



**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)

Reset Form

(CFA-1)

JUN 26 9:28AM

**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. →									
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>									
2. Last Name Kahre		First Name Crystal		Middle Name		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) 1105 Hoing Road				5. FAX (Optional) ( )		6. E-mail Address (Optional)			
7. City Darmstadt		State IN	ZIP Code 47725	8. County Vanderburgh		9. Telephone (Day) 812 760-6114		10. Telephone (Evening) 812 760-6114	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Darmstadt Town Board District 3					
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>									
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Friends of Crystal Kahre									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1105 Hoing Road				15. FAX (Optional) ( )		16. E-mail Address (Optional) crkahre@twc.com			
17. City Darmstadt		State IN	ZIP Code 47725	18. County Vanderburgh		19. Telephone 812 760-6114		20. Committee Organization Date (mm/dd/yy) June 26, 2025	
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. 1105 Hoing Road				23. FAX (Optional) ( )		24. E-mail Address (Optional)			
25. City Darmstadt		State IN	ZIP Code 47725	26. County Vanderburgh		27. Telephone (Day) 812 760-6114		28. Telephone (Evening) 812 760-6114	
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.) NA									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) No					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				
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer Crystal Kahre		Signature of the Committee Chairperson Crystal Kahre			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1105 Hoing Road				35. FAX (Optional) ( )		36. E-mail Address (Optional)			
37. City Darmstadt		State IN	ZIP Code 47725	38. County Vanderburgh		39. Telephone (Day) 812 760-6114		40. Telephone (Evening) 812 760-6114	
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>									
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 Crystal Kahre			
<b>SECTION E. CERTIFICATION OF STATEMENT</b>									
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 Crystal Kahre		Signature of Chairperson Crystal Kahre				Date (mm/dd/yy) 6-26-25			
43. Typed or Printed Name of Candidate Crystal Kahre		Signature of Candidate Crystal Kahre				Date (mm/dd/yy) 6-26-25			
<b>Warning:</b> 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).									

FOR OFFICE USE ONLY

VANDERBURGH ELECTION OFFICE

**FILED**

JUN 26 2025

K6