



**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)

Reset Form

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

JUN30 11:27AM

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 <u>Lloyd</u>	First Name <u>Mary</u>	Middle Name <u>Margaret</u>	Nickname <u>Maggie</u>	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) <u>625 Brookshire Dr.</u>		5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City <u>Evansville</u>	State <u>IN</u>	ZIP Code <u>47715</u>	8. County <u>Vanderburgh</u>	9. Telephone (Day) <u>(812) 435-5966</u>	10. Telephone (Evening) <u>(812) 204-8578</u>
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other <u>Non-Partisan</u>			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <u>105-Vanderburgh Superior Court Judge</u>		

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. <u>Committee to Re-Elect Judge Lloyd</u>					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>625 Brookshire Dr.</u>		15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City <u>Evansville</u>	State <u>IN</u>	ZIP Code <u>47715</u>	18. County <u>Vanderburgh</u>	19. Telephone <u>(812) 435-5966</u>	20. Committee Organization Date (mm/dd/yy) <u>6/29/2025</u>
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <u>Mary Margaret Lloyd</u>					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>625 Brookshire Dr.</u>		23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City <u>Evansville</u>	State <u>IN</u>	ZIP Code <u>47715</u>	26. County <u>Vanderburgh</u>	27. Telephone (Day) <u>(812) 435-5966</u>	28. Telephone (Evening) <u>(812) 204-8578</u>
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.) <u>None</u>					
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 <u>Michael S. Lloyd</u>	Signature of the Committee Chairperson <u>Mary Margaret Lloyd</u>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <u>Michael S. Lloyd</u>					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>4392 Martha Court</u>		35. FAX (Optional) ()	36. E-mail Address (Optional)		
37. City <u>Newburgh</u>	State <u>IN</u>	ZIP Code <u>47630</u>	38. County <u>Warrick</u>	39. Telephone (Day) <u>(812) 476-8169</u>	40. Telephone (Evening) <u>(812) 476-8169</u>

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 <u>Michael S. Lloyd</u>
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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 <u>Mary Margaret Lloyd</u>	Signature of Chairperson <u>Mary Margaret Lloyd</u>	Date (mm/dd/yy) <u>6/29/2025</u>
43. Typed or Printed Name of Candidate <u>Mary Margaret Lloyd</u>	Signature of Candidate <u>Mary Margaret Lloyd</u>	Date (mm/dd/yy) <u>6/29/2025</u>

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

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