



**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**  
32-20-0025

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 <b>Pittman</b>		First Name <b>Ronald</b>		Middle Name <b>James</b>		Nickname		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) <b>4160 Outer Bank Rd. Indianapolis IN 46234</b>						5. FAX (Optional)		6. E-mail Address (Optional)	
7. City <b>Indianapolis</b>		State <b>IN</b>		ZIP Code <b>46234</b>		8. County <b>Hendricks</b>		9. Telephone (Day) <b>(812) 431 5171</b>	
								10. Telephone (Evening) <b>(812) 431 5171</b>	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <b>School Board Office - Brownsburg Community Schools</b>			

**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. <b>Committee to Elect Ronald Pittman</b>						15. FAX (Optional)		16. E-mail Address (Optional)	
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>4160 Outer Bank Rd.</b>									
17. City <b>Indianapolis</b>		State <b>IN</b>		ZIP Code <b>46234</b>		18. County <b>Hendricks</b>		19. Telephone <b>(812) 431 5171</b>	
								20. Committee Organization Date (mm/dd/yy) <b>08/10/20</b>	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <b>Ronald James Pittman</b>						23. FAX (Optional)		24. E-mail Address (Optional)	
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>4160 Outer BANK Rd.</b>									
25. City <b>Indianapolis</b>		State <b>IN</b>		ZIP Code <b>46234</b>		26. County <b>Hendricks</b>		27. Telephone (Day) <b>(812) 431 5171</b>	
								28. Telephone (Evening) <b>(812) 431 5171</b>	
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.)						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 <b>Ronald Pittman</b>			Signature of the Committee Chairperson <b>Ronald Pittman</b>			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <b>Ronald James Pittman</b>						35. FAX (Optional)		36. E-mail Address (Optional)	
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>4160 Outer BANK Road</b>									
37. City <b>Indianapolis</b>		State <b>IN</b>		ZIP Code <b>46234</b>		38. County <b>Hendricks</b>		39. Telephone (Day) <b>(812) 431 5171</b>	
								40. Telephone (Evening) <b>(812) 431 5171</b>	

**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 <b>Ronald Pittman</b>		
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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 <b>RONALD JAMES PITTMAN</b>		Signature of Chairperson <b>Ronald James Pittman</b>		Date (mm/dd/yy) <b>08 10 20</b>	
43. Typed or Printed Name of Candidate <b>RONALD JAMES PITTMAN</b>		Signature of Candidate <b>Ronald James Pittman</b>		Date (mm/dd/yy) <b>08 10 20</b>	

**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**  
020 AUG 11 AM 8:11  
Deborah Henderson  
CLERK OF THE HENDRICKS COUNTY  
FILED