



**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)

11/23/2026

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 REDDING	First Name VALENCIA	Middle Name CARLITA	Nickname LENCI	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) 6409 HENZE RD			5. FAX (Optional) ()	6. E-mail Address (Optional) VALENCIAREDDING10@GMAIL
7. City EVANSVILLE	State IN	ZIP Code 47720	8. County VANDERBURGH	9. Telephone (Day) (812) 774-7815
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.) GERMAN TOWNSHIP ADVISORY BOARD	

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.

Friends of Valencia Redding

14. Mailing Address (number and street, city, state, and ZIP code) 6409 Henze Rd			<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional) valenciaredding10@gmail.com
17. City EVANSVILLE	State IN	ZIP Code 47720	18. County Vanderburgh	19. Telephone ()	20. Committee Organization Date (mm/dd/yy) 01/23/2026
21. Chairperson's Full Name <input 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) SAME			<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ()	24. E-mail Address (Optional)
25. City	State	ZIP Code	26. County	27. Telephone (Day) ()	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.)

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.) Yes 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 Valencia Redding	Signature of the Committee Chairperson Valencia Redding
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer.	<input type="checkbox"/> Check if this is a new treasurer.	

Valencia Redding

34. Mailing Address (number and street, city, state, and ZIP code) 6409 Henze Rd	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ()	36. E-mail Address (Optional)		
37. City EVANSVILLE	State IN	ZIP Code 47720	38. County Vanderburgh	39. Telephone (Day) (812) 774-7815	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
Valencia Redding

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 Valencia Redding	Signature of Chairperson Valencia Redding	Date (mm/dd/yy) 11/23/2026
43. Typed or Printed Name of Candidate VALENCIA REDDING	Signature of Candidate Valencia Redding	Date (mm/dd/yy) 01/23/2026

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 23 2026

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