

## 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)

## PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

									FILE NU	JMBER					
1. IS THIS AN AMENDMENT?	🗌 Yes	No If Yes,	please	enter the	file n	umber in	this box	$\rightarrow$	32-25-	061					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.															
2. Last Name	Fi	rst Name		Middle Name			Nickname		3. Type of Committee (Check one)						
PRICE		RANDALL		RAY			IZANAY		Candidate's Principal Committee						
PICICIZ RANDALL RA ICINIA 9 Exploratory Committee   4. Mailing Address (number and street, city, state, and ZIP code) 5. FAX (Optional) 6. E-mail Address (Optional)															
428 KAREN DRIVE															
7. City	State	ZIP Code	8. Coun	unty		9. Telephone (Day)			10. Telephone (Evening)						
Pittsboro	IN	46167	HE	ENDRICKS		(317) 903-11		136	56 (317) 903-1136						
11. Party Affiliation 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)															
4. Mailing Address (number and street, city, state, and ZIP code) 5. FAX (Optional) 6. E-mail Address (Optional)   4. Mailing Address (number and street, city, state, and ZIP code) 5. FAX (Optional) 6. E-mail Address (Optional)   4. Mailing Address (number and street, city, state, and ZIP code) 9. Telephone (Day) 10. Telephone (Evening)   7. City State ZIP Code 8. County 9. Telephone (Day) 10. Telephone (Evening)   7. City IN 46167 HENDRICKS 317, 903-1136 317, 903-1136   11. Party Affiliation In 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) TOWN COUNCIL MEMBIR - AT LARGE															
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.															
PRICE FOR TOWN COUNCIL   14. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 15. FAX (Optional) 16. E-mail Address (Optional)															
					15. FA	AX (Optional)			all Address (Optional)						
428 ILARIEN DI 17. City	2) 0/2	ZIP Code	18. County		(	)				-lastin Bata					
	State	ZIP Code				19. Telephone		21	20. Committee Organization Data (mm/dd/yy)						
Pittsboro				ionicies (			13171903-1131		7/8/2025						
21. Chairperson's Full Name D-Designate Candidate as Chairperson. Check if this is a new chairperson.															
22. Mailing Address (number and street, city, state, and ZIP code) 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 Denositories (List all	banks or	other depositories in w	hich the c	ommittee den	osits fu	() nds holds a	iccounts re	nts safety	denosit boxes or mai	ntains funds )					
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.)															
AS NIZAD LD 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															
su Exploratory Committee (Give biel statement explaining purpose of an exploratory committee only.) 31. Sataries and Reimbursements (with the committee pay the candidate a satary of reimbursement for lost wages? If Yes, attach a copy of the contract.) Yes															
SECTION C ADDOLNTME		TDEACHDED	10 2 0	1.10	6 46 X		Sec. Sec.								
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) 32. I, as Chairperson of the foregoing Person Appointed Treasurer Signature of the								of the Co	committee Chairperson						
committee, appoint the following															
Treasurer of the Committee.							10	may	Pm						
33. Treasurer's Full Name Design	ate candi	date as treasurer.	Check i	this is a new	treasur	er.	60 D	/							
34. Mailing Address (number and street, city	, state, and	ZIP code) 🔲 Check if	this is a r	new address.	35. FA	X (Optional)	)	36. E-ma	II Address (Optional)						
					(	)									
37. City	State	ZIP Code	38. Cou	nty		39. Teleph	one (Day)		40. Telephone (Eve	ening)					
						( )			( )						
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															
Committee I am not the chairs		f a compaign fin		mmittee le	Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).										
Committee. I am not the chairp permitted for a candidate committ	erson de	of a campaign finator IC 3-9-1-7).	ance co	mmittee (e	kcept	as			202						
Committee. I am not the chairp permitted for a candidate committed	erson d ee unde	of a campaign fina or IC 3-9-1-7).	ance co	mmittee (e	xcept	as		All and	FOR OFFICE	USE ONLY					
Committee. I am not the chairp permitted for a candidate committed SECTION E. CERTIFICAT We certify as the candidate and	erson of ee unde ON O d the d	of a campaign fina or IC 3-9-1-7). = STATEMENT uly appointed Ch	ance co airperso	on of the C	Commi	ttee and		have	FOR OFFICE	<u>R</u>					
Committee. I am not the chairp permitted for a candidate committed SECTION E. CERTIFICAT We certify as the candidate and examined this statement. To the b	erson of ee unde ON O d the d est of o	of a campaign fina or IC 3-9-1-7). <b>ISTATEMENT</b> uly appointed Ch ur knowledge and	ance co airperso belief it	on of the C is true, corr	Commi	ttee and d comple	te.		FOR OFFICE	<u>R</u>					
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Committee. I am not the chairp permitted for a candidate committed SECTION E. CERTIFICAT We certify as the candidate and examined this statement. To the b 42. Typed or Printed Name of Chai PANDY PRICE 43. Typed or Printed Name of Can	erson de ee unde ONO d the d est of o irpersor	of a campaign fina or IC 3-9-1-7). <b>ISTATEMENT</b> uly appointed Ch ur knowledge and	ance co airperso bellef it Chairper	on of the C is true, com son	Commi	ttee and d comple Date	te.		FOR OFFICE	<u>R</u>					
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Committee. I am not the chairp permitted for a candidate committed SECTION E. CERTIFICAT We certify as the candidate and examined this statement. To the b 42. Typed or Printed Name of Chair PANDY PRICE 43. Typed or Printed Name of Cano RANDY PRICE	erson de ee unde ION O d the d est of o irpersor didate	of a campaign fina or IC 3-9-1-7). <b>STATEMENT</b> uly appointed Ch <u>ur knowledge and</u> Signature of C Signature of C Signature of C Manual this information be reported mmits a Level 6 D felo	ance co airperso belief it Chairper Candida Sorted wild Sorted wild Sorted wild Sorted wild Sorted wild Sorted wild Sorted sorted sorte	thin ten (10) 14-1-13). A p	Commi rect an days of erson w	ttee and d comple Date Date 7 the change tho fails to	te. e (mm/dd/yy) e (mm/dd/yy) /8/202 e (IC 3-9-1- file a compl	10). A ete or	FOR OFFICE	<u>R</u>					