



**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?  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 Lamb		First Name Carl		Middle Name Paul	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) 1101 West 2nd Street				5. FAX (Optional) (812) 332-4415		6. E-mail Address (Optional) carl@carllamblaw.com	
7. City Bloomington		State IN	ZIP Code 47403	8. County Monroe		9. Telephone (Day) (812) 332-1420	
						10. Telephone (Evening) (812) 322-7461	
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.) Monroe Circuit Court, Division One			

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Committee to Elect Carl Lamb Judge							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1101 West 2nd Street				15. FAX (Optional) (812) 332-4415		16. E-mail Address (Optional) carl@carllamblaw.com	
17. City Bloomington		State IN	ZIP Code 47403	18. County Monroe		19. Telephone (812) 332-1420	
						20. Committee Organization Date (mm/dd/yy) 2/5/2020	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Angela K. Lamb							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1101 West 2nd Street				23. FAX (Optional) (812) 332-4415		24. E-mail Address (Optional) angie@angelilamb.com	
25. City Bloomington		State IN	ZIP Code 47403	26. County Monroe		27. Telephone (Day) (812) 332-1420	
						28. Telephone (Evening) (812) 322-2697	
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.) Chase Bank							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) Election for Judge				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 Tracee Lutes		Signature of the Committee Chairperson <i>Angela K. Lamb</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Tracee Lutes							
34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 3695 S. Sare Road				35. FAX (Optional)		36. E-mail Address (Optional) tracee@traceelutes.com	
37. City Bloomington		State IN	ZIP Code 47401	38. County Monroe		39. Telephone (Day) (812) 322-2650	
						40. Telephone (Evening) (812) 322-2650	

**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>Tracee Lutes</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 Angela K. Lamb		Signature of Chairperson <i>Angela K. Lamb</i>		Date (mm/dd/yy) 2/5/2020	
43. Typed or Printed Name of Candidate Carl Paul Lamb		Signature of Candidate <i>Carl Paul Lamb</i>		Date (mm/dd/yy) 2/5/2020	

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**FILED**

FEB 07 2020

CLERK MONROE CIRCUIT COURT

**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).