



**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)

(CFA-1)

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 checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →						32-25-061	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.							
2. Last Name PRICE		First Name RANDALL		Middle Name RAY		Nickname RANDY	
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) 428 KAREN DRIVE				5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City Pittsboro		State IN		ZIP Code 46167		8. County HENDRICKS	
9. Telephone (Day) (317) 903-1136		10. Telephone (Evening) (317) 903-1136					
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.) TOWN COUNCIL MEMBER - AT LARGE			
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.							
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. PRICE FOR TOWN COUNCIL							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 428 KAREN DRIVE				15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City Pittsboro		State IN		ZIP Code 46167		18. County HENDRICKS	
19. Telephone (317) 903-1136		20. Committee Organization Date (mm/dd/yy) 7/8/2025					
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.) AS NEEDED							
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 checked="" type="checkbox"/> No			
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.				Signature of the Committee Chairperson Randy Price			
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			
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 RANDY PRICE		Signature of Chairperson Randy Price		Date (mm/dd/yy) 7/8/2025			
43. Typed or Printed Name of Candidate RANDY PRICE		Signature of Candidate Randy Price		Date (mm/dd/yy) 7/8/2025			
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).							

FOR OFFICE USE ONLY

FILED
2022 JUL -8 AM 8:25
Morgan Price
CLERK OF THE HENDRICKS COUNTY