



**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. → 32-25-008					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name Blacketer		First Name Steven		Middle Name Dwayne	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) 1683 Locust Lane			5. FAX (Optional) ()		6. E-mail Address (Optional)
7. City Avon	State IN	ZIP Code 46123	8. County Hendricks	9. Telephone (Day) (317) 753-5317	10. Telephone (Evening) (317) 753-5317
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.) Washington Township Board		
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. Committee to Elect Steve Blacketer for Township Board					
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 1683 Locust Lane			15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City Avon	State IN	ZIP Code 46123	18. County Hendricks	19. Telephone (317) 753-5317	20. Committee Organization Date (mm/dd/yy) 6/23/2025
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Steven Dwayne Blacketer					
22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 1683 Locust Lane			23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City Avon	State IN	ZIP Code 46123	26. County Hendricks	27. Telephone (Day) (317) 753-5317	28. Telephone (Evening) (317) 753-5317
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.) None					
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.			Person Appointed Treasurer Signature of the Committee Chairperson Steven Blacketer		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Steven Dwayne Blacketer					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1683 Locust Lane			35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Avon	State IN	ZIP Code 46123	38. County Hendricks	39. Telephone (Day) (317) 753-5317	40. Telephone (Evening) (317) 753-5317
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 Steven Blacketer		
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		Signature of Chairperson		Date (mm/dd/yy)	
43. Typed or Printed Name of Candidate Steven Dwayne Blacketer		Signature of Candidate Steven D Blacketer		Date (mm/dd/yy) 6/24/25	
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).					

2025 JUN 24 AM 11:19
FILED
CLERK OF THE INDIANA COURTS
Morgan Pike