

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

(CFA-1)

State Form 4604 (R14 / 10-17) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

JUN25 2:22PM

## 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 →	
, i and the me in a man box.	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accura  2. Last Name Middle Name Nickname	tely as possible.
Bassenice Edwin Forest Ed,	3. Type of Committee (Check one) Candidate's Principal Committee Exploratory Committee
1 M O 1 0	Address (Optional)  OCSSCM CO G MC, I.C.  10. Telephone (Evening)
11. Party Affiliation 12 Office Sought (Indian of Internal of Inte	180 305008/a
	·
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurate.	tely as possible.
13. Full Name of Committee (Do not abbreviate.)	
14. Mailing Address (number and street, city, state, and ZIP code)	il Address (Optional)
170 Rivervica CT Evansville TU, 47713 () 17. City State ZIP Code 18. County 19. Telephone	20. Committee Organization Date
Evensuille In 47713 Vanderland (80, 305-2086	(mm/dd/yy) 01-01-2-025
21. Chairperson's Full Name	0, 0.00
22. Mailing Address (number and street, city, state, and ZIP code)	il Address (Optional)
170. 0	
State ZIP Code 26. County 27. Telephone (Day)	28. Telephone (Evening)
Evans ille In 47713 Vander Ough 812 805-2086 9. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety, or other deposits funds.	812,305-2086
Old National Bank Fuansville In	deposit boxes or maintains funds.)
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) 31. Salaries and Reimbursements (Will the	committee nay the candidate a colonia.
reimbursement for lost wages? If Yes, attach	a copy of the contract.)  Yes No
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)	
22. I, as Chairperson of the foregoing Person Appointed Treasurer committee, appoint the following person as reasurer of the Committee.  Signature of the Committee.  Signature of the Committee.	
3. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.	2 Barsenner
Edwin FUCI CH IS assemics  4. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.   35. FAX (Optional)   36. E-mail	
$i^{*}I/I/I = i^{*}I/I/I$	Address (Optional)
State ZIP Code 38. County 39. Telephone (Day)	255CMI COBGMa, 1, COM 40. Telephone (Evening)
EURISV) 116 19 47713 Vinderheur (47 309-3081)	(812) 305-2086
1. I give notice that I accept the duties and responsibilities of Treasurer of this Signature of Person Accommittee. I am not the chairperson of a campaign finance committee (except as	epting Appointment
termitted for a candidate committee under IC 3-9-1-7).	neer
Ve certify as the candidate and the duly appointed Chairperson of the Committee and that we have	FOR OFFICE USE ONLY
Admined this statement. To the best of our knowledge and belief it is true, correct and complete	ANDERBURGH ELECTION OFFICE
2. Typed of Printed Name of Chairperson Signature of Chairperson Date (mm/dd/yy)	All Ell Ell
Fdwin E Rassom) or Summe Bousemen 6-25-25 3. Typed or Printed Name of Candidate Signature of Candidate Date (mm/dd/w)	LILEN
Ed Bussemice Signature of Candidate Date (mm/dd/yy)	JUN 2 5 2025
/arning: State law requires that any change in this information be reported within ton (40) days of the change (20.0 c. 40)	AAII M A PAPA
courate report as required by the Indiana Campain Finance Law compite a Class B middenage who fails to file a complete or	KG
bject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).	