



**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)

JAN 21 2026

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 Freeman	First Name Linda	Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) 9645 W Boonville New Harmony Rd	5. FAX (Optional) ()	6. E-mail Address (Optional)
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7. City Evansville	State IN	ZIP Code 47720-8503	8. County Vanderburgh	9. Telephone (Day) (812) 455-1522	10. Telephone (Evening) (812) 455-1522
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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 County Surveyor
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SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) Check if this is a new name.

Elect Linda Freeman

14. Mailing Address (number and street, city, state, and ZIP code) 9645 W Boonville New Harmony Rd	<input checked="" type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional)
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17. City Evansville	State IN	ZIP Code 47720-8503	18. County Vanderburgh	19. Telephone (812) 4551522	20. Committee Organization Date (mm/dd/yy) 01/21/2020
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21. Chairperson's Full Name Designate Candidate as Chairperson. 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.	23. FAX (Optional) ()	24. E-mail Address (Optional)
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25. City	State	ZIP Code	26. County	27. Telephone (Day) ()	28. Telephone (Evening) ()
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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.)
Liberty Federal Credit Union, PO Box 5129, Evansville, IN 47716-5129 (FKA Evansville Teachers Credit Union-no change in account)

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
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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 Linda Freeman	Signature of the Committee Chairperson
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33. Treasurer's Full Name Designate candidate as treasurer. 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.	35. FAX (Optional) ()	36. E-mail Address (Optional)
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37. City	State	ZIP Code	38. County	39. Telephone (Day) ()	40. Telephone (Evening) ()
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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 Linda Freeman	Signature of Chairperson	Date (mm/dd/yy) 01/21/2026
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43. Typed or Printed Name of Candidate Linda Freeman	Signature of Candidate	Date (mm/dd/yy) 01/21/2026
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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 CIRCUIT COURT
FILED
JAN 21 2026