



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 Manns		First Name Alphonso		Middle Name	Nickname Al	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) 113 S. Glenwood Ave. W.				5. FAX (Optional) (812) 336-9075		6. E-mail Address (Optional) alphmanns@aol.com	
7. City Bloomington	State IN	ZIP Code 47408-4307	8. County Monroe		9. Telephone (Day) (812) 336-7399	10. Telephone (Evening) (812) 320-2546	
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 Circuit Court Judge, Div. I, Seat 9			

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. Manns for Judge Finance Committee							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 113 S. Glenwood Ave. W.				15. FAX (Optional) (812) 336-9075		16. E-mail Address (Optional) alphmanns@aol.com	
17. City Bloomington	State IN	ZIP Code 47408-4307	18. County Monroe		19. Telephone (812) 320-2546	20. Committee Organization Date (mm/dd/yy) 03/10/2020	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Alphonso Manns							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 113 S. Glenwood Ave. W.				23. FAX (Optional) (812) 336-9075		24. E-mail Address (Optional) alphmanns@aol.com	
25. City Bloomington	State IN	ZIP Code 47408-4307	26. County Monroe		27. Telephone (Day) (812) 320-2546	28. Telephone (Evening) (812) 320-2546	
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.) One National Bank							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) W/A				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 Alphonso Manns		Signature of the Committee Chairperson 			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Alphonso Manns							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 113 S. Glenwood Ave. W.				35. FAX (Optional) (812) 336-9075		36. E-mail Address (Optional) alphmanns@aol.com	
37. City Bloomington	State IN	ZIP Code 47408-4307	38. County Monroe		39. Telephone (Day) (812) 320-2546	40. Telephone (Evening) (812) 320-2546	

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 	
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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 Alphonso Manns	Signature of Chairperson 	Date (mm/dd/yy) 05/14/20
43. Typed or Printed Name of Candidate Alphonso Manns	Signature of Candidate 	Date (mm/dd/yy) 05/14/20

FOR OFFICE USE ONLY

FILED

MAY 14 2020

CLERK MONROE CIRCUIT COURT

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).