

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.

.~		<u>-</u>		_			FILE NUMBER
1. IS THIS AN AMENDME	NT? 🗌 Yes	⊠No #Y	es, please ente	r the file i	number in this b	ox. →	46-22-40
SECTION A . CANDID.	ATE INFOR	RMATION: F	ill in all applic	able bo.	kes as fully an	d accur	ately as possible.
Z. Cast regine 45	Fir	st Name	Middle N	lame	Nickname		3. Type of Committee (Check one)
TINCIA	1/2		1		_		Candidate's Principal Committee
4. Mailing Address (number and street	of city state and 7	Produ	<u> Com</u>	1 6. FAX (O)	2		☐ Exploratory Committee
9070 - 700	. / . /	11- 400e)	11/1/00	5. FAX (U)	nonai)		I Address (Optional)
0840E 100	1/ 1/00	ocarriste	11 -16-57	红)		hed k	13 gray 76@ valoo cam
7. City	State	ZIP Code	8. County		9. Telephone (Day)		10. Telephone (Evening)
New Carliste	IN	46552	LaPort	e.	574,5200	7/51	574620-7151
11. Party Affiliation	/		12. (Office Sough	nt (Include district nun	ber, if any.	(574 5 2 0 - 7/5 / Not required for an exploratory committee.
☐ Democratic ☐ Libertarian ☐							
SECTION B. COMMIT	TEE INFOR	RMATION: F	ill in all applic	able box	es as fully an	d accura	ately as possible.
^	ot abbreviate.)	Check if this	is a new name.		<u>,</u>		
Brian Gray	Camp	nilaed					
13 right Group 14. Mailing Address (number and stre	et, city, state, and	ZIP code) K Che	ck if this is a new add	ress. 15. F	X (Optional)	16. E-ma	nil Address (Optional)
8828 E 7001	1/	•				I .	
7. City	State	ZIP Code	18. County) 19. Telephone	10.9.	my 750 yohoo can
New Carlishe	IN			_	1	~	20. Committee Organization Date (mm/dd/yy)
		46552	LaPart	<u> </u>	1574 520-	1157	01/25/22
$\wedge \wedge \wedge = \neg$	Designate Car	ndidate as Chairpe	rson. Check if I	this is a new	chairperson.	•	
1- Brian Group	•						
2. Mailing Address (number and street	et, city, state, and Z	(IP code) 🔀 Chec	k if this is a new add	ress. 23. FA	X (Optional)	24. E-ma	il Address (Optional)
8828E 700	V .	_		,	•	100	250h. / 100
City	State	ZIP Code	26. County		27. Telephone (Day	10.9	128. Telephone (Evening)
1 love Carolista	d IN	40562	10000	_			
Bank or Other Deposite des (1)		10710	1470/7		(574)5,20-7	191	576520-7151
29. Bank or Other Depositorles (Li	si ali pariks or o	iner depositories ir	wnich the committee	e deposits tu	nds, holds accounts, i	ents safety	deposit boxes or maintains funds.)
