



**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 2:07 PM

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Trockman		First Name Wayne		Middle Name Stuart		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) 639 Plaza Drive				5. FAX (Optional) ()		6. E-mail Address (Optional) wtrockman@vanderburghgov.org			
7. City Evansville		State IN	ZIP Code 47715	8. County Vanderburgh		9. Telephone (Day) 812 435-5406		10. Telephone (Evening) 812 453-2253	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Vanderburgh Superior Court Judge II					
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. Wayne Trockman for Superior Court Judge									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 639 Plaza Drive				15. FAX (Optional) ()		16. E-mail Address (Optional)			
17. City Evansville		State IN	ZIP Code 47715	18. County Vanderburgh		19. Telephone 812 453-2253		20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 639 Plaza Drive				23. FAX (Optional) ()		24. E-mail Address (Optional)			
25. City Evansville		State IN	ZIP Code 47715	26. County Vanderburgh		27. Telephone (Day) 812 435-5406		28. Telephone (Evening) 812 453-2253	
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.) N/A									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A				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. Jill Trockman				Signature of the Committee Chairperson 					
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Jill Trockman									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 639 Plaza Drive				35. FAX (Optional) ()		36. E-mail Address (Optional)			
37. City Evansville		State IN	ZIP Code 47715	38. County Vanderburgh		39. Telephone (Day) 812 499-9079		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 Wayne S. Trockman		Signature of Chairperson 				Date (mm/dd/yy) 06/25/25			
43. Typed or Printed Name of Candidate Wayne S. Trockman		Signature of Candidate 				Date (mm/dd/yy) 06/25/25			
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 3-14-1-13). 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).									

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VANDERBURGH ELECTION OFFICE
FILED
JUN 25 2025
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