

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.

							l Selfon	FILE NUMBER
1. IS THIS AN AMENDMENT?	☐ Yes	s ⊠No If Yes,	please	e enter the	file n	umber in this bo	x. →	2023-8
SECTION A . CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.								
2. Last Name	Fi	rst Name	N	Middle Name		Nickname		3. Type of Committee (Check one)
Stosberg	+	Hopi		Hawk		NIA		✓ Candidate's Principal Committee✓ Exploratory Committee
4. Mailing Address (number and street, city,	4. Mailing Address (number and street, city, state, and ZIP code) 5. FAX (6. E-mail	Address (Optional)
3631 E. Morning	side	DC.		(1		hop	iestusberg. com
7. City	State	ZIP Code	8. Cour			9. Telephone (Day)		10. Telephone (Evening)
Bloomington	IN	47408	Mu	nrol		(765 277-1)	918	
11. Party Affiliation				12. Office				Not required for an exploratory committee.)
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible								
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. 13. Full Name of Committee (Do not abbreviate.) Check if this is a new name.								
Hopi Stosberg for Bloomington								
14. Mailing Address (number and street, city		ZIP code) Check it	this is a	new address	15 FA	X (Ontional)	16 F-mai	il Address (Optional)
3631 E Mornings		Dec	tillo lo u	new address		. (Optional)		i Ostosberg.com
17. City	State	ZIP Code	18. Cou	intv	1() 19. Telephone	' /	20. Committee Organization Date
Bloomington	111	47408		nroe		(765) 277-1	and the same	(mm/dd/yy)
1.110.1	ignate Ca	andidate as Chairperson	1 /	•	s a new		110	
21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.								
22. Mailing Address (number and street, city	. state. and	ZIP code)	this is a	new address.	23. FA	X (Optional)	24. F-ma	il Address (Optional)
					,			(
25. City	State	ZIP Code	26. Cou	inty	1(27. Telephone (Day)		28. Telephone (Evening)
•			1 4	,		, , ,		, , ,
29. Bank or Other Depositories (List all	banks or	l other depositories in w	hich the	committee de	posits fu	l () nds. holds accounts. re	ents 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.) \[\sumsymbol \text{Yes} \] No								
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)								
32. I, as Chairperson of the foregoing Person Appointed Treasurer Signature of the Committee Chairperson								mmittee Chairperson
committee, appoint the following	on as Hopi	i Stosberg			the	th'Az		
Treasurer of the Committee. 33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.								
Hopi Stospera								
34. Mailing Address (number and street, city	, state, and	ZIP code)	this is a	new address	35. FA	X (Optional)	36. E-ma	il Address (Optional)
					,	1	5100	
37. City	State	ZIP Code	38. Cou	ınty		39. Telephone (Day)		40. Telephone (Evening)
	4	2 / /				()		
SECTION D. ACCEPTANC	E OF	APPOINTMENT	(IC 3	-9-1-15)		,		
41. I give notice that I accept	the dut	ies and responsib	ilities	of Treasur				cepting Appointment
Committee. I am not the chairp permitted for a candidate committed	erson	of a campaign fina	ance co	ommittee (except	as My	12	
		F STATEMENT						FOR OFFICE USE ONLY
We certify as the candidate and	THE RESERVE OF THE PARTY OF THE	A CARLES AND A SECURIOR SHOP AS A SECURIOR SHOP AND A SECURIOR SHOP AS A SECURIOR SHO	airpers	on of the	Comm	ittee and that we	have	
examined this statement. To the b	est of c	our knowledge and	belief it	t is true, co		nd complete.		LUGGIN
42. Typed or Printed Name of Cha	irperso	n Signature of 0	Chairpe	erson		Date (mm/dd/y	y)	
Hopi Stosberg		16	SIT			118/2	3	JAN 1 8 2023
43. Typed or Printed Name of Can	didate	Signature of	Candida	ate		Date (mm/dd/y		JAN 1 0 5053
Hopi Stosbera		135	X			01/18/2	3	
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 CLERK MONROE CIRCUIT COURT								
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).								