



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
2022-53

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 SANDBERG		First Name SUSAN		Middle Name JANE		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) 2201 N. FRITZ DRIVE					5. FAX (Optional)		6. E-mail Address (Optional) sjsberg52@gmail.com		
7. City Bloomington		State IN	ZIP Code 47408	8. County MONROE		9. Telephone (Day) (812) 320-8552		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 of Bloomington				

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. The Committee to Elect SANDBERG for Mayor									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2201 N. FRITZ DR.					15. FAX (Optional)		16. E-mail Address (Optional) sjsberg52@gmail.com		
17. City Bloomington		State IN	ZIP Code 47408	18. County MONROE		19. Telephone (812) 320-8552		20. Committee Organization Date (mm/dd/yy) 06/01/22	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Andrea Haynes Avery									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 8149 N. Denny Rd.					23. FAX (Optional)		24. E-mail Address (Optional)		
25. City Bloomington		State IN	ZIP Code 47404	26. County Monroe		27. Telephone (Day) (812) 360 8490		28. Telephone (Evening) (812) 360 8490	
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.) I. U. 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 Sandberg		Signature of the Committee Chairperson <i>Andrea</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. SARAH GENE SANDBERG									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2201 N. FRITZ DR.					35. FAX (Optional)		36. E-mail Address (Optional) Sarahsandberg3@gmail.com		
37. City Bloomington		State IN	ZIP Code 47408	38. County MONROE		39. Telephone (Day) (812) 322-6783		40. Telephone (Evening) (812) 322-6783	

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>Susan Sandberg</i>				
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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 Andrea Haynes Avery		Signature of Chairperson <i>Andrea</i>		Date (mm/dd/yy) 10/30/22	
43. Typed or Printed Name of Candidate SUSAN SANDBERG		Signature of Candidate <i>Susan Sandberg</i>		Date (mm/dd/yy) 11/9/22	

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).

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FILED
NOV 09 2022
CLERK MONROE CIRCUIT COURT