



**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 <b>Bobbs</b>		First Name <b>Robert</b>		Middle Name <b>Thomas</b>	Nickname <b>REV</b>	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) <b>1017 S Rogers, Bloomington, IN, 47403</b>				5. FAX (Optional) ( )		6. E-mail Address (Optional) <b>revs_email.com@gmail.com</b>	
7. City <b>Bloomington</b>		State <b>IN</b>	ZIP Code <b>47403</b>	8. County <b>Monroe</b>		9. Telephone (Day) <b>(930) 904 3598</b>	
10. Telephone (Evening) ( )		11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other <b>Independent</b>				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <b>Mayor</b>	

**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. <b>Robert Bobbs for Mayor</b>							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>1017 S Rogers Bloomington IN, 47403</b>				15. FAX (Optional) ( )		16. E-mail Address (Optional)	
17. City <b>Bloomington</b>		State <b>IN</b>	ZIP Code <b>47403</b>	18. County <b>Monroe</b>		19. Telephone <b>(930) 904 3598</b>	
20. Committee Organization Date (mm/dd/yy) <b>08/23/24</b>		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.)					

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) <b>To check if a people will vote and receive funds to do so</b>				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			
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**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. <b>Robert Bobbs</b>				Person Appointed Treasurer <b>Robert Bobbs</b>				Signature of the Committee Chairperson <i>[Signature]</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>[Signature]</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 <b>Robert Bobbs</b>		Signature of Chairperson <i>[Signature]</i>		Date (mm/dd/yy) <b>08/23/24</b>	
43. Typed or Printed Name of Candidate <b>Robert Bobbs</b>		Signature of Candidate <i>[Signature]</i>		Date (mm/dd/yy) <b>08/23/24</b>	

**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).

**FILED**  
FOR OFFICE USE ONLY  
**AUG 23 2024**  
CLERK MONROE CIRCUIT COURT