



**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 DAUGHERTY		First Name MICHAEL		Middle Name EDWARD		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) 953 PFEIFFER ROAD				5. FAX (Optional) ()		6. E-mail Address (Optional)			
7. City EVANSVILLE		State IN	ZIP Code 47711	8. County VANDERBURGH		9. Telephone (Day) (812) 7778050		10. Telephone (Evening) (812) 7778050	
11. Party Affiliation <input type="checkbox"/> Democratic <input checked="" 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.) EVANSVILLE MAYOR					

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 MICHAEL DAUGHERTY				14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 953 PFEIFFER ROAD		15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City EVANSVILLE		State IN	ZIP Code 47711	18. County VANDERBURGH		19. Telephone (812) 7778050		20. Committee Organization Date (mm/dd/yy) 2/1/23	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. MICHAEL DAUGHERTY				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)	
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.) EFCU									
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. BILLY JOHNSON			Person Appointed Treasurer			Signature of the Committee Chairperson 					
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. BILLY JOHNSON			34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1812 IU DRIVE EVANSVILLE IN 47720			35. FAX (Optional) ()			36. E-mail Address (Optional)		
37. City EVANSVILLE		State IN	ZIP Code 47720	38. County VANDERBURGH		39. Telephone (Day) (812) 4304710		40. Telephone (Evening) (812) 4304710			

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 MICHAEL DAUGHERTY		Signature of Chairperson 		Date (mm/dd/yy) 9/26/23	
43. Typed or Printed Name of Candidate MICHAEL DAUGHERTY		Signature of Candidate 		Date (mm/dd/yy) 9/26/23	

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 ELECTION OFFICE

FILED

OCT 02 2023

CLERK