



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)

MAY 25 9:37 AM

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 LEIBUNDGUTH | | First Name ALAN | | Middle Name H | Nickname | 3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee <i>Asst</i> | |
| 4. Mailing Address (number and street, city, state, and ZIP code) 7420 TAYLOR AVE | | | | 5. FAX (Optional) () | | 6. E-mail Address (Optional) | |
| 7. City EVANSVILLE | State IN | ZIP Code 47715 | 8. County VANDERBURGH | 9. Telephone (Day) (812) 549-5992 | | 10. Telephone (Evening) () | |
| 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.) EVANSVILLE CITY COUNCIL - WARD 1 | | | |

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. LEIBUNDGUTH FOR EVANSVILLE | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 7420 TAYLOR AVE | | | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) | |
| 17. City EVANSVILLE | State IN | ZIP Code 47715 | 18. County VANDERBURGH | 19. Telephone (812) 549-5992 | | 20. Committee Organization Date (mm/dd/yy) 05/22/2023 | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. ALAN H LEIBUNDGUTH | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 7420 TAYLOR AVE | | | | 23. FAX (Optional) () | | 24. E-mail Address (Optional) | |
| 25. City EVANSVILLE | State IN | ZIP Code 47715 | 26. County VANDERBURGH | 27. Telephone (Day) (812) 549-5992 | | 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.) Evansville Federal Credit Union | | | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) Filing, forming principal committee, fundraising | | | | 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 | | | | 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. | | | | | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. | | | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) | | | | | |
| 37. City | State | ZIP Code | 38. County | 39. Telephone (Day) | | 40. Telephone (Evening) | | | | | |

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

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|--|--|--|--|---|--|--|--|
| 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. | | | | | | FOR OFFICE USE ONLY VANDERBURGH ELECTION OFFICE FILED MAY 25 2023 <i>S. A. [Signature]</i> CLERK | |
| 42. Typed or Printed Name of Chairperson Alan H Leibundguth | | Signature of Chairperson <i>[Signature]</i> | | Date (mm/dd/yy) 05/22/2023 | | | |
| 43. Typed or Printed Name of Candidate Alan H Leibundguth | | Signature of Candidate <i>[Signature]</i> | | Date (mm/dd/yy) 05/22/2023 | | | |

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).