



**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)

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 Robinson Ungar	First Name Gina	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) 1405 Southeast Blvd		5. FAX (Optional) ()		6. E-mail Address (Optional) gina.robinson.ungar@gmail.com	
7. City Evansville	State IN	ZIP Code 47714	8. County Vanderburgh	9. Telephone (Day) (812) 204-4291	10. Telephone (Evening) (812) 204-4291
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other Independent			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 type="checkbox"/> Check if this is a new name. Friends of Gina Robinson Ungar					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1405 Southeast Blvd			15. FAX (Optional) ()		16. E-mail Address (Optional) gina.robinson.ungar@gmail.com
17. City Evansville	State IN	ZIP Code 47714	18. County Vanderburgh	19. Telephone (812) 204-4291	20. Committee Organization Date (mm/dd/yy) 01/04/19
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Regina Robinson Ungar					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1405 Southeast Blvd			23. FAX (Optional) ()		24. E-mail Address (Optional) gina.robinson.ungar@gmail.com
25. City Evansville	State IN	ZIP Code 47714	26. County Vanderburgh	27. Telephone (Day) (812) 204-4291	28. Telephone (Evening) (812) 204-4291
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.) <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. Regina Robinson Ungar			Signature of the Committee Chairperson 		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Regina Robinson Ungar					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1405 Southeast Blvd			35. FAX (Optional) ()		36. E-mail Address (Optional) gina.robinson.ungar@gmail.com
37. City Evansville	State IN	ZIP Code 47714	38. County Vanderburgh	39. Telephone (Day) (812) 204-4291	40. Telephone (Evening) (812) 204-4291

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

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 Regina Robinson Ungar	Signature of Chairperson 	Date (mm/dd/yy) 02/12/26
43. Typed or Printed Name of Candidate Regina Robinson Ungar	Signature of Candidate 	Date (mm/dd/yy) 02/12/26

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 ★
FEB 12 2026