



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
State Form 4604 (R10/10-01)  
Indiana Election Commission (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.

1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →										FILE NUMBER	
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>											
2. Last Name <u>AUSTIN</u>		First Name <u>RONNIE</u>		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 <u>5062 BRAEMAR ST.</u>						5. FAX (Optional)		6. E-mail address (Optional)			
7. City <u>AVON</u>		State <u>IN</u>		Zip Code <u>46123</u>		8. County <u>HENDRICKS</u>		9. Telephone (Day) <u>(317) 745-0515</u>		10. Telephone (Evening) <u>SAME</u>	
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.) <u>WASHINGTON TOWNSHIP TRUSTEE</u>					
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>											
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name <u>RONNIE AUSTIN FOR TRUSTEE</u>											
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address <u>5062 BRAEMAR ST</u>						15. FAX (Optional)		16. E-mail address (Optional)			
17. City <u>AVON</u>		State <u>IN</u>		Zip Code <u>46123</u>		18. County <u>HENDRICKS</u>		19. Telephone <u>(317) 745-0515</u>		20. Committee organization date (MM-DD-YY)	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson <u>GREGORY I. HURST</u>						25. FAX (Optional)		24. E-mail address (Optional)			
22. Mailing Address <input type="checkbox"/> Check if this is a new address <u>6739 YORKSHIRE PLACE</u>						25. FAX (Optional)		24. E-mail address (Optional)			
25. City <u>AVON</u>		State <u>IN</u>		Zip Code <u>46123</u>		26. County <u>HENDRICKS</u>		27. Telephone (Day) <u>(317) 272-0903</u>		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.) <u>HENDRICKS CO. BANK</u>											
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"/> No <input checked="" type="checkbox"/> Yes	
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>											
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. <u>GREG HURST</u>						Signature of the Committee Chairperson					
33. Treasurer's Full Name <input type="checkbox"/> Designate Candidate as Treasurer <input type="checkbox"/> Check if this is a new treasurer <u>GREGORY I. HURST</u>											
34. Mailing Address <input type="checkbox"/> Check if this is a new address <u>6739 YORKSHIRE PLACE</u>						35. FAX (Optional)		36. E-mail address (Optional)			
37. City <u>AVON</u>		State <u>IN</u>		Zip Code <u>46123</u>		38. County <u>HENDRICKS</u>		39. Telephone (Day) <u>(317) 272-0903</u>		40. Telephone (Evening)	
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>											
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	
<b>SECTION E. CERTIFICATION OF STATEMENT</b>											
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 <u>Gregory I. Hurst</u>				Signature of Chairperson <u>Greg Hurst</u>				Date (MM-DD-YY) <u>07-30-05</u>			
43. Typed or printed name of Candidate <u>RONNIE AUSTIN</u>				Signature of Candidate <u>Ronnie Austin</u>				Date (MM-DD-YY) <u>07-30-05</u>			
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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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SEP 14 2005

LINDY SPENCER  
HENDRICKS CIRCUIT SUPERIOR COURT