



**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

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 Gregory	First Name Brianna	Middle Name	Nickname Bri	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) 2911 N. Bankers Dr.		5. FAX (Optional) ()		6. E-mail Address (Optional) brianna.m.gregory@gmail.com
7. City Bloomington	State IN	ZIP Code 47408	8. County Monroe	9. Telephone (Day) (616) 886-9456
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.) Monroe County Auditor	

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. Brianna Gregory for Auditor				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2911 N. Bankers Dr.		15. FAX (Optional) ()		16. E-mail Address (Optional) brianna.m.gregory@gmail.com
17. City Bloomington	State IN	ZIP Code 47408	18. County Monroe	19. Telephone (Day) (616) 886-9456
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Brianna Gregory			20. Committee Organization Date (mm/dd/yy) 12/1/2023	
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2911 N. Bankers Dr.		23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City Bloomington	State IN	ZIP Code 47408	26. County Monroe	27. Telephone (Day) (616) 886-9456
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.) No bank account currently. will update if/when an account is opened.				
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 Jordan Miller	Signature of the Committee Chairperson Brianna Gregory
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. JORDAN MILLER		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 7600 W CHAFIN CHAPEL RD.		35. FAX (Optional) ()
36. E-mail Address (Optional) JORDANMILLER312@GMAIL.COM		
37. City ELLETTSVILLE	State IN	ZIP Code 47429
38. County MONROE	39. Telephone (Day) (949) 632-4708	40. Telephone (Evening) () SAME

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
Jordan Miller

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 Brianna Gregory	Signature of Chairperson Brianna Gregory	Date (mm/dd/yy) 12/1/2023
43. Typed or Printed Name of Candidate Brianna Gregory	Signature of Candidate Brianna Gregory	Date (mm/dd/yy) 12/1/2023

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

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