



**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)

JUL 13 2022 11:55AM

**(CFA-1)**

RESET FORM

**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 <b>Musgrave</b>		First Name <b>Cheryl</b>		Middle Name <b>A.W.</b>	Nickname	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) <b>1216 SE First St</b>				5. FAX (Optional) ( )		6. E-mail Address (Optional) <b>cheryl@cherylmusgrave.com</b>	
7. City <b>Evansville</b>	State <b>IN</b>	ZIP Code <b>47713</b>	8. County <b>Vanderburgh</b>		9. Telephone (Day) <b>812 430-8891</b>	10. Telephone (Evening) <b>812 430-8891</b>	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <b>possible new position</b>			

**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. <b>Friends of Musgrave</b>							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>1216 SE First St</b>				15. FAX (Optional) ( )		16. E-mail Address (Optional)	
17. City <b>Evansville</b>	State <b>IN</b>	ZIP Code <b>47713</b>	18. County <b>Vanderburgh</b>		19. Telephone ( )	20. Committee Organization Date (mm/dd/yy) <b>07/07/22</b>	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <b>Cheryl AW Musgrave</b>							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>1216 SE First St</b>				23. FAX (Optional) ( )		24. E-mail Address (Optional) <b>cheryl@cherylmusgrave.com</b>	
25. City <b>Evansville</b>	State <b>IN</b>	ZIP Code <b>47713</b>	26. County <b>Vanderburgh</b>		27. Telephone (Day) <b>812 430-8891</b>	28. Telephone (Evening) <b>812 430-8891</b>	
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.) <b>Old National Bank</b>							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) <b>to seek possible new position</b>				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 <b>Dan Carwile</b>		Signature of the Committee Chairperson <i>Cheryl AW Musgrave</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <b>Dan Carwile</b>							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>4110 Fairfax Court</b>				35. FAX (Optional) ( )		36. E-mail Address (Optional)	
37. City <b>Evansville</b>	State <b>IN</b>	ZIP Code <b>47710</b>	38. County		39. Telephone (Day) <b>812 204-2385</b>	40. Telephone (Evening) <b>812 204-2385</b>	

**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>Dan Carwile</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 <b>Cheryl AW Musgrave</b>	Signature of Chairperson <i>Cheryl AW Musgrave</i>	Date (mm/dd/yy) <b>07/13/22</b>
43. Typed or Printed Name of Candidate <b>Cheryl AW Musgrave</b>	Signature of Candidate <i>Cheryl AW Musgrave</i>	Date (mm/dd/yy) <b>07/13/22</b>

**FOR OFFICE USE ONLY**

VANDERBURGH ELECTION OFFICE

**FILED**

**JUL 13 2022**

*SAH*  
CLERK

**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).