



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

(CFA - 1)

State Form 4604 (R12/9-09)  
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**

**7339**

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 Grant	First Name Tiffany	Middle Name Lea	Nickname	3. Type of Committee (Check only one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address 290 E. Washington St.	5. FAX (Optional)	6. E-mail (Optional) tiffanygrantfordistrict60@gmail.com
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7. City Martinsville	State IN	Zip Code 46151	8. County Morgan	9. Telephone (Day) 317-376-5326	10. Telephone (Evening) 317-376-5326
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11. Party Affiliation Democratic	12. Office Sought (Include district number, if any. Not required for an exploratory committee.) State Representative District 60
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**SECTION B COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Fill name of committee (Do Not abbreviate) Tiffany Grant for Indiana	<input type="checkbox"/> Check if this is a new name
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14. Mailing Address 290 E. Washington St.	<input type="checkbox"/> Check if this is a new address	15. FAX (Optional)	16. E-mail Address (Optional) tiffanygrantfordistrict60@gmail.com
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17. City Martinsville	State IN	Zip Code 46151	18. County Morgan	19. Telephone 317-376-5326	20. Committee Organization Date (MM-DD-YY) 01/24/2020
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21. Chairperson's Full Name Tiffany Lea Grant	<input checked="" type="checkbox"/> Designate Candidate as Chairperson	<input type="checkbox"/> Check if this is a new chairperson
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22. Mailing Address 290 E. Washington St.	<input type="checkbox"/> Check if this is a new address	23. FAX (Optional)	24. E-mail Address (Optional) tiffanygrantfordistrict60@gmail.com
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25. City Martinsville	State IN	Zip Code 46151	26. County Morgan	27. Telephone (Day) 317-376-5326	28. Telephone (Evening) 317-376-5326
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29. Bank or Other Depositories HomeBank	(List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.)
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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
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**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. John Michael Lowe	Person Appointed Treasurer John Michael Lowe	Signature of the Committee Chairperson
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33. Treasurer's Full Name John Michael Lowe	<input type="checkbox"/> Designate Candidate as Treasurer	<input type="checkbox"/> Check if this is a new Treasurer
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34. Mailing Address 3707 E. Winston St.	<input type="checkbox"/> Check if this is a new address	35. FAX (Optional)	36. E-mail Address (Optional) j.michael.lowe@gmail.com
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37. City Bloomington	State IN	Zip Code 47401	38. County Monroe	39. Telephone (Day) 317-450-6573	40. Telephone (Evening) 317-450-6573
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**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 that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.			FOR OFFICE USE ONLY Confirm Nbr: 14647 Filed: 1/24/2020 3:30:00PM
42. Typed or printed name of Chairperson	Signature of Chairperson	Date (MM-DD-YY)	
43. Typed or printed name of Candidate Tiffany Lea Grant	Signature of Candidate	Date (MM-DD-YY)	

**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 Level 6 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, 3-9-4-17, and 3-9-4-18).