



**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)

JUN23 12:36PM

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 Schultz		First Name Cheryl		Middle Name	Nickname	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) 3831 Grassmere Lane		5. FAX (Optional) ()		6. E-mail Address (Optional) cschultz@astound.net		
7. City Evansville	State IN	ZIP Code 47725	8. County Vanderburgh	9. Telephone (Day) (812) 459-7645	10. Telephone (Evening) ()	
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.)			

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 Cheryl Schultz						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3831 Grassmere Lane				15. FAX (Optional) ()		16. E-mail Address (Optional) cschultz@astound.net
17. City Evansville	State IN	ZIP Code 47725	18. County Vanderburgh	19. Telephone ()	20. Committee Organization Date (mm/dd/yy) 01/23/2026	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Cheryl Schultz						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3831 Grassmere Lane				23. FAX (Optional) ()		24. E-mail Address (Optional) cschultz@astound.net
25. City Evansville	State IN	ZIP Code 47725	26. County Vanderburgh	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.) Liberty Federal Credit Union						
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 Elizabeth Ann Wallis		Signature of the Committee Chairperson <i>Cheryl Schultz</i>	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Elizabeth Ann Wallis						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3117 Fawn Hill Drive				35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Evansville	State IN	ZIP Code 47711	38. County Vanderburgh	39. Telephone (Day) (812) 213-5562	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 <i>EAK Wallis</i>
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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 Cheryl Schultz	Signature of Chairperson <i>Cheryl Schultz</i>	Date (mm/dd/yy) 01/23/2026
43. Typed or Printed Name of Candidate Cheryl Schultz	Signature of Candidate <i>Cheryl Schultz</i>	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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