(CFA-1)

## 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.

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ECTION A . CANDIDA		MATION: Fil Name	ll in all	applicabl		es as fully an	d accura		possible.	ee (Check one
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Blacketer		even		Dwaine	AX (0-1		0.5		ploratory Com	mittee
Mailing Address (number and street, or 1683 Locust Lane	city, state, and ZIP	code)		5. F	AX (Opti	onal)	6. E-ma	Address	(Optional)	
City	State	ZIP Code	8. Cou	((	)	9. Telephone (Day	/)	10. Tele	phone (Evenin	a)
Avon	IN	46123		ndricks		317, 753-5		1 33 mar 1	753-531	
. Party Affiliation		10120			Sought	(Include district nu		1	- the second research the	
Democratic 🗌 Libertarian 🗹 Re					<u> </u>	Township Bo				
ECTION B. COMMITT					e box	es as fully ar	nd accur	ately as	possible.	CON THE
. Full Name of Committee (Do not Committee to Elect St										
. Mailing Address (number and street					15. FA	(Optional)	16. E-m	ail Address	(Optional)	
1683 Locust Lane	, org, store, and En			a non addreed		( ( optional)			(0)	
. City	State	ZIP Code	18. Co	ounty		) 19. Telephone		20. Comm	nittee Organiza	ation Date
Avon	IN	46123	46123 Hendri			(317) 753-5	317	(mm/dd/yy) 6/23/2025		/2025
	Designate Cano	didate as Chairper		Check if this i	s a new c	<u> </u>				
Steven Dwaine Black	eter									
2. Mailing Address (number and street	t, city, state, and ZI	Pcode) 🗹 Chec	k if this is	a new address	23. FA	X (Optional)	24. E-m	ail Address	(Optional)	
1683 Locust Lane					(	)				
i. City	State	ZIP Code				27. Telephone (Da		28. Telephone (Evening)		
Avon		46123		ndricks		<sub>(</sub> 317 <sub>)</sub> 753-5		<sub>(</sub> 317 <sub>)</sub> 753-5317		
. Bank or Other Depositories (Lis	t all banks or ot	her depositories ir	which the	e committee de	posits fur	nds, holds accounts	s, rents safety	deposit bo	xes or maintain	s funds.)
None										
D. Exploratory Committee (Give brief	f statement explain	ing purpose of an exp	loratory con			s and Reimburser nent for lost wages				
		DEAGUDE	0 // 0 2	0440	S. 1919					a training
ECTION C. APPOINTM 2. I, as Chairperson of						Signat	ure of the C	ommittee C	hairperson	A
ommittee, appoint the follow						8	to a	130	20.00	to
reasurer of the Committee. 5. Treasurer's Full Name 🛛 De	signate candida	ite as treasurer	Chec	k if this is a new	w treasure	ar.	wen	• -	and	
Steven Dwaine Black			E one							
4. Mailing Address (number and street		Pcode) Chec	k if this is	a new address	35. FA	X (Optional)	36. E-m	ail Address	(Optional)	
1683 Locust Lane					(	)				
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