**CANDIDATE’S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

State Form 4604 (R12-9-09)
Indiana Election Commission (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? ☒ No ☐ Yes 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.

- **Last Name:** BAUMGART
- **First Name:** RONALD
- **Middle Name:** ALFRED
- **Nickname:**
- **Type of Committee (Check one):** [ ] Candidate’s Principal Committee [ ] Exploratory Committee
- **Mailing Address:** 7010 McFarland Rd
- **FAX (Optional):** 317.786.3083
- **E-Mail Address (Optional):** rbaumgart@hotmail.com
- **City:** SOUTHPORT
- **State:** IN
- **ZIP Code:** 46227
- **County:** MARION
- **Telephone (Day):** 317.652.0054
- **Telephone (Evening):** 317.652.0054
- **Office Sought (include district number, if any. Not required for an exploratory committee):** MAYOR SOUTHPORT
- **Party Affiliation:** Republican
- **Full Name of Committee (Do not abbreviate):** COMMITTEE TO ELECT DR. RON BAUMGART FOR MAYOR OF SOUTHPORT
- **Mailing Address (Optional):**
- **Fax (Optional):** 317.652.0054
- **E-mail Address (Optional):** rbaumgart@hotmail.com
- **City:** SOUTHPORT
- **State:** IN
- **ZIP Code:** 46227
- **County:** MARION
- **Telephone:** 317.652.0054
- **Committee Organization Date:** 2/5/15
- **Chairperson’s Full Name:**
- **Designate Candidate as Chairperson:**
- **Check if this is a new chairperson:**

22. **Mailing Address:**
- **Check if this is a new address:**
- **City:** SOUTHPORT
- **State:** IN
- **ZIP Code:** 46227
- **County:** MARION
- **Telephone:** 317.652.0054
- **Telephone:** 317.652.0054
- **Bank or Other Depository:**
- **List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.**
- **TBD: REGIONS BANK**
- **Explanatory 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. ☐ No ☒ Yes

32. **I, as Chairperson of the following committee, appoint the following person as Treasurer of the Committee.**
- **Person Appointed Treasurer:**
- **Signature of the Committee Chairperson:**
- **Treasurer’s Full Name:**
- **Designate candidate as treasurer:**
- **Check if this is a new treasurer:**

34. **Mailing Address:**
- **Check if this is a new address:**
- **City:** SOUTHPORT
- **State:** IN
- **ZIP Code:** 46227
- **County:** MARION
- **Telephone:** 317.652.0054
- **Telephone:** 317.652.0054

36. **E-mail Address (Optional):**

37. **City:** SOUTHPORT
- **State:** IN
- **ZIP Code:** 46227
- **County:** MARION
- **Telephone:** 317.652.0054
- **Telephone:** 317.652.0054

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

- **Signature of Person Accepting Appointment:**
- **Date:** 2/5/15

**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

- **Typed or Printed Name of Chairperson:**
- **Signature of Chairperson:**
- **Date:** 2/5/15

- **Typed or Printed Name of Candidate:**
- **Signature of Candidate:**
- **Date:** 2/5/15

**Warning:** State law requires that any changes in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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**

**FEB 05 2015**

**Filed by:**

**Filed by:**

**Filed by:**