



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

**(CFA-1)**

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 <b>Hamilton</b>		First Name <b>John</b>		Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address <b>P.O. Box 3008</b>				5. FAX (Optional)		6. E-mail Address (Optional)	
7. City <b>Bloomington</b>		State <b>IN</b>	ZIP Code <b>47402</b>	8. County <b>Monroe</b>		9. Telephone (Day) <b>812, 327-4311</b>	
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.) <b>Mayor of Bloomington</b>			

**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 <b>John Hamilton for Mayor</b>							
14. Mailing Address <input type="checkbox"/> Check if this is a new address <b>P.O. Box 3008</b>				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City <b>Bloomington</b>		State <b>IN</b>	ZIP Code <b>47403</b>	18. County <b>Monroe</b>		19. Telephone <b>812, 327-4311</b>	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson <b>Tomilea Allison</b>							
22. Mailing Address <input type="checkbox"/> Check if this is a new address <b>1127 E. 1st St.</b>				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City <b>Bloomington</b>		State <b>IN</b>	ZIP Code <b>47401</b>	26. County <b>Monroe</b>		27. Telephone (Day) <b>812, 336-6671</b>	
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.) <b>German American Bank</b>							
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 checked="" type="checkbox"/> No <input type="checkbox"/> 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 <b>Jen Pearl</b>		Signature of the Committee Chairperson <b>Tomilea Allison</b>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer <b>Jennifer Lynn Pearl</b>							
34. Mailing Address <input type="checkbox"/> Check if this is a new address <b>3400 S. Sare Rd # 306</b>				35. FAX (Optional)		36. E-mail Address (Optional) <b>jenpearl1@attlook.com</b>	
37. City <b>Bloomington</b>		State <b>IN</b>	ZIP Code <b>47401</b>	38. County <b>Monroe</b>		39. Telephone (Day) <b>440, 391.0895</b>	
40. Telephone (Evening) <b>440, 391.0895</b>							

**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 <b>Jennifer Lynn Pearl</b>					
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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 <b>Tomilea Allison</b>		Signature of Chairperson <b>Tomilea Allison</b>		Date (MM-DD-YY) <b>1-14-18</b>	
43. Typed or Printed Name of Candidate <b>John Hamilton</b>		Signature of Candidate <b>John Hamilton</b>		Date (MM-DD-YY) <b>1-14-18</b>	

FOR OFFICE USE ONLY

**FILED**  
JAN 16 2019

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

CLERK MONROE CIRCUIT COURT