



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R14 / 10-17)
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 Sgambelluri		First Name Susan		Middle Name Mary		Nickname Sue		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) 3909 N Whitewood Way					5. FAX (Optional) ()		6. E-mail Address (Optional) BloomingtonSue@gmail.com		
7. City Bloomington		State IN	ZIP Code 47404	8. County Monroe		9. Telephone (Day) (812) 345-3215		10. Telephone (Evening) (812) 345-3215	
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.) Bloomington City Council - 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. Sue Sgambelluri For City Council									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3909 N Whitewood Way					15. FAX (Optional) ()		16. E-mail Address (Optional) BloomingtonSue@gmail.com		
17. City Bloomington		State IN	ZIP Code 47404	18. County Monroe		19. Telephone (812) 345-3215		20. Committee Organization Date (mm/dd/yy) 12/21/2018	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Susan M. Sgambelluri									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3909 N Whitewood Way					23. FAX (Optional) ()		24. E-mail Address (Optional) BloomingtonSue@gmail.com		
25. City Bloomington		State IN	ZIP Code 47404	26. County Monroe		27. Telephone (Day) (812) 345-3215		28. Telephone (Evening) (812) 345-3215	
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.) German American 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.) <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 Geoffrey McKim			Signature of the Committee Chairperson <i>Susan M. Sgambelluri</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Geoffrey McKim									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3714 N Bittersweet Drive					35. FAX (Optional) ()		36. E-mail Address (Optional) Geoff.McKim@gmail.com		
37. City Bloomington		State IN	ZIP Code 47408	38. County Monroe		39. Telephone (Day) (812) 360-7981		40. Telephone (Evening) (812) 360-7981	

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>Geoffrey McKim</i>				
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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 Susan M. Sgambelluri		Signature of Chairperson <i>Susan M. Sgambelluri</i>		Date (mm/dd/yy) 8/10/2019	
43. Typed or Printed Name of Candidate Susan M. Sgambelluri		Signature of Candidate <i>Susan M. Sgambelluri</i>		Date (mm/dd/yy) 8/10/2019	

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
AUG 19 2019

CLERK MONROE CIRCUIT COURT