



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

32-25-063

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: Pope
 First Name: Robert
 Middle Name: Earl
 Nickname: _____
 3. Type of Committee (Check one)
 Candidate's Principal Committee
 Exploratory Committee
 4. Mailing Address (number and street, city, state, and ZIP code): 7663 Monterey Circle
 5. FAX (Optional): _____
 6. E-mail Address (Optional): _____
 7. City: Avon
 State: IN
 ZIP Code: 46123
 8. County: Hendricks
 9. Telephone (Day): (317) 268-8120
 10. Telephone (Evening): _____
 11. Party Affiliation
 Democratic Libertarian Republican Other _____
 12. Office Sought (Include district number, if any. Not required for an exploratory committee.): Avon Town Council At-Large

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) Check if this is a new name.
 Committee to Elect Robert Pope
 14. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.
 7663 Monterey Circle
 15. FAX (Optional): _____
 16. E-mail Address (Optional): _____
 17. City: Avon
 State: IN
 ZIP Code: 46123
 18. County: Hendricks
 19. Telephone: (317) 268-8120
 20. Committee Organization Date (mm/dd/yy): 7/1/2025
 21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.
 22. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.
 7663 Monterey Circle
 23. FAX (Optional): _____
 24. E-mail Address (Optional): _____
 25. City: Avon
 State: IN
 ZIP Code: 46123
 26. County: Hendricks
 27. Telephone (Day): (317) 268-8120
 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.) Yes 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: Robert Pope
 Signature of the Committee Chairperson: [Signature]
 33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.
 34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.
 7663 Monterey Circle
 35. FAX (Optional): _____
 36. E-mail Address (Optional): _____
 37. City: Avon
 State: IN
 ZIP Code: 46123
 38. County: Hendricks
 39. Telephone (Day): (317) 268-8120
 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 Robert Pope	Signature of Chairperson [Signature]	Date (mm/dd/yy) 7/1/2025
43. Typed or Printed Name of Candidate Robert Pope	Signature of Candidate [Signature]	Date (mm/dd/yy) 7/1/2025

FOR OFFICE USE ONLY

20 JUL -8 AM 8:52
 Margie Pite

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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).