

## 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.

garanton			***************************************	FILE NUMBER
1. IS THIS AN AMENDMENT?	☐ Yes ☐ No If Yo	es, please enter the fi	le number in this box. —	<b>→</b>
SECTION A. CANDIDATE				
12. Last Name Mar + C	First Name  Ruben	Middle Name	Nickname	3. Type of Committee (Check one)  Candidate's Principal Committee
4. Mailing Address (number and street, city,		5 EAV	(Optional) 6. E	Exploratory Committee  -mail Address (Optional)
		(	, [	marte 2190 mail. con
17. City 11/00minsTON	State ZIP Code IN 47454	8. County  Mara Va C	9. Telephone (Day)	10. Telephone (Evening)
11, Party Affiliation		12. Office S	ought (Include district number, if	75 (any. Not required for an exploratory committee.)
Democratic Libertarian 🛘 Repu	ıblican 🔲 Other	Mo	NOTE COUNTY SI	ner, H
SECTION B. COMMITTEE	INFORMATION: F	ill in all applicable.	boxes as fully and acc	curately as possible.
Committee T	TO Elect 1	Ruben Ma		
14. Mailing Address (number and street, city			5. FAX (Optional) 16.	E-mall Address (Optional)
PO BOX 18 17. City Blooming TON	State ZIP Code	18. County	19. Telephone	20. Committee Organization Date
			( )	(mm/dd/yy) 5/19/21
21. Chairperson's Full Name ☐ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson.				
22. Mailing Address (number and street, city	y, state, and ZIP code)	ck if this is a new address.	3. FAX (Optional) 24.	E-mall Address (Optional)
		100.0	) 27. Telephone (Day)	
25. City Blooming TOM	State ZIP Code	26. County		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 star	tement explaining purpose of an ex	A Contract	alaries and Reimbursements (M	Vill the committee pay the candidate a salary or
Committee TUENET REAL MONTE TO SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)				
32. I, as Chairperson of th	NT UF REASURE	R (IU-3-9-1-14)	Signature of th	ne Compaittes Chairperson
committee, appoint the followin Treasurer of the Committee.	g person as Mich	Ael GASTI	vean K,	Mark
33. Treasurer's Full Name 🔲 Design	nate candidate as treasurer.			
Mi. U. A.C. I. G. A.  34. Mailing Address (number and street, city		ck if this is a new address 3	5. FAX (Optional) 36	E-mail Address (Optional)
3954 N, Win-			r	obsastinean @ SMAN. LOW
37. City		_	39. Telephone (Day)	40. Telephone (Evening)
BloomingTON	IN 47404	Monrae	317, 447-888	ا (۵)
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 Signature of Person Accepting Appointment				
41. I give notice that I accept Committee. I am not the chair				n Accepting Appointment
permitted for a candidate commit	tee under IC 3-9-1-7).	•		
SECTION E. CERTIFICAT We certify as the candidate an	ION OF STATEMEN		mmittee and that we have	FOR OFFICE USE ONLY
examined this statement. To the b	est of our knowledge a	nd belief it is true, corre	ct and complete.	
42. Typed or Printed Name of Cha	airperson Signature	of Chairperson	Date (mm/dd/yy)	JE LE LON
43. Typed or Printed Name of Can	ndidate Signature	of Candidate	Date (mm/dd/yy)	MAY 1 9 2021
Warning: State law requires that any operson who knowingly files a fraudulent	report commits a Level 6 D	felony (IC 3-14-1-13). A per	ays of the change (IC 3-9-1-10). son who fails to file a complete	or CEERK MONHOE CHOOL COOK!
accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC )		commits a Class B misdem	eanor (IC 3-14-1-14), and may b	pe t