



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
 State Form 4604 (R10/10-01)
 Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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

Oh

FILE NUMBER

1. IS THIS AN AMENDMENT? No Yes If Yes, please enter the file number in this box → 491124

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

2. Last Name Pierson-Treacy	First Name Becky	Middle Name Faye	Nickname Becky	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 9663 Oakhaven Ct.		5. FAX (Optional) (317) 915-9798		6. E-mail address (Optional) bptreacy@comcast.net.
7. City Indianapolis	State IN	Zip Code 46286	8. County Marion	9. Telephone (Day) (317) 327-8881
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.) Marion Superior Court Judge	
10. Telephone (Evening) (317) 915-9799				

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 Re-Elect Judge Becky				
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 135 N. Pennsylvania St. Suite 1600		15. FAX (Optional) (317) 915-9798		16. E-mail address (Optional) bptreacy@comcast.net
17. City Indianapolis	State IN	Zip Code 46204	18. County Marion	19. Telephone (317) 684-5401
20. Committee organization date (MM-DD-YY) 06/30/99				
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Edward Thomas Treacy				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 9663 Oakhaven Ct.		23. FAX (Optional) (317) 915-9798		24. E-mail address (Optional) etreacy@bosetreacy.org
25. City Indianapolis	State IN	Zip Code 46256	26. County Marion	27. Telephone (Day) (317) 684-5401
28. Telephone (Evening) (317) 915-9799				
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.) National City Bank				
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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. Greg F. Hahn	Person Appointed Treasurer Greg F. Hahn	Signature of the Committee Chairperson <i>Edward T. Treacy</i>
33. Treasurer's Full Name <input type="checkbox"/> Designate Candidate as Treasurer <input type="checkbox"/> Check if this is a new treasurer Greg F. Hahn		
34. Mailing Address <input type="checkbox"/> Check if this is a new address One Indiana Square, Suite 1900		35. FAX (Optional) (317) 639-5232
37. City Indianapolis	State IN	38. County Marion
39. Telephone (Day) (317) 639-5444		40. Telephone (Evening) (317)

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 <i>Greg F. Hahn</i>
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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 Edward T. Treacy	Signature of Chairperson <i>Edward T. Treacy</i>	Date (MM-DD-YY) 10/11/05
43. Typed or printed name of Candidate Becky Pierson-Treacy	Signature of Candidate <i>Becky Pierson-Treacy</i>	Date (MM-DD-YY) 10/11/05

Warning: State law requires that any change 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
 OCT 11 AM 8:40
 Marion County Clerk
Debra Ann Phillips