

(10 Days from 2/4/19)



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
State Form 4604 (R14 / 10-17)
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
32-19-0020

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name: ATNIP, First Name: RONIDEAN, Middle Name: LYNN, Nickname: RONI
3. Type of Committee: Candidate's Principal Committee, Exploratory Committee
4. Mailing Address: 109 MARTIN DR, 5. FAX: (317) 718-1190, 6. E-mail Address: natnip7908@gmail.com
7. City: DANVILLE, State: IN, ZIP Code: 46122, 8. County: HENDRICKS, 9. Telephone (Day): (317) 745-2328, 10. Telephone (Evening):
11. Party Affiliation: Democratic, Libertarian, Republican, Other
12. Office Sought: (Include district number, if any. Not required for an exploratory committee.)

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee: RONI ATNIP Election Committee, Check if this is a new name.
14. Mailing Address: 109 MARTIN DR, 15. FAX: (), 16. E-mail Address: ()
17. City: DANVILLE, State: IN, ZIP Code: 46122, 18. County: HENDRICKS, 19. Telephone: (317) 745-2328, 20. Committee Organization Date: 02/12/19
21. Chairperson's Full Name: RONIDEAN ATNIP, Designate Candidate as Chairperson, Check if this is a new chairperson.
22. Mailing Address: (), 23. FAX: (), 24. E-mail Address: ()
25. City: (), State: (), ZIP Code: (), 26. County: (), 27. Telephone (Day): (), 28. Telephone (Evening): ()
29. Bank or Other Depositories: PNC BANK
30. Exploratory Committee: For election, 31. Salaries and Reimbursements: Yes, 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: RONI ATNIP, Signature of the Committee Chairperson: Roni Atnip
33. Treasurer's Full Name: Designate candidate as treasurer, Check if this is a new treasurer.
34. Mailing Address: (), 35. FAX: (), 36. E-mail Address: ()
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: Roni Atnip

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: RONI ATNIP, Signature of Chairperson: Roni Atnip, Date: 02/12/19
43. Typed or Printed Name of Candidate: RONI ATNIP, Signature of Candidate: Roni Atnip, Date: 02/12/19

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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).