



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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box.</i> →						2022-54
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Last Name Thomson		First Name Kerry		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 (number and street, city, state, and ZIP code) 841 S Sheridan Drive		5. FAX (Optional) ()
6. E-mail Address (Optional)		7. City Bloomington		State IN	ZIP Code 47401	8. County Monroe
9. Telephone (Day) (812) 369-5044		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, City of Bloomington				13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Kerry For Bloomington		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 841 South Sheridan Drive		15. FAX (Optional) ()		16. E-mail Address (Optional)		
17. City Bloomington		State IN	ZIP Code 47401	18. County Monroe	19. Telephone (812) 369-5044	
20. Committee Organization Date (mm/dd/yy) 6/8/2022		21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.				
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 841 South Sheridan Drive		23. FAX (Optional) ()		24. E-mail Address (Optional)		
25. City Bloomington		State IN	ZIP Code 47401	26. County Monroe	27. Telephone (Day) (812) 369-5044	
28. Telephone (Evening) (812) 369-5044		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.) IU Credit Union				
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 Sarah Booher				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. Sarah Booher						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2617 E. Nora Hill Dr.		35. FAX (Optional) ()		36. E-mail Address (Optional) admin@kerryforbloomington.com		
37. City Bloomington		State IN	ZIP Code 47401	38. County Monroe	39. Telephone (Day) (812) 325-4612	
40. Telephone (Evening) ()		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 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 Kerry Thomson		Signature of Chairperson 		Date (mm/dd/yy) 6/10/22		
43. Typed or Printed Name of Candidate Kerry Thomson		Signature of Candidate 		Date (mm/dd/yy) 6/10/22		
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 JUN 9 2022 PM 12:11