



**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. →						32-25-015	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.							
2. Last Name Gentry		First Name Robert		Middle Name Lee		Nickname Bob	
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) 10084N 275E Pittsboro IN 46167				5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City Pittsboro		State IN		ZIP Code 46167		8. County Hendricks	
9. Telephone (Day) (317) 682-7729		10. Telephone (Evening) (317) 682-7729					
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.) Dist 1 County Commissioner			
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.							
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Bob Gentry For County Commissioner							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 10084N 275E				15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City Pittsboro		State IN		ZIP Code 46167		18. County Hendricks	
19. Telephone (317) 682-7729		20. Committee Organization Date (mm/dd/yy) June 25, 2015					
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Robert L. Gentry							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 10084N 275E				23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City Pittsboro		State IN		ZIP Code 46167		26. County Hendricks	
27. Telephone (Day) (317) 682-7729		28. Telephone (Evening) (317) 682-7729					
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.) State Bank							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) None				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. Robert L. "Bob" Gentry				Signature of the Committee Chairperson Robert L. Gentry			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Robert L. Gentry							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 10084N 275E				35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City Pittsboro		State IN		ZIP Code 46167		38. County Hendricks	
39. Telephone (Day) (317) 682-7729		40. Telephone (Evening) (317) 682-7729					
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 Robert L. Gentry			
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 Robert L. Gentry		Signature of Chairperson Robert L. Gentry		Date (mm/dd/yy) 6-25-25			
Typed or Printed Name of Candidate Robert L. Gentry		Signature of Candidate Robert L. Gentry		Date (mm/dd/yy) 6-25-25			
* State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).							

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