



**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. →

110-24-1160

SECTION A . CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Pressel III	First Name James	Middle Name Robert	Nickname Jimmy	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) 1826 N. Lofgren Rd.	5. FAX (Optional) ()	6. E-mail Address (Optional) JPressel@gmail.com
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7. City Rolling Prairie	State IN	ZIP Code 46371	8. County LaPorte	9. Telephone (Day) (219) 608-0302	10. Telephone (Evening) ()
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11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other	12. Office Sought (Include district number, if any. Not required for an exploratory committee.) County Council
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SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) Check if this is a new name.

Committee to elect Jimmy Pressel

14. Mailing Address (number and street, city, state, and ZIP code) 1826 N. Lofgren Rd.	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional) RLpressel@yahoo.com
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17. City Rolling Prairie	State IN	ZIP Code 46371	18. County LaPorte	19. Telephone (219) 608-0302	20. Committee Organization Date (mm/dd/yy) 01-13-25
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21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.

22. Mailing Address (number and street, city, state, and ZIP code) 1772 N. Lofgren Rd. Rolling Prairie IN	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ()	24. E-mail Address (Optional) RLpressel@yahoo.com
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25. City Rolling Prairie	State IN	ZIP Code 46371	26. County LaPorte	27. Telephone (Day) (219) 393-4027	28. Telephone (Evening) ()
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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.)

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
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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. Jessica Romine	Person Appointed Treasurer	Signature of Committee Chairperson Rebecca Pressel
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33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.

34. Mailing Address (number and street, city, state, and ZIP code) 1231 N. State Rd 39	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ()	36. E-mail Address (Optional) jessica@cornerstonecfp.com
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37. City LaPorte	State IN	ZIP Code 46350	38. County LaPorte	39. Telephone (Day) (219) 393-4392	40. Telephone (Evening) (219) 393-4392
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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 Jessica Romine
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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.		FOR OFFICE USE ONLY
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42. Typed or Printed Name of Chairperson REBECCA PRESSEL	Signature of Chairperson Rebecca Pressel	Date (mm/dd/yy) 01/15/25
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43. Typed or Printed Name of Candidate JAMES PRESSEL III	Signature of Candidate James Pressel III	Date (mm/dd/yy) 01/15/25
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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).		
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