



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 Thomas		First Name Julie		Middle Name Lynn	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) 3030 N Russell Road				5. FAX (Optional) ()		6. E-mail Address (Optional) drjuliethomas@gmail.com	
7. City Bloomington	State IN	ZIP Code 47408	8. County Monroe	9. Telephone (Day) (812) 345-0707		10. Telephone (Evening) ()	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) County Commissioner District 2			

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. Thomas for Commissioner							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3030 N Russell Road				15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City Bloomington	State IN	ZIP Code 47408	18. County Monroe	19. Telephone (812) 345-0707		20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input 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)	
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.) Peoples State Bank							
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 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. Sarah Ryterband			Person Appointed Treasurer		Signature of the Committee Chairperson 		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Sarah Ryterband							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 820 W. 2nd				35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City Bloomington	State IN	ZIP Code 47403	38. County Monroe	39. Telephone (Day) ()		40. Telephone (Evening) ()	

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 and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson		Signature of Chairperson		Date (mm/dd/yy)
43. Typed or Printed Name of Candidate Julie Thomas		Signature of Candidate 		Date (mm/dd/yy) 05/01/2020

FOR OFFICE USE ONLY

FILED

MAY 11 2020

Warning: State law requires that any change in this 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).

CLERK MONROE CIRCUIT COURT

(FPA 1)

CANDIDATE'S STATEMENT OF ORGANIZATION AND
REGISTRATION OF PRINCIPAL COMMITTEE OR EXPLORATORY

NOTE: PRINT OR PRINT IN BOLD INK. SEE INSTRUCTIONS FOR FURTHER

SECTION 1. NAME OF CANDIDATE

SECTION 2. NAME OF ORGANIZATION

SECTION 3. ADDRESS OF ORGANIZATION

SECTION 4. CITY AND STATE

SECTION 5. ZIP CODE

SECTION 6. DATE OF ORGANIZATION

SECTION 7. NAME OF PRINCIPAL COMMITTEE OR EXPLORATORY

SECTION 8. ADDRESS OF PRINCIPAL COMMITTEE OR EXPLORATORY

SECTION 9. CITY AND STATE

SECTION 10. ZIP CODE

SECTION 11. DATE OF PRINCIPAL COMMITTEE OR EXPLORATORY

SECTION 12. NAME OF CANDIDATE

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SECTION 20. CITY AND STATE

SECTION 21. ZIP CODE

SECTION 22. DATE OF PRINCIPAL COMMITTEE OR EXPLORATORY

SECTION 23. NAME OF CANDIDATE

SECTION 24. NAME OF ORGANIZATION

07/01/2024

10/25

10/25