30. Exploratory Committee (Give bri	ef statement explair	ning purpose of an exp	loratory committee only.)	31. Salarie	s and Reimburseme	nts (Will the	committee pay the candidate a salary or
				reimburser	INDICTOR TOST Wages? I	Yes, attacr	a copy of the contract.) Yes No
SECTION C. APPOINT	MENT OF	TREASUREF	R (IC 3-9-1-14)				
2. I, as Chairperson of	the forego	oing Person App	ointed Treasurer		Signatur	e of the Co	mmittee Chairperson
ommittee, appoint the follo reasurer of the Committee,	wing person	as Books	0 (,	<u>ن</u>		\circ
3. Treasurer's Full Name De	signate candida	ate as treasurer	Check if this is a	7		ې رپ	7-
B	vigiliato obilibilat	AIC 03 0 00000161.	CHOCK II UIS IS A	HEW RESSU	, -	_	
A Mailing Address (supple and done	6 ail. adul 2	Davids Division				_	
4. Mailing Address (number and stree	t, city, state, and ∠i ♪	P code)Puneci	t it this is a new addre	ess. 35. FA	X (Optional)	36. E-mai	Address (Optional)
38782 200N				()	1201	ay 15 a vapor, con
7. City	State	ZIP Code	38. County		39. Telephone (Day)	,	by 750 yahoo, con
Vous Carlista	$- \mathcal{M} ^2$	46552	LaPor	te	574520 -	7/51	574520-7157
ECTION D. ACCEPTA	NCE OF A	PPOINTMEN	IT (IC 3-9-1-15		(): 1150	//	() (1) // - 1.1/
1. I give notice that I acce	pt the duties	and respons	ibilities of Treas	urer of th	is Signature of P	erson Acc	enting Appointment
ommittee. I am not the ch	airperson of	a campaign fi	nance committee	e (except	as		
ermitted for a candidate com-							
		STATEMEN.					FOR OFFICE USE ONLY
e certify as the candidate	and the dul	y appointed C	hairperson of th	ne Commi	tee and that we	have	FILED
camined this statement. To the 2. Typed or Printed Name of C	e Dest of our	Knowledge and	d belief it is true,	correct an			IN CLERKS OFFICE
	man heraon	oignature of	Chairperson		Date (mm/dd/y)	", []	IN CLERKS OFFICE
Brian La Oron	<u>,</u>		2 US		07/01/	2211	1 1
3. Typed or Printed Name of C		Signature of	Candidate	······································	Date (mm/dd/y)	, 	EED 1 2022
16 / 6		W.	7 /2 -			, II	FEB 1 2022
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erning: State law requires that electron who knowingly files a fraudul	hy change in th	is information be r	eported within ten ((10) days of	the change (IC 3-9-1	-10). A	1/10 = 5 + 5
erson who knowingly files a fraudul curate report as required by the in	ndiana Campak	in Finance Law co	nony (10 3-74-7-13). Ommits a Class R m	A person W isdemeanor	no rails to file a comp (IC 3-14-1-14) and a	lete or	LILACOU STUCOS CLERK OF LA PORTE CIRCUIT COUR
bject to civil penalties (IC 3-9-4-16,	IC 3-9-4-17, and	d IC 3-9-4-18)	= -1400 0 111		,, = = , = , = , = , GHU [CLERK OF LA PORTE CIRCUIT COUR





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								FILE NUMBER	
1. IS THIS AN AMENDMENT								46-22-40	
SECTION A . CANDIDAT	TE INFO	RMATION: <i>Fi</i>	ill in all a	applicable b	oxes as	fully and	accura	ately as possible.	
2. Last Name		st Name		Viiddle Name		Nickname		3. Type of Committee (Check on	
		R		/	_			Candidate's Principal Committe	
rray		Dridu	1	Laure			1	Exploratory Committee	
Mailing Address (number and street, o	oity, state, and z	(IP code)		5. FAX ((Optional)		6. E-ma	il Address (Optional)	
7778e 10	U1		·	()			10.0	ray 1900 worker.	
7. City	State	ZIP Code	8. Cour	ıty	9. Teld	ephone (Day)		10. Telephone (Evening)	
New Carlisto	IN	46552	601	Porte	(57	15207	151	574.620-71.61	
1. Party Affiliation	·	- 		12. Office So	ught (Includ	de district numb	er, if any.	Not required for an exploratory committee	
🗌 Democratic 🔲 Libertarian 💢 Re	publican 🔲	Other		_					
SECTION B. COMMITTE	EE INFO	RMATION: Fi	ill in all	applicable b	oxes as	fully and	accur	ately as possible.	
