



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. →

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

| | | | | | |
|---|---------------------|-------------------|---|---|--------------------------------|
| 2. Last Name Iversen | First Name Peter | Middle Name J. | 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) 518 N. Colony Ct. | | | 5. FAX (Optional) () | 6. E-mail Address (Optional) peter@peteriversen.org | |
| 7. City Bloomington | State IN | ZIP Code 47408 | 8. County Monroe | 9. Telephone (Day) (812) 345-7486 | 10. Telephone (Evening) () |
| 11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other | | | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) County Commissioner District 2 | | |

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. The Committee to Elect Peter Iversen | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 518 N. Colony Ct. | | | 15. FAX (Optional) () | 16. E-mail Address (Optional) peter@peteriversen.org | |
| 17. City Bloomington | State IN | ZIP Code 47408 | 18. County Monroe | 19. Telephone (812) 345-7486 | 20. Committee Organization Date (mm/dd/yy) |
| 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. 518 N. Colony Ct. | | | 23. FAX (Optional) () | 24. E-mail Address (Optional) | |
| 25. City Bloomington | State IN | ZIP Code 47408 | 26. County Monroe | 27. Telephone (Day) (812) 345-7486 | 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.) IU Credit Union | | | | | |
| 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. Colleen Matson | | | Signature of the Committee Chairperson | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Colleen McConahay Matson | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1105 S. Washington St. | | | 35. FAX (Optional) () | 36. E-mail Address (Optional) | |
| 37. City Bloomington | State IN | ZIP Code 47401 | 38. County Monroe | 39. Telephone (Day) () | 40. Telephone (Evening) () |

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

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| 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 |
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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 Peter Iversen | Signature of Chairperson | Date (mm/dd/yy) 06/16/2023 |
| 43. Typed or Printed Name of Candidate Peter Iversen | Signature of Candidate | Date (mm/dd/yy) 06/16/2023 |

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
JUN 16 2023
CLERK MONROE CIRCUIT COURT