



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R14 / 10-17)
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.

FILE NUMBER

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. → 32-18-034.

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

2. Last Name <u>STRINGER</u>		First Name <u>ROBERT</u>		Middle Name <u>RYAN</u>		Nickname <u>BOB</u>		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) <u>7677 N. COUNTY ROAD 200 W.</u>					5. FAX (Optional) ()		6. E-mail Address (Optional) <u>FFMEDIC145@HOTMAIL.COM</u>		
7. City <u>LIZTON</u>		State <u>IN</u>	ZIP Code <u>46149</u>	8. County <u>HENDRICKS</u>		9. Telephone (Day) <u>(317) 339-2406</u>		10. Telephone (Evening) <u>(317) 339-2406</u>	
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.) <u>UNION TOWNSHIP TRUSTEE</u>					

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. <u>ROBERT STRINGER FOR UNION TOWNSHIP TRUSTEE</u>									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>SAME</u>					15. FAX (Optional) ()		16. E-mail Address (Optional)		
17. City		State	ZIP Code	18. County		19. Telephone		20. Committee Organization Date (mm/dd/yy) <u>01/30/2018</u>	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <u>ROBERT RYAN STRINGER</u>									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>SAME</u>					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.) <u>PNC BANK (BROWNSBURG BRANCH)</u>									
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. <u>ROBERT STRINGER</u>					Signature of the Committee Chairperson				
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <u>ROBERT RYAN STRINGER</u>									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>SAME</u>					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 <u>[Signature]</u>				
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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 <u>ROBERT STRINGER</u>			Signature of Chairperson <u>[Signature]</u>			Date (mm/dd/yy) <u>01/30/18</u>			
43. Typed or Printed Name of Candidate <u>ROBERT STRINGER</u>			Signature of Candidate <u>[Signature]</u>			Date (mm/dd/yy) <u>01/30/18</u>			

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 8-14-1-13). 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).

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 ERK (HENDRICKS COUNTY)