



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

(CFA-1)

State Form 4604 (R13/9-10)
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 Michael		First Name Terry		Middle Name Lee		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 9414 Barcroft Dr.					5. FAX (Optional)		6. E-mail Address (Optional) terrymichael46256@yahoo.com		
7. City Indianapolis.		State IN	ZIP Code 46240		8. County Marion.		9. Telephone (Day) 317 519-3306		10. Telephone (Evening)
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other					12. Office Sought (Include district number, if any. Not required for an exploratory committee.) INDPS MAYOR				

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 Michael for Mayor									
14. Mailing Address <input type="checkbox"/> Check if this is a new address 9414 Barcroft Drive					15. FAX (Optional)		16. E-mail Address (Optional)		
17. City Indianapolis		State IN	ZIP Code 46240		18. County Marion		19. Telephone (317) 519-3306		20. Committee Organization Date (MM-DD-YY) 01/16/15
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 <input type="checkbox"/> Check if this is a new address					23. FAX (Optional)		24. E-mail Address (Optional)		
25. City		State	ZIP Code		26. County		27. Telephone (Day)		28. Telephone (Evening)
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.) TBA / Region									
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					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														
34. Mailing Address <input type="checkbox"/> Check if this is a new address					35. FAX (Optional)		36. E-mail Address (Optional)							
37. City		State	ZIP Code		38. County		39. Telephone (Day)		40. Telephone (Evening)					

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 Terry L. Michael		Signature of Chairperson		Date (MM-DD-YY) 01/16/15	
43. Typed or Printed Name of Candidate Terry L. Michael.		Signature of Candidate		Date (MM-DD-YY) 01/16/15	

FOR OFFICE USE ONLY

File as Elected
JAN 16 2015
FILED

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).