



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
 State Form 4604 (R15 / 5-19)
 Indiana Election Division (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.

						FILE NUMBER
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>						2022-63
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Last Name Griffin Jr.		First Name Donald		Middle Name C	Nick Name	
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) 721 E. University St., Bloomington, IN 47401				5. FAX (Optional) ()		6. E-mail Address (Optional)
7. City Bloomington	State IN	ZIP Code 47401	8. County Monroe	9. Telephone (Day) (812) 327-9232		10. Telephone (Evening) ()
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.) Mayor of the City of Bloomington			
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Donald Griffin for Mayor						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 721 E. University St., Bloomington, IN 47401				15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City Bloomington	State IN	ZIP Code 47401	18. County Monroe	19. Telephone (812) 320-1938		20. Committee Organization Date (mm/dd/yy) 11/29/2022
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Jim Sims						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 500 S Westwood Dr., Bloomington, IN 47403				23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City Bloomington	State IN	ZIP Code 47403	26. County Monroe	27. Telephone (Day) (812) 320-1938		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.) German American 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 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 Larry D. Allen		Signature of the Committee Chairperson 	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Larry D. Allen						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2214 S Bent Tree Drive				35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Bloomington	State IN	ZIP Code 47401	38. County Monroe	39. Telephone (Day) (812) 325-6899		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 	
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 Jim Sims		Signature of Chairperson 			Date (mm/dd/yy) 11/29/2022	
43. Typed or Printed Name of Candidate Donald C. Griffin Jr.		Signature of Candidate 			Date (mm/dd/yy) 11-29-2022	
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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 CLERK MONROE CIRCUIT COURT