



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

4767

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 Pierce	First Name Matt	Middle Name	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 4321 E. Wembley CT	5. FAX (Optional)	6. E-mail (Optional)
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7. City Bloomington	State IN	Zip Code 47408	8. County Monroe	9. Telephone (Day) 812-339-2980	10. Telephone (Evening) 812-339-2980
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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 61
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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) Pierce for State Representative	<input type="checkbox"/> Check if this is a new name
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14. Mailing Address PO BOX 7843	<input type="checkbox"/> Check if this is a new address	15. FAX (Optional)	16. E-mail Address (Optional)
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17. City BLOOMINGTON	State IN	Zip Code 47407	18. County Monroe	19. Telephone 812-339-2980	20. Committee Organization Date (MM-DD-YY) 02/13/2002
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21. Chairperson's Full Name Mark Kruzan	<input type="checkbox"/> Designate Candidate as Chairperson	<input type="checkbox"/> Check if this is a new chairperson
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22. Mailing Address 3725 Devonshire Lane	<input type="checkbox"/> Check if this is a new address	23. FAX (Optional)	24. E-mail Address (Optional)
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25. City Bloomington	State IN	Zip Code 47408	26. County Monroe	27. Telephone (Day) 812-336-2586	28. Telephone (Evening) 812-336-2586
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29. Bank or Other Depositories Old National Bank	(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) N/A	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. Sharon Mayell	Person Appointed Treasurer Sharon Mayell	Signature of the Committee Chairperson
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33. Treasurer's Full Name Sharon Mayell	<input type="checkbox"/> Designate Candidate as Treasurer	<input type="checkbox"/> Check if this is a new Treasurer
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34. Mailing Address 3605 Homestead Drive	<input type="checkbox"/> Check if this is a new address	35. FAX (Optional)	36. E-mail Address (Optional)
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37. City Bloomington	State IN	Zip Code 47401	38. County Monroe	39. Telephone (Day) 812-337-0152	40. Telephone (Evening) 812-337-0152
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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: 14784 Filed: 7/1/2002 12:00:00AM
42. Typed or printed name of Chairperson	Signature of Chairperson	Date (MM-DD-YY)
43. Typed or printed name of Candidate Matt Pierce	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).