No. 25-1482

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Brown County Election Board
was received by me on *(date)* 07/25/2025.

I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

I returned the summons unexecuted because _____ ; or

Other *(specify)*: I personally mailed the Summons, Complaint, Civil Cover Sheet, Plaintiffs' Exhibits 1-10 and Motion to Appear Pro Hac Vice to Mark Williams; President of Brown County Election Board; P.O. Box 85; Nashville, IN 47448 on 7/25/2025 by Certified Mail with Return Receipt.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 07/25/2025



Server's signature

Greg DeLong

Printed name and title

3186 Lanam Ridge Rd.
Nashville, IN 47448

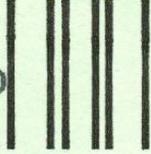
Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>P. Banks</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <i>Munk Williams President of Brown County Election Board P.O. Box 85 47448</i></p>	<p>B. Received by (Printed Name) <i>P. Banks</i> C. Date of Delivery <i>7/28/25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 9266 4295 5136 77	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
 INDIANAPOLIS IN 460 29 JUL 2025 PM 3 L		
9590 9402 9266 4295 5136 77		
United States Postal Service	<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <i>Greg DeLong 3186 Loanan Ridge Rd Nashville, IN 47448</i>	
