

## STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

(CAN-12)

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State Form 55128 (R / 8-19) Indiana Election Division (IC 3-8-9)

INSTRUCTIONS: This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of Intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office. NOTE: A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with

STATE OF INDIANA

| /UNIT | FOR MICHAGE                                                                                                                                                                                                                                                                                                                                                            |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | INFORMATION FOR THE CALENDAR YEAR <u>BEFORE</u> THE DATE OF THIS FILING: 2022                                                                                                                                                                                                                                                                                          |
| OTE:  | Insert "Not Applicable" where appropriate. JAN 0 4 2023                                                                                                                                                                                                                                                                                                                |
|       | Name of Candidate or Person Filling Vacant Office the undersigned, certify the following:                                                                                                                                                                                                                                                                              |
| (1)   | The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is  One of Bloomington ZN                                                                                                                                                                                                                                          |
| (2)   | The name of my spouse was                                                                                                                                                                                                                                                                                                                                              |
| (3)   | The name of my employer and the nature of its business was  City of Blodmin ton (Deputy Mayor)                                                                                                                                                                                                                                                                         |
| (4)   | The name of the employer of my spouse and the nature of its business was  FU COrcetor of Visitor Centery.                                                                                                                                                                                                                                                              |
| (5)   | If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was                                                                                                                                                                                                                                                               |
| (6)   | If I operated a professional practice, the name of the professional practice and the nature of its business was                                                                                                                                                                                                                                                        |
| (7)   | If I was a member of a partnership, the name of the partnership and the nature of its business was                                                                                                                                                                                                                                                                     |
| (8)   | If my spouse was a member of a partnership, the name of the partnership and the nature of its business was                                                                                                                                                                                                                                                             |
| (9)   | If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was                                                                                                                                                                                                                                         |
|       | If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was                                                                                                                                                                                                                                 |
|       | If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & & |
|       | If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was                                                                                                                                                                                                                       |
|       | COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.                                                                                                                                                                                                                                                                                                                 |

| Signed, this the 4t) day of January , 2023:                  |             |
|--------------------------------------------------------------|-------------|
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| Signature                                                    |             |
| Donald C. Griffing Jr.                                       |             |
| Printed Name                                                 |             |
|                                                              |             |
| STATE OF                                                     |             |
| COUNTY OF                                                    | TILL OF     |
| Subscribed and affirmed to before me this 4th day of January | SEAL SALES  |
| Notary Public or Other Official Administering Oath           | COUNTY*     |
| My Commission expires (applies only to Notary Public):       | OF THE COST |
| County of Residence:                                         |             |
|                                                              |             |

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.