



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

(CFA - 1)

State Form 4604 (R12/9-09)  
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**

**6767**

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<br>Ellington             |  | First Name<br>Jeffrey |   | Middle Name<br>Roger | Nickname |                                    | 3. Type of Committee (Check only one)<br><input checked="" type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |                         |
| 4. Mailing Address<br>680 W. That Rd. |  |                       |   | 5. FAX (Optional)    |          | 6. E-mail (Optional)               |  |                         |
| 7. City<br>Bloomington                |  | State<br>IN           | Zip Code<br>47403   | 8. County<br>Monroe  |          | 9. Telephone (Day)<br>812-332-5882 |  | 10. Telephone (Evening) |
| 11. Party Affiliation<br>Republican   |  |                       | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)<br>State Representative District 62 |                      |          |                                    |  |                         |

**SECTION B COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

|  |  |             |                   |   |  |                                     |  |  |  |   |  |
|--|--|-------------|-------------------|---|--|-------------------------------------|--|--|--|---|--|
| 13. Fill name of committee (Do Not abbreviate)<br>Friends of Jeff Ellington  |  |             |                   |   |  |                                     |  | <input type="checkbox"/> Check if this is a new name                   |  |   |  |
| 14. Mailing Address<br>680 W. That Rd.   |  |             |                   | <input type="checkbox"/> Check if this is a new address |  | 15. FAX (Optional)                  |  | 16. E-mail Address (Optional)<br>jeffe@bluemarble.net                  |  |   |  |
| 17. City<br>Bloomington  |  | State<br>IN | Zip Code<br>47403 | 18. County<br>Monroe                                    |  | 19. Telephone<br>812-332-5882       |  | 20. Committee Organization Date (MM-DD-YY)<br>01/04/2016               |  |   |  |
| 21. Chairperson's Full Name<br>Jeffrey Roger Ellington   |  |             |                   |   |  |                                     |  | <input checked="" type="checkbox"/> Designate Candidate as Chairperson |  | <input type="checkbox"/> Check if this is a new chairperson |  |
| 22. Mailing Address<br>680 W. That Rd.   |  |             |                   | <input type="checkbox"/> Check if this is a new address |  | 23. FAX (Optional)                  |  | 24. E-mail Address (Optional)  |  |   |  |
| 25. City<br>Bloomington  |  | State<br>IN | Zip Code<br>47403 | 26. County<br>Monroe                                    |  | 27. Telephone (Day)<br>812-332-5882 |  | 28. Telephone (Evening)  |  |   |  |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.)<br>Old National Bank, Bloomington, IN |  |             |                   |   |  |                                     |  |  |  |   |  |
| 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.)<br><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<br>Hope H. Ellington         |  | Signature of the Committee Chairperson<br>Signature Included |  |                               |  |   |  |   |  |
| 33. Treasurer's Full Name<br>Hope H. Ellington  |  |             |                   |   |  |  |  |                               |  | <input type="checkbox"/> Designate Candidate as Treasurer |  | <input type="checkbox"/> Check if this is a new Treasurer |  |
| 34. Mailing Address<br>680 W. That Rd   |  |             |                   | <input type="checkbox"/> Check if this is a new address |  | 35. FAX (Optional)   |  | 36. E-mail Address (Optional) |  |   |  |   |  |
| 37. City<br>Bloomington   |  | State<br>IN | Zip Code<br>47403 | 38. County<br>Monroe                                    |  | 39. Telephone (Day)<br>812-332-5882                          |  | 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<br>Signature Included |  |
|--|--|---|--|

**SECTION E. CERTIFICATION OF STATEMENT**

|  |  |  |   |                               |
|--|--|--|---|-------------------------------|
| We certify as the candidate and the duly appointed Chairperson of the committee that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.  |  |  | FOR OFFICE USE ONLY<br>Confirm Nbr: 13330<br>Filed: 1/13/2016 2:11:00PM |                               |
| 42. Typed or printed name of Chairperson<br>Jeffrey R. Ellington   |  | Signature of Chairperson<br>Signature Included |   | Date (MM-DD-YY)<br>01/13/2016 |
| 43. Typed or printed name of Candidate<br>Jeffrey R. Ellington   |  | Signature of Candidate<br>Signature Included   |   | Date (MM-DD-YY)               |
| <b>Warning:</b> 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 Level 6 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, 3-9-4-17, and 3-9-4-18). |  |  |   |                               |