



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
 32-25-0608

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: Strahl, First Name: Barbara, Middle Name: Ann, Nickname: (), 3. Type of Committee (Check one): Candidate's Principal Committee, Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code): PO Box 85, 5. FAX (Optional): (), 6. E-mail Address (Optional): ()

7. City: Amo, State: IN, ZIP Code: 46013, 8. County: Hendricks, 9. Telephone (Day): 317, 966-5938, 10. Telephone (Evening): 317, 966-5938

11. Party Affiliation: Democratic Libertarian Republican Other, 12. Office Sought (Include district number, if any. Not required for an exploratory committee.): Clerk-Treasurer of Amo

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. Strahl for Amo Clerk-Treasurer

14. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. PO Box 85, 15. FAX (Optional): (), 16. E-mail Address (Optional): dbstrahl@tds.net

17. City: Amo, State: IN, ZIP Code: 46013, 18. County: Hendricks, 19. Telephone: 317, 966-5938, 20. Committee Organization Date (mm/dd/yy): 07/08/25

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. 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.) NSSB

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: (), Signature of the Committee Chairperson: Barbara Strahl

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. 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)

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: Barbara Strahl, Signature of Chairperson: Barbara Strahl, Date (mm/dd/yy): 07/08/25

43. Typed or Printed Name of Candidate: Barbara Strahl, Signature of Candidate: Barbara Strahl, Date (mm/dd/yy): 07/08/25

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
 2025 JUL -8 PM 2: 16
 Morgan Pike
 CLERK OF THE INDIANA COURTS
 FILED