



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY

(CFA - 1)

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.

1 IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - If YES, please enter the file number in this box	FILE NUMBER 2014-29
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SECTION A CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2 Last Name GRANGER	First Name DOROTHY	Middle Name	Nickname	3 Type of Committee (Check only one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4 Mailing Address 3211 N VALLEYVIEW DR		5 FAX (Optional)	6 E-mail (Optional) DOROTHYG@MAIL.COM	
7 City BLOOMINGTON	State IN	Zip Code 47404	8 County Monroe	9 Telephone (Day) 812-334-5734
		10 Telephone (Evening) 812-345-9862		
11 Party Affiliation Democratic		12 Office Sought (Include district number if any. Not required for an exploratory committee) District 2		

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 GRANGER FOR CITY COUNCIL					
14 Mailing Address <input type="checkbox"/> Check if this is a new address 3211 n valleyview dr	15 FAX (Optional)	16 E-mail Address (Optional) dorothyg@mail.com			
17 City BLOOMINGTON	State IN	Zip Code 47404	18 County Monroe	19 Telephone 812-345-9862	20 Committee Organization Date (MM DD YY) 02/08/2019
21 Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson TIMOTHY MAYER					
22 Mailing Address <input type="checkbox"/> Check if this is a new address 1101 S JORDAN	23 FAX (Optional)	24 E-mail Address (Optional) timmayer3268@att.net			
25 City BLOOMINGTON	State IN	Zip Code 47401	26 County Monroe	27 Telephone (Day) 812-332-5269	28 Telephone (Evening)
29 Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds) GERMAN AMERICAN					
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	Person Appointed Treasurer JILLIAN KINZIE	Signature of the Committee Chairperson			
33 Treasurer's Full Name <input type="checkbox"/> Designate Candidate as Treasurer <input type="checkbox"/> Check if this is a new Treasurer JILLIAN KINZIE					
34 Mailing Address <input type="checkbox"/> Check if this is a new address 2825 N BLUE SLOPES DR	35 FAX (Optional)	36 E-mail Address (Optional) jillankinzie@gmail.com			
37 City BLOOMINGTON	State IN	Zip Code 47408	38 County Monroe	39 Telephone (Day)	40 Telephone (Evening) 812-325-2675

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>Jillian Kinzie</i>
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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.			FOR OFFICE USE ONLY Confirm Nbr 1403
42 Typed or printed name of Chairperson TIM MAYER	Signature of Chairperson <i>Tim Mayer</i>	Date (MM DD YY) 02/14/19	FILED FEB 15 2019
43 Typed or printed name of Candidate DOROTHY GRANGER	Signature of Candidate <i>Dorothy Granger</i>	Date (MM DD YY) 02/14/19	
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 Level 6 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, 3-9-4-17, and 3-9-4-18).			

CLERK MONROE CIRCUIT COURT