



**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 27 10:18 AM

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 McGlown		First Name Ruby		Middle Name Jean	
3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee		Nickname			
4. Mailing Address (number and street, city, state, and ZIP code) 742 E. Blackford Ave			5. FAX (Optional) ()		6. E-mail Address (Optional) ruby.mcgrown@gmail.com
7. City Evansville	State IN	ZIP Code 47713	8. County Vanderburgh	9. Telephone (Day) (812) 319-4431	10. Telephone (Evening) (812) 319-4431
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.) Pigeon Township Trustee		
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. Friends of Ruby McGlown					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 742 E. Blackford Ave			15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City Evansville	State IN	ZIP Code 47713	18. County Vanderburgh	19. Telephone (812) 319-4431	20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Ruby Jean McGlown					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 742 E. Blackford Ave			23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City Evansville	State IN	ZIP Code 47713	26. County Vanderburgh	27. Telephone (Day) (812) 319-4431	28. Telephone (Evening) (812) 319-4431
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.) Old National Bank					
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 Ruby McGlown		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Ruby Jean McGlown			Signature of the Committee Chairperson Ruby McGlown		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 742 E. Blackford Avenue			35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Evansville	State IN	ZIP Code 47713	38. County Vanderburgh	39. Telephone (Day) (812) 319-4431	40. Telephone (Evening) (812) 319-4431
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 Ruby McGlown		
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 Ruby Jean McGlown		Signature of Chairperson Ruby Jean McGlown		Date (mm/dd/yy) 6-27-25	
43. Typed or Printed Name of Candidate Ruby Jean McGlown		Signature of Candidate Ruby Jean McGlown		Date (mm/dd/yy) 6-27-25	
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).					

FOR OFFICE USE ONLY

VANDERBURGH ELECTION OFFICE

FILED

JUN 27 2025

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