



**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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. →										32-25-041
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>										
2. Last Name GASTON		First Name David		Middle Name Louis		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) 6727 Grand Oaks				5. FAX (Optional) ( )		6. E-mail Address (Optional) gastonlandsurveying@gmail.com				
7. City Cortesville		State IN	ZIP Code 46121	8. County Hendricks		9. Telephone (Day) (317) 539-5400		10. Telephone (Evening) (317) 539-5400		
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.)						
<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. Committee to Re-Elect David L. Gaston as Hendricks County Surveyor										
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 6727 Grand Oaks				15. FAX (Optional) ( )		16. E-mail Address (Optional)				
17. City Cortesville		State IN	ZIP Code 46121	18. County Hendricks		19. Telephone (317) 539-5400		20. Committee Organization Date (mm/dd/yy) 01/04/2022		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. David L. Gaston										
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 6727 Grand Oaks				23. FAX (Optional) ( )		24. E-mail Address (Optional) gastonlandsurveying@gmail.com				
25. City Cortesville		State IN	ZIP Code 46121	26. County Hendricks		27. Telephone (Day) (317) 539-5400		28. Telephone (Evening) (317) 539-5400		
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.) First National Bank of Clay City										
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 type="checkbox"/> No					
<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.				Person Appointed Treasurer David L. Gaston			Signature of the Committee Chairperson [Signature]			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. David Louis Gaston										
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 6727 Grand Oaks				35. FAX (Optional) ( )		36. E-mail Address (Optional) gastonlandsurveying@gmail.com				
37. City Cortesville		State IN	ZIP Code 46121	38. County Hendricks		39. Telephone (Day) (317) 539-5400		40. Telephone (Evening) (317) 539-5400		
<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 David L. Gaston		Signature of Chairperson [Signature]				Date (mm/dd/yy) 6/30/2025				
43. Typed or Printed Name of Candidate David L. Gaston		Signature of Candidate [Signature]				Date (mm/dd/yy) 6/30/2025				
<b>Warning:</b> 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).										

FOR OFFICE USE ONLY

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CLERK OF HENDRICKS COUNTY