



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R14 / 10-17)
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 TROCKMAN		First Name BEN		Middle Name		Nickname N/A		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) 639 PLAZA DRIVE				5. FAX (Optional)		6. E-mail Address (Optional) TROCKMANBEN@EVANSVILLE.COM			
7. City Evansville		State IN	ZIP Code 47715	8. County Vanderburgh		9. Telephone (Day) (812) 449-3224		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.) CITY COUNCIL WARD ONE					
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. TROCKMAN FOR EVANSVILLE									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 639 PLAZA DRIVE				15. FAX (Optional)		16. E-mail Address (Optional) TROCKMANBEN@EVANSVILLE.COM			
17. City EVANSVILLE		State IN	ZIP Code 47715	18. County VANDERBURGH		19. Telephone (Day) (812) 449-3224		20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. BEN SHOULERS									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 401 PARK PLAZA				23. FAX (Optional)		24. E-mail Address (Optional) BENSHOULERS@EVANSVILLE.COM			
25. City EVANSVILLE		State IN	ZIP Code 47715	26. County VANDERBURGH		27. Telephone (Day) (812) 453-3037		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.) <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 Kyle Kempf		Signature of the Committee Chairperson X [Signature]			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. KYLE KEMPF									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3109 Saratoga Dr				35. FAX (Optional)		36. E-mail Address (Optional)			
37. City Evansville		State IN	ZIP Code 47715	38. County Vanderburgh		39. Telephone (Day) (812) 453-1244		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 X [Signature]			
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 BEN SHOULERS			Signature of Chairperson [Signature]			Date (mm/dd/yy) 1/23/20			
43. Typed or Printed Name of Candidate BEN TROCKMAN			Signature of Candidate [Signature]			Date (mm/dd/yy) 1/23/20			
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 3-9-1-10). 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).									

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INDIANA ELECTION OFFICE
FILED
JAN 24 2020
[Signature]