



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? Yes No If Yes, please enter the file number in this box. → **46-22-40**

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Gray		First Name Brian		Middle Name Lawrence		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) 8828 e 700N New Carlisle IN 46552				5. FAX (Optional)		6. E-mail Address (Optional) bgray75@yahoo.com			
7. City New Carlisle		State IN	ZIP Code 46552	8. County LaPorte		9. Telephone (Day) 574520-7151		10. Telephone (Evening) 574520-7151	
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.)				

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. Brian Gray Committee									
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 8828 E 700N				15. FAX (Optional)		16. E-mail Address (Optional) b.gray75@yahoo.com			
17. City New Carlisle		State IN	ZIP Code 46552	18. County LaPorte		19. Telephone 574520-7151		20. Committee Organization Date (mm/dd/yy) 01/25/22	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Brian Gray									
22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 8828 E 700 N				23. FAX (Optional)		24. E-mail Address (Optional) b.gray75@yahoo.com			
25. City New Carlisle		State IN	ZIP Code 46552	26. County LaPorte		27. Telephone (Day) 574520-7151		28. Telephone (Evening) 574520-7151	
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.)									
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 Brian Gray			Signature of the Committee Chairperson <i>[Signature]</i>		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Brian Gray								
34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 8828 e 700N				35. FAX (Optional)		36. E-mail Address (Optional) b.gray75@yahoo.com		
37. City New Carlisle		State IN	ZIP Code 46552	38. County LaPorte		39. Telephone (Day) 574520-7151		40. Telephone (Evening) 574520-7151

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>[Signature]</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 Brian L Gray		Signature of Chairperson <i>[Signature]</i>		Date (mm/dd/yy) 02/01/22	
43. Typed or Printed Name of Candidate Brian L Gray		Signature of Candidate <i>[Signature]</i>		Date (mm/dd/yy) 02/01/22	

FOR OFFICE USE ONLY

**FILED
IN CLERKS OFFICE**

FEB 1 2022

[Signature]
CLERK OF LA PORTE CIRCUIT COURT

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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FILE NUMBER

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46-72-40

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name <i>Gray</i>		First Name <i>Brian</i>		Middle Name <i>Lawrence</i>	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) <i>8828e 700N</i>				5. FAX (Optional)		6. E-mail Address (Optional) <i>b.gray79@ipho.com</i>	
7. City <i>New Carlisle</i>		State <i>IN</i>	ZIP Code <i>46552</i>	8. County <i>LaPorte</i>		9. Telephone (Day) <i>5745207151</i>	10. Telephone (Evening) <i>574520-7151</i>
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.)			

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. <i>Brian Gray Committee</i>							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>8828e 700N</i>				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City <i>New Carlisle</i>		State <i>IN</i>	ZIP Code <i>46552</i>	18. County		19. Telephone	20. Committee Organization Date (mm/dd/yy)
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.				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.) <i>Flagstar Bank</i>							
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			

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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 (number and street, city, state, and ZIP code) <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)

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42. Typed or Printed Name of Chairperson <i>Brian L Gray</i>		Signature of Chairperson <i>[Signature]</i>		Date (mm/dd/yy) <i>02-15-22</i>	
Typed or Printed Name of Candidate <i>Brian L Gray</i>		Signature of Candidate <i>[Signature]</i>		Date (mm/dd/yy) <i>02-15-22</i>	

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