3. Full Name of Committee (Do not	abbreviate.)	☐ Check if this i	is a new nar	ne.				•	
Brian Grand C	comm	ittee							
4. Mailing Address (number and street,	city, state, and	ZIP code)	k if this is a	new address. 15	FAX (Opt	ional)	16. E-m	mail Address (Optional)	
88)80 70C	<i>i/</i>					-			
17. City	State	ZIP Code	18. Cou) 19 Te	lephone	<u> </u>	20. Committee Organization Date	
11 Char	. /		10.000	,	10. 10	icpc.		(mm/dd/yy)	
New Carliste	[N	46552			()			
1. Chairperson's Full Name 🛛 💢 🏾	Designate Ca	ndidate as Chairper	rson.	Check if this is a n	ew chairpe	rson.			
2. Mailing Address (number and street,	city, state, and	ZIP code) 🔲 Chec	k if this is a	new address. 23	. FAX (Opti	onal)	24. E-m	ail Address (Optional)	
				,	`				
o. City	State ZIP Code		26. County		27. Te	27. Telephone (Day)		28. Telephone (Evening)	
•], ,		, and the same of	
00 Barriera Odina Barriera (124						{			
29. Bank or Other Depositories (List	ali banks or	otner aepositories in	n wnich the	committee aeposit	s tunas, no	ias accounts, re	ents sarety	deposit boxes or maintains funds.)	
Flagster Bank									
30. Exploratory Committee (Give brief	statement expl	aining purpose of an exp	loratory comm					ne committee pay the candidate a salary, th a copy of the contract.} ☐ Yes	
				reimba	i sement ioi	iost wayes? II	res, anac	th a copy of the contract.) 🗖 Yes 💢	
SECTION C. APPOINTM	IENT OF	TREASURER	₹ (IC 3-9	-1-14)					
32. I, as Chairperson of			ointed Tre	asurer		Signature	of the Co	ommittee Chairperson	
committee, appoint the follow	ing perso	n as							
Freasurer of the Committee. 33. Treasurer's Full Name M Des	ignate candi	date as treasurer.	☐ Chack	if this is a new trea	acurar	[
is. Treasurer's Full Name 13 Des	ignate canul	date as treasurer.	☐ Clieck	ii iiiis is a new trea	asurer.				
					·		T		
34. Mailing Address (number and street,	city, state, and	ZIP code) ☐ Chec	k if this is a	new address. 35	. FAX (Opti	onal)	36. E-ma	ail Address (Optional)	
				()				
7. City	State	ZIP Code	38. Cou	inty	39. Te	lephone (Day)	•	40. Telephone (Evening)	
			•		,	,			
SECTION D. ACCEPTAI	MCE OF	APPOINTMEN	NT //C 2	0.1.15\	1)		1\	
41. I give notice that I accep					f thic Si	anatura of R	oreon A	conting Appointment	
Committee. I am not the cha						gnature of Pt	erson A	ccepting Appointment	
permitted for a candidate comm				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, p. 23				
SECTION E. CERTIFICA			Т					FOR OFFICE USE ONLY	
Ve certify as the candidate a				on of the Cor	nmittee a	and that we	have		
xamined this statement. To the							Γ	FILED	
2. Typed or Printed Name of C	hairpersor	Signature o	of Chairpe	rson		Date (mm/dd/yy)	IN CLERKS OFFICE	
2.1 / C == 4		RB	201			12-16	.29		
Srian L. Growy Typed or Printed Name of C.		_ XE-/				V + 1)			
yped or Printed Name of C	andidate	Signature o	of Candida	ate		Date (mm/dd/yy	7 	FEB 1 5 2022	
, /7		18-	200	_		02-15-	-22	1 100 , 2 2	
Original Confessions of the Confession of the Co	v change in	this information be	reported w	ithin ten (10) das	s of the ch	ange //C 3-9-1	-10). A		
erson who knowingly files a fraudule	ent report co	mmits a Level 6 D f	felony (IC 3	1-14-1-13). A pers	on who fail	s to file a comp	lete or	1 League Stures	
accurate report as required by the In subject to civil penalties (IC 3-9-4-16, I			commits a (Class B misdeme	anor (IC 3-	14-1-14), and r	nay be	L/LOON Sturns CLERK OF LA PORTE CIRCUIT CO	
ublect to civil behalties $BC 3-9-4-16$ I	C. 3-9-4-77	ana IC 3-9-4-18).					1 1	- N-1312	