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)

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

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. IS THIS AN AMENDMENT?	🗌 Yes	No If Ye	s, please en	ter the file nu	mber in this bo	x. →	32-25-032
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Last Name	First	Name JILLIAN	Middle	e Name	Nickname		3. Type of Committee (Check
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1308 TURHBRID City Avon	State IN	ZIP Code 4/0123	8. County	RICKS	. Telephone (Day)	Name Part a	10. Telephone (Evening)
Party Affiliation			149	Office Sought	Include district numb	er, if any	Not required for an exploratory comm
Democratic Libertarian Repu	blican Ot	her		Town	Council		
Democratic Libertarian Repu ECTION B. COMMITTEE Full Name of Committee (Do not ab	breviate.)	Check if this is	a new name.	licable boxe	s as fully and	accu	rately as possible.
Committe Mailing Address (number and street, city							
Mailing Address (number and street, city	i, state, and ZIP	code) □ Check	k if this is a new a	address. 15. FAX		16. E-n	nail Address (Optional)
City	State	ZIP Code	18. County	()	9. Telephone	1	20. Committee Organization Date
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Chairperson's Full Name Des							
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City	State	ZIP Code	26. County	14			
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