



**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. →						410-24-116
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Last Name Pressel TH		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
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
7. City Rolling Prairie		State IN	ZIP Code 46371	8. County LaPorte	9. Telephone (Day) (219) 608-0302	10. Telephone (Evening) ()
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		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Committee to elect Jimmy Pressel						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1826 N. Lofgren Rd.				15. FAX (Optional) ()		16. E-mail Address (Optional)
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
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Rebecca Lynn Pressel						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1772 N. Lofgren Rd. Rolling Prairie IN				23. FAX (Optional) ()		24. E-mail Address (Optional) rlpressel@yahoo.com
25. City Rolling Prairie		State IN	ZIP Code 46371	26. County LaPorte	27. Telephone (Day) (219) 393-4027	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.)						
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		
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				Signature of the Committee Chairperson Rebecca Pressel		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Jessica Nicole Romine						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1231 N. State Rd 39				35. FAX (Optional) (219) 245-2002		36. E-mail Address (Optional) jessica@cornerstoneofp.com
37. City LaPorte		State IN	ZIP Code 46350	38. County LaPorte	39. Telephone (Day) (219) 393-4392	40. Telephone (Evening) (219) 393-4392
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 N. Romine		
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 REBECCA PRESSEL		Signature of Chairperson Rebecca Pressel		Date (mm/dd/yy) 01/15/25		
43. Typed or Printed Name of Candidate James Pressel III		Signature of Candidate James Pressel III		Date (mm/dd/yy) 01/15/25		
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).						

