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

State Form 4604 (R13/9-10)
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.

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
   TESTRUTH
   First Name
   VERNON
   Middle Name
   JESSE
   Nickname
   JESSE
   3. Type of Committee (Check one)
      ☐ Candidate's Principal Committee
      ☐ Exploratory Committee

4. Mailing Address
   7807 CROSSGATE LANE
   City
   SOUTHPORT
   State
   IN
   ZIP Code
   46227-5881
   5. FAX (Optional) 889-6961
   6. E-mail Address (Optional)

7. City
   SOUTHPORT
   State
   IN
   ZIP Code
   46227-5881
   8. County
   MARION
   9. Telephone (Day) 317 889-6961
   10. Telephone (Evening) 317 889-6961

11. Party Affiliation
    ☐ Democratic ☐ Libertarian ☐ Republican ☐ Other
    12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
        MAYOR of SOUTHPORT PE40

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
    RE-ELECT JESSE FOR MAYOR

14. Mailing Address ☐ Check if this is a new address
    7807 CROSSGATE LANE
    15. FAX (Optional)
       ☐ 889-6961
    16. E-mail Address (Optional)
       just2cruise46203@sbcglobal.net

17. City
    SOUTHPORT
    State
    IN
    ZIP Code
    46227-5881
    18. County
    MARION
    19. Telephone
       ☐ 317 889-6961
    20. Committee Organization Date
       ☐ MM-DD-YY
       01-12-15

21. Chairperson's Full Name ☐ Designate Candidate as Chairperson ☐ Check if this is a new chairperson
    MARK W. HARRINGTON

22. Mailing Address ☐ Check if this is a new address
    7730 PARTRIDGE RD.
    23. FAX (Optional)
       N/A
    24. E-mail Address (Optional)
       N/A

25. City
    SOUTHPORT
    State
    IN
    ZIP Code
    46227-5881
    26. County
    MARION
    27. Telephone (Day)
       ☐ 317 626-7950
    28. Telephone (Evening)
       ☐ 317 626-7950

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.) ☐ No ☐ 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
    ANGIE KERNER
    Signature of the Committee Chairperson
    MARY A. KERNER

33. Treasurer's Full Name ☐ Designate candidate as treasurer ☐ Check if this is a new treasurer

34. Mailing Address ☐ Check if this is a new address
    7807 CROSSGATE LANE
    35. FAX (Optional)
       ☐ 889-6961
    36. E-mail Address (Optional)
       just2cruise46203@sbcglobal.net

37. City
    SOUTHPORT
    State
    IN
    ZIP Code
    46227-5881
    38. County
    MARION
    39. Telephone (Day)
       ☐ 317 889-6961
    40. Telephone (Evening)
       ☐ 317 889-6961

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 Committee
    MARY A. KERNER

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
    MARK W. HARRINGTON
    Signature of Chairperson
    MARY A. KERNER
    Date (MM-DD-YY)
    1-23-2015

43. Typed or Printed Name of Candidate
    VERNON TESTRUTH
    Signature of Candidate
    MARY A. KERNER
    Date (MM-DD-YY)
    1-23-2015

Warning: 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 Class 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 3-9-4-15, IC 3-9-4-17, and IC 3-9-4-18).