



**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)

10 days.

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

<b>1. IS THIS AN AMENDMENT?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>	<b>FILE NUMBER</b> <span style="font-size: 1.2em;">32-20-0021</span>
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**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

<b>2. Last Name</b> BECK	<b>First Name</b> STEPHEN	<b>Middle Name</b> H	<b>Nickname</b> STEVE	<b>3. Type of Committee (Check one)</b> <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
<b>4. Mailing Address (number and street, city, state, and ZIP code)</b> 6012 YELLOW BIRCH CT			<b>5. FAX (Optional)</b> ( )	<b>6. E-mail Address (Optional)</b>	
<b>7. City</b> AVON	<b>State</b> IN	<b>ZIP Code</b> 46123	<b>8. County</b> HENRICKS	<b>9. Telephone (Day)</b> (317) 607-3680	<b>10. Telephone (Evening)</b> (same)
<b>11. Party Affiliation</b> <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			<b>12. Office Sought (Include district number, if any. Not required for an exploratory committee.)</b> AUDITOR - HENRICKS CO.		

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

<b>13. Full Name of Committee (Do not abbreviate.)</b> <input type="checkbox"/> Check if this is a new name. FLECT BECK					
<b>14. Mailing Address (number and street, city, state, and ZIP code)</b> <input type="checkbox"/> Check if this is a new address. 6012 yellow Birch ct			<b>15. FAX (Optional)</b> ( )	<b>16. E-mail Address (Optional)</b>	
<b>17. City</b> AVON	<b>State</b> IN	<b>ZIP Code</b> 46123	<b>18. County</b> HENRICKS	<b>19. Telephone</b> (same as above)	<b>20. Committee Organization Date (mm/dd/yy)</b> 06/30/20
<b>21. Chairperson's Full Name</b> <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.					
<b>22. Mailing Address (number and street, city, state, and ZIP code)</b> <input type="checkbox"/> Check if this is a new address.			<b>23. FAX (Optional)</b> ( )	<b>24. E-mail Address (Optional)</b>	
<b>25. City</b>	<b>State</b>	<b>ZIP Code</b>	<b>26. County</b>	<b>27. Telephone (Day)</b> ( )	<b>28. Telephone (Evening)</b> ( )
<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.)</b> BMO HARRIS / IF APPLICABLE					
<b>30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)</b>			<b>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.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

<b>32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.</b>	<b>Person Appointed Treasurer</b> STEVE BECK	<b>Signature of the Committee Chairperson</b> 
<b>33. Treasurer's Full Name</b> <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.		
<b>34. Mailing Address (number and street, city, state, and ZIP code)</b> <input type="checkbox"/> Check if this is a new address. SAME		<b>35. FAX (Optional)</b> ( )
<b>36. E-mail Address (Optional)</b>	<b>37. City</b> SAME	
<b>38. State</b>	<b>39. ZIP Code</b> SAME	<b>40. County</b>
<b>41. Telephone (Day)</b> ( )	<b>42. Telephone (Evening)</b> ( )	

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

<b>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).</b>	<b>Signature of Person Accepting Appointment</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.		
<b>42. Typed or Printed Name of Chairperson</b> STEVE BECK	<b>Signature of Chairperson</b> 	<b>Date (mm/dd/yy)</b> 06/30/20
<b>43. Typed or Printed Name of Candidate</b> STEVE BECK	<b>Signature of Candidate</b> 	<b>Date (mm/dd/yy)</b> 06/30/20

**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).

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