CANDIDATE’S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R13/9-10)
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

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 □ First Name □ Middle Name □ Nickname □

MORRIS □ DARRELL □ EUGENE □

3. Type of Committee (Check one)
□ Candidate’s Principal Committee
□ Exploratory Committee

4. Mailing Address
P.O. Box 29247

5. FAX (Optional)

6. E-mail Address (Optional)
darrelemorris@att.net

7. City INDIANAPOLIS
State IN
ZIP Code 46229

8. County MARION

9. Telephone (Day)
(317) 370-6674

10. Telephone (Evening)
(317) 370-6674

11. Party Affiliation
□ Democratic □ Libertarian □ Republican □ Other
Mayoral - INDIANAPOLIS

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) □ Check if this is a new name

DARRELL MORRIS FOR MAYOR

14. Mailing Address □ Check if this is a new address
P.O. Box 29247

15. FAX (Optional)

16. E-mail Address (Optional)
darrelemorris@att.net

17. City INDIANAPOLIS
State IN
ZIP Code 46229

18. County MARION

19. Telephone
(317) 370-6674

20. Committee Organization Date (MM-DD-YYYY)
01-29-2015

21. Chairperson’s Full Name □ Designate Candidate as Chairperson □ Check if this is a new chairperson

22. Mailing Address □ Check if this is a new address
SAME AS ABOVE

23. FAX (Optional)

24. E-mail Address (Optional)

25. City INDIANAPOLIS
State IN
ZIP Code 46229

26. County MARION

27. Telephone (Day)
(317) 370-6674

28. Telephone (Evening)
(317) 370-6674

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) □ No □ Yes

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
DARRELL G. MORRIS

Signature of the Committee Chairperson
Darrell G. Morris

33. Treasurer’s Full Name □ Designate candidate as treasurer □ Check if this is a new treasurer

34. Mailing Address □ Check if this is a new address
P.O. Box 29247

35. FAX (Optional)

36. E-mail Address (Optional)

37. City INDIANAPOLIS
State IN
ZIP Code 46229

38. County MARION

39. Telephone (Day)
(317) 370-6674

40. Telephone (Evening)
(317) 370-6674

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
Darrell G. Morris

42. Typed or Printed Name of Chairperson
DARRELL G. MORRIS

43. Typed or Printed Name of Candidate
DARRELL G. MORRIS

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FEB 05 2015
FILED

Warning: State law requires that any change in the information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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).