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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

JonElrod.Com

ADDRESS (number and street)

5329 S. Emerson Avenue, Suite C

(Check if address is changed)

Indianapolis

IN

46237

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jon@jonelrod.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

jonelrod.com

COMMITTEE'S FAX NUMBER

317 786 7899

2. DATE

12 / 15 / 2007

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jan Marshall

Signature of Treasurer

Date

12 / 19 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

28039580850

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Jonathan Robert Elrod

Candidate Party Affiliation REP Office Sought: House Senate President State IN District 07

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) This committee is a [] (National, State or subordinate) committee of the [] (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