



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
46-22-42

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 MORRIS	First Name SHERIAN	Middle Name JEAN	Nickname SHERRY	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) 108 W 1000 S		5. FAX (Optional)		6. E-mail Address (Optional)
7. City UNION MILLS	State IN	ZIP Code 46382-9778	8. County LA PORTE	9. Telephone (Day) (219) 363-7136
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				10. Telephone (Evening) (219) 393-5125
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) UNION TOWNSHIP TRUSTEE				

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. SHERRY MORRIS FOR TRUSTEE				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.		15. FAX (Optional)		16. E-mail Address (Optional)
108 W 1000 S				
17. City UNION MILLS	State IN	ZIP Code 46382	18. County LA PORTE	19. Telephone (219) 363-7136
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. SHERIAN J (SHERRY) MORRIS				20. Committee Organization Date (mm/dd/yy) 01/11/2022
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)
108 W 1000 S				
25. City UNION MILLS	State IN	ZIP Code 46382	26. County LA PORTE	27. Telephone (Day) (219) 363-7136
28. Telephone (Evening) (219) 393-5125				
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.) NONE				
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 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 SHERIAN J MORRIS	Signature of the Committee Chairperson <i>Sherian Morris</i>
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. SHERIAN J (SHERRY) MORRIS			
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.		35. FAX (Optional)	
108 W 1000 S			
37. City UNION MILLS	State IN	ZIP Code 46382	38. County LA PORTE
39. Telephone (Day) (219) 363-7136		40. Telephone (Evening) (219) 393-5125	

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.			FOR OFFICE USE ONLY FILED IN CLERKS OFFICE FEB 4 2022 <i>Lisa Ann Stevens</i> CLERK OF LA PORTE CIRCUIT COURT
42. Typed or Printed Name of Chairperson SHERIAN J (SHERRY) MORRIS	Signature of Chairperson <i>Sherian Morris</i>	Date (mm/dd/yy) 01/15/2022	
43. Typed or Printed Name of Candidate SHERIAN J (SHERRY) MORRIS	Signature of Candidate <i>Sherian Morris</i>	Date (mm/dd/yy) 01/15/2022	
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).			