



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

State Form 4604 (R15 / 5-19)

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

(CFA-1)

JUN 25 6:17AM

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 Pigman	First Name Robert	Middle Name John	Nickname Bob	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) 513 Sandalwood Drive			5. FAX (Optional) ()	6. E-mail Address (Optional) dbpigmans@gmail.com	
7. City Evansville	State IN	ZIP Code 47715	8. County Vanderburgh	9. Telephone (Day) (812) 4355410	10. Telephone (Evening) (812) 4538004
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other Non Partisan			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Vanderburgh County Superior Court Judge		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Committee to Re-Elect Judge Pigman					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 513 Sandalwood Drive			15. FAX (Optional) ()	16. E-mail Address (Optional) dbpigmans@gmail.com	
17. City Evansville	State IN	ZIP Code 47715	18. County Vanderburgh	19. Telephone (812) 4538004	20. Committee Organization Date (mm/dd/yy) 0/25/2025
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Robert Pigman					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 513 Sandalwood Drive			23. FAX (Optional) ()	24. E-mail Address (Optional) dbpigmans@gmail.com	
25. City Evansville	State IN	ZIP Code 47715	26. County Vanderburgh	27. Telephone (Day) (812) 5410	28. Telephone (Evening) (812) 4538004
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.) none					
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 Robert Pigman	Signature of the Committee Chairperson 		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Robert John Pigman					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 513 Sandalwood Drive		35. FAX (Optional) ()	36. E-mail Address (Optional) dbpigmans@gmail.com		
37. City Evansville	State IN	ZIP Code 47715	38. County Vanderburgh	39. Telephone (Day) (812) 4355410	40. Telephone (Evening) (812) 4538004

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. Pigman	Signature of Chairperson 	Date (mm/dd/yy) 6/24/25
43. Typed or Printed Name of Candidate Robert J. Pigman	Signature of Candidate 	Date (mm/dd/yy) 6/24/25

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 3-14-1-10). 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 ELECTION OFFICE

FILED

JUN 25 2025

KG