



**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**

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 <i>McClellan</i>	First Name <i>Jessica</i>	Middle Name <i>Lee</i>	Nickname	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) <i>559 W. Dogwood Ln</i>		5. FAX (Optional)		6. E-mail Address (Optional)
7. City <i>Bloomington</i>	State <i>IN</i>	ZIP Code <i>47404</i>	8. County <i>Monroe</i>	9. Telephone (Day) <i>(812) 349-2531</i>
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) <i>(812) 987-3356</i>	
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <i>County Treasurer</i>				

**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. <i>Committee to Elect Jessica McClellan</i>				
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address.		15. FAX (Optional)		16. E-mail Address (Optional)
<i>559 W. Dogwood Ln</i>				
17. City <i>Bloomington</i>	State <i>IN</i>	ZIP Code <i>47404</i>	18. County <i>Monroe</i>	19. Telephone <i>(812) 987-3356</i>
20. Committee Organization Date (mm/dd/yy) <i>1-27-2020</i>				
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.				
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)
<i>Same</i>				
25. City	State	ZIP Code	26. County	27. Telephone (Day)
28. Telephone (Evening)				
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.) <i>Regions Bank</i>				
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 checked="" 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 <i>Elizabeth Sensenstein</i>	Signature of the Committee Chairperson <i>Jessica McClellan</i>
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. <i>Elizabeth Sensenstein</i>			
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.		35. FAX (Optional)	
<i>559 W Dogwood Ln</i>			
37. City <i>Bloomington</i>	State <i>IN</i>	ZIP Code <i>47404</i>	38. County <i>Monroe</i>
39. Telephone (Day) <i>(412) 916 5384</i>		40. Telephone (Evening) <i>(412) 916 5384</i>	

**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 <i>Elizabeth Sensenstein</i>
--	---

**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 <b>FILED</b> JAN 27 2020 CLERK MONROE CIRCUIT COURT
42. Typed or Printed Name of Chairperson <i>Jessica McClellan</i>	Signature of Chairperson <i>Jessica McClellan</i>	Date (mm/dd/yy) <i>1-27-2020</i>	
43. Typed or Printed Name of Candidate <i>Jessica McClellan</i>	Signature of Candidate <i>Jessica McClellan</i>	Date (mm/dd/yy) <i>1-27-2020</i>	
Warning: State law requires that any change in the 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).			