

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.

							FILE NUMBER	
1. IS THIS AN AMENDMENT?	☐ Yes	⊠No If Yes	, please en	ter the file r	number in this bo	x. →	32.24-013	
SECTION A. CANDIDATE	INFO	RMATION: File	in all app	licable box	es as fully and	accura	tely as possible.	
2. Last Name		st Name	Midd	le Name	Nickname		3. Type of Committee (Check or	
1 = +4		Jordan	7	uler				е
4. Mailing Address (number and street, city,			7	5. FAX (Op	ntional)	6. E-mai	Address (Optional)	_
6936 Burberry	Ct	,		()	*		++ 1993 Rgmail.C	3/
Plainfield	State	ZIP Code 46168	8. County Hench	ichs	9. Telephone (Day) (765) 914-9		10. Telephone (Evening) (165) 914 - 976 4 Not required for an exploratory committee	
11. Party Affiliation		-		2. Office Soug	ht (Include district numb	er, if any.	Not required for an exploratory committee	e.)
☐ Democratic ☐ Libertarian 🕱 Repu	ıblican 🔲	Other	Parallel Twister	Washing	ton Townshi	p Bon	d, 4th Distrat	7 ch
SECTION B. COMMITTEE	INFO	RMATION: Fil	l in all app	licable bo	xes as fully and	accura	tely as possible.	
13. Full Name of Committee (Do not all Letter for Was) 14. Mailing Address (number and street, cit				ard				
14. Mailing Address (number and street, cit	y, state, and	ZIP code)	if this is a new	address. 15. F	AX (Optional)	16. E-ma	il Address (Optional)	
6936 Bur berry	State	ZIP Code	18. County		19. Telephone		20. Committee Organization Date	
Plainfield	IN	4/6/68	Hench	icles	765,914-9	764	(mm/dd/yy) 2/08/2024	_
21. Chairperson's Full Name De			on. Che	k if this is a new	chairperson.			
22. Mailing Address (number and street, cit	y, state, and	ZIP code)	if this is a new	address. 23. F	AX (Optional)	24. E-ma	il Address (Optional)	
6936 Backery C	(()	; the	1993 @ gmil.c.	مردة
6936 Barberry Ct	State	ZIP Code	26. County		27. Telephone (Day)	,		
Plainfield	IN	46168	Hencel	izhs	765, 9/4-9	1764	JES, 914-9764	
29. Bank or Other Depositories (List a	l banks or	other depositories in	which the com	mittee deposits f	funds, holds accounts, re	ents safety	deposit boxes or maintains funds.)	
Indiana Me	ha	· Credi		noid				
30. Exploratory Committee (Give brief sta	tement expl	aining purpose of an explo		only.) 31. Salar	ies and Reimburseme	nts (Will th	e committee pay the candidate a salary	or
				reimburse	ement for lost wages? If	res, allac	h a copy of the contract.) Yes	.40
SECTION C. APPOINTME	NT OF	TREASURER	(IC 3-9-1-	14)				
32. I, as Chairperson of the	ne fore	going Person App	ointed Treasu	er	Signature	of the Co	mmittee Chairperson	
committee, appoint the following	ng perso	on as Jord	90 /	'ett	Jan .	edn	- Jelle	
Treasurer of the Committee. 33. Treasurer's Full Name Designment	nate cand			is is a new treas	urer.			
Jordan Tyler	101	4						
34. Mailing Address (number and street, cit	y, state, and	ZIP code)	if this is a new	address. 35. F	AX (Optional)	36. E-ma	il Address (Optional)	
6936 Burberry				(5+(ett 1993 pgnailice	~
37. City	State	ZIP Code	38. County		39. Telephone (Day)		40. Telephone (Evening)	
Plainfied	IN	46168	Herd	rizhs	765,914-9	764	1765 914-9764	
	CE OF	APPOINTMEN			THE WAY SEED			
41. I give notice that I accept	the dut	ies and respons	ibilities of	Treasurer of	this Signature of P	erson Ad	cepting Appointment	
Committee. I am not the chair	person	of a campaign fi	nance com	nittee (excep	t as	n	holls	
permitted for a candidate commi	TION O	E STATEMEN	A CALLED				FOR OFFICE USE ONLY	
We certify as the candidate an	nd the	duly appointed C	hairperson	of the Com	mittee and that we	have	S H 8	
examined this statement. To the	best of c	our knowledge and	d belief it is	true, correct a	and complete.		_ S	
42. Typed or Printed Name of Ch	airperso	n Signature o	f Chairperso	n	Date (mm/dd/y	y)	g' o #E	
Jordan Cett		prel	in Je	16	4/8/	2014	F. 50	
43. Typed or Printed Name of Ca	ndidate	Signature o	f Candidate	,,	Date (mm/dd/y	y)	-U = 8	
Jurdan Lett	e	fuzi	un J		2/8/1	2029	AM III I	
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	9 4	
person who knowingly files a frauduly accurate report as required by the Indian subject to civil penalties (IC 3-9-4-16 IC	t report co ana Cam	ommits a Level 6 D f paign Finance Law c	elony (IC 3-14	-1-13). A person	who fails to file a com	plete or		