



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

(CFA-1)

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

AUG 4 8:34AM

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. →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Shetler	First Name Thomas	Middle Name J	Nickname TOM	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) 4713 Weaver Rd 47711		5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City Evansville	State IN	ZIP Code 47711	8. County Vanderburgh	9. Telephone (Day) 812 455 4245	10. Telephone (Evening)
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Vanderburgh Co. Council #2		

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. Shetler for Council					
14. Mailing Address (number and street, city, state, and ZIP code) 4713 Weaver Rd		15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City Evansville	State IN	ZIP Code 47711	18. County Vand.	19. Telephone (812) 455 4245	20. Committee Organization Date (mm/dd/yy) 06/30/25
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Tom Shetler					
22. Mailing Address (number and street, city, state, and ZIP code) 4713 Weaver Rd 47711		23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City Evansville	State IN	ZIP Code 47711	26. County Vand.	27. Telephone (Day) (812) 455 4245	28. Telephone (Evening)
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.) None					
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 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 Gail Shetler	Signature of the Committee Chairperson Tom Shetler		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Gail A Shetler					
34. Mailing Address (number and street, city, state, and ZIP code) 4713 Weaver Rd		35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City Evansville	State IN	ZIP Code 47711	38. County Vand.	39. Telephone (Day) (812) 455 8505	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
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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 Tom Shetler	Signature of Chairperson Tom Shetler	Date (mm/dd/yy) 06/30/25
43. Typed or Printed Name of Candidate Tom Shetler	Signature of Candidate Tom Shetler	Date (mm/dd/yy) 06/30/25

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

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