



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

(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.

FILE NUMBER

1. IS THIS AN AMENDMENT? No Yes 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 Munson		First Name Cheryl		Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 6707 W Rocket Road				5. FAX (Optional)		6. E-mail Address (Optional) Cheryl.Munson2012@gmail.com	
7. City Bloomington	State IN	ZIP Code 47403	8. County Monroe	9. Telephone (Day) (812) 325-3407		10. Telephone (Evening) (812) 824-7717	
11. Party Affiliation <input 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.)				

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 Cheryl Munson for County Council							
14. Mailing Address <input type="checkbox"/> Check if this is a new address 6707 W Rocket Road				15. FAX (Optional)		16. E-mail Address (Optional) Cheryl.Munson2012@gmail.com	
17. City Bloomington	State IN	ZIP Code 47403	18. County Monroe	19. Telephone (812) 325-3407		20. Committee Organization Date (MM-DD-YY)	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Brad Swain							
22. Mailing Address <input type="checkbox"/> Check if this is a new address 9584 S Linthicum Rd				23. FAX (Optional)		24. E-mail Address (Optional) brad.swain@yahoo.com	
25. City Springville	State IN	ZIP Code 47468	26. County Monroe	27. Telephone (Day) (812) 340-9638		28. Telephone (Evening) (812) 340-9638	
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 Jasper, IN							
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 DOROTHY GRANGER	Signature of the Committee Chairperson Brad Swain
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer DOROTHY GRANGER			
34. Mailing Address <input type="checkbox"/> Check if this is a new address 3211 N VALLEYVIEW DR		35. FAX (Optional)	
36. E-mail Address (Optional)		37. City BLOOMINGTON	
State IN	ZIP Code 47404	38. County MONROE	39. Telephone (Day) (734) 726-4384
40. Telephone (Evening) (734) 726-4384			

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 Brad Swain	Signature of Chairperson Brad Swain	Date (MM-DD-YY) 01-11-16
43. Typed or Printed Name of Candidate Cheryl Munson	Signature of Candidate Cheryl Munson	Date (MM-DD-YY) 01-11-16

FOR OFFICE USE ONLY

FILED
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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).

CLERK MONROE CIRCUIT COURT