



**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
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →						32-25-0608
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>						
2. Last Name Strahl		First Name Barbara		Middle Name Ann	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> 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 46103	8. County Hendricks	9. Telephone (Day) 317, 966-5938	10. Telephone (Evening) 317, 966-5938
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.) Clerk-Treasurer of Amo		
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>						
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Strahl for Amo Clerk-Treasurer						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> 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 46103	18. County Hendricks	19. Telephone 317, 966-5938	20. Committee Organization Date (mm/dd/yy) 07/08/25
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.) 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>						
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 <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) ( )
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>						
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		
<b>SECTION E. CERTIFICATION OF STATEMENT</b>						
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).						

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