



**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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →										32-26-002	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
2. Last Name EISENBARTH		First Name STEVEN		Middle Name ROBERT		Nickname Steve		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) 7599 FOX TAIL CIRCLE						5. FAX (Optional) ()		6. E-mail Address (Optional)			
7. City AVON		State IN	ZIP Code 46123	8. County HENDRICKS		9. Telephone (Day) 317, 446-7570		10. Telephone (Evening) 317, 446-7570			
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.) AVON TOWN COUNCIL					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. STEVE FOR AVON											
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 7599 FOX TAIL CIRCLE						15. FAX (Optional) ()		16. E-mail Address (Optional) steve.eisenbarth@gmail.com			
17. City AVON		State IN	ZIP Code 46123	18. County HENDRICKS		19. Telephone 317, 446-7570		20. Committee Organization Date (mm/dd/yy) 01/09/26			
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. STEVE EISENBARTH											
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. SAME						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.) EVERWISE CREDIT UNION, AVON, IN											
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 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. STEVE EISENBARTH											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. SAME						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 <i>Steven R. Eisenbarth</i>					
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 STEVEN R. EISENBARTH				Signature of Chairperson <i>Steven R. Eisenbarth</i>				Date (mm/dd/yy) 01/09/26			
43. Typed or Printed Name of Candidate				Signature of Candidate				Date (mm/dd/yy)			
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).											

FILED
JAN 9 2026
CLERK OF SUPERIOR COURT

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JAN-9 PM 3:37
Troy, Ind. Pike