



**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)

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. →

32-25-065

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Reitzel	First Name R.	Middle Name Luanne	Nickname Lu	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) 2214 W. Co. Rd. 1000 South		5. FAX (Optional)		6. E-mail Address (Optional) luanne.reitzel78@gmail.com
7. City Clayton	State IN	ZIP Code 46118	8. County Hendricks	9. Telephone (Day) (317) 442-8739
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) () same	
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Trustee of Franklin Township				

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. Reitzel Trustee				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2214 W. Co. Rd. 1000 S.			15. FAX (Optional)	16. E-mail Address (Optional)
17. City Clayton	State IN	ZIP Code 46118	18. County Hendricks	19. Telephone (317) 442-8739
20. Committee Organization Date (mm/dd/yy) 7/8/25				
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.				
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.) Report as needed				
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 Luanne Reitzel	Signature of the Committee Chairperson Luanne Reitzel
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. 2214 W. Co. Rd. 1000 S.		35. FAX (Optional)
37. City Clayton	State IN	ZIP Code 46118
38. County Hendricks	39. Telephone (Day) (317) 442-8739	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

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 Luanne Reitzel	Signature of Chairperson Luanne Reitzel	Date (mm/dd/yy) 7/8/25
43. Typed or Printed Name of Candidate Luanne Reitzel	Signature of Candidate Luanne Reitzel	Date (mm/dd/yy) 7/8/25

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

FILED
CLERK OF THE HENDRICKS CO. IN
2025 JUL -8 AM 9:10
Majorie Pike