



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

(CFA-1)

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.

FILE NUMBER

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. → 32-20-0025

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

2. Last Name <u>Austin</u>		First Name <u>Michael</u>		Middle Name <u>Troy</u>	Nickname <u>Troy</u>	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee			
4. Mailing Address (number and street, city, state, and ZIP code) <u>705 Cabot Circle</u>					5. FAX (Optional) ()		6. E-mail Address (Optional)		
7. City <u>Brownsburg</u>		State <u>IN</u>	ZIP Code <u>46112</u>	8. County <u>Hendricks</u>		9. Telephone (Day) <u>(317) 432-0894</u>		10. Telephone (Evening) <u>(317) 432-0894</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>County Council - Hendricks</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>Conservatives for Austin.</u>									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>705 Cabot Circle</u>					15. FAX (Optional) ()		16. E-mail Address (Optional)		
17. City <u>Brownsburg</u>		State <u>IN</u>	ZIP Code <u>46112</u>	18. County <u>Hendricks</u>		19. Telephone <u>(317) 432-0894</u>		20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <u>Michael Troy Austin</u>									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					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>BMO Harris</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 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>Michael Troy Austin</u>					Person Appointed Treasurer					Signature of the Committee Chairperson <u>[Signature]</u>				
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.														
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					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				
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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>Michael T. Austin</u>		Signature of Chairperson <u>[Signature]</u>		Date (mm/dd/yy) <u>2/6/20</u>	
43. Typed or Printed Name of Candidate <u>Michael T. Austin</u>		Signature of Candidate <u>[Signature]</u>		Date (mm/dd/yy) <u>2/6/20</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 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).

FOR OFFICE USE ONLY

Robert Henderson
2020 FEB -7 AM 11:04

[Signature]

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