



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

						FILE NUMBER
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →						
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>						
2. Last Name McClellan		First Name Jessica		Middle Name L	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 559 W Dogwood Ln				5. FAX (Optional) ( )		6. E-mail Address (Optional) ( )
7. City Bloomington	State IN	ZIP Code 47404	8. County Monroe	9. Telephone (Day) (847) 987-3356	10. Telephone (Evening) (847) 987-3356	
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 Auditor			
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>						
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Friends of Jessica McClellan						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 559 W Dogwood Ln				15. FAX (Optional) ( )		16. E-mail Address (Optional) ( )
17. City Bloomington	State IN	ZIP Code 47404	18. County Monroe	19. Telephone (847) 987-3356	20. Committee Organization Date (mm/dd/yy) 6/27/2023	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Jessica McClellan						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 559 W Dogwood Ln				23. FAX (Optional) ( )		24. E-mail Address (Optional) ( )
25. City Bloomington	State IN	ZIP Code 47404	26. County Monroe	27. Telephone (Day) (847) 987 3356	28. Telephone (Evening) (847) 987 3356	
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.) German American Bank						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) County Auditor				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		
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>						
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer Jessica McClellan		Signature of the Committee Chairperson <i>Jessica McClellan</i>	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 559 W Dogwood Ln				35. FAX (Optional) ( )		36. E-mail Address (Optional) ( )
37. City Bloomington	State IN	ZIP Code 47404	38. County Monroe	39. Telephone (Day) (847) 987 3356	40. Telephone (Evening) (847) 987 3356	
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>						
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		
<b>SECTION E. CERTIFICATION OF STATEMENT</b>						
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 Jessica McClellan		Signature of Chairperson <i>Jessica McClellan</i>		Date (mm/dd/yy) 6/27/2023		
43. Typed or Printed Name of Candidate Jessica McClellan		Signature of Candidate <i>Jessica McClellan</i>		Date (mm/dd/yy) 6/27/2023		
<b>Warning:</b> 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).						

FOR OFFICE USE ONLY

**FILED**

JUN 27 2023

CLERK MONROE CIRCUIT COURT

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