



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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>						2023-9
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Last Name Rosenbarger		First Name Kate		Middle Name	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) 808 W. Howe Street				5. FAX (Optional)		6. E-mail Address (Optional)
7. City Bloomington	State IN	ZIP Code 47403	8. County Monroe	9. Telephone (Day) (812) 219-4074		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.) Bloomington Common 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. Kate for Council						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				15. FAX (Optional)		16. E-mail Address (Optional)
808 W. Howe Street						
17. City Bloomington	State IN	ZIP Code 47403	18. County Monroe	19. Telephone (812) 219-4074		20. Committee Organization Date (mm/dd/yy) 01/25/19
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.				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.) 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 Kate Rosenbarger		Signature of the Committee Chairperson <i>Kate Rosenbarger</i>	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				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>Kate Rosenbarger</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		Signature of Chairperson		Date (mm/dd/yy)		
<i>Kate Rosenbarger</i>		<i>Kate Rosenbarger</i>		01/20/23		
43. Typed or Printed Name of Candidate		Signature of Candidate		Date (mm/dd/yy)		
<i>Kate Rosenbarger</i>		<i>Kate Rosenbarger</i>		01/20/23		
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).						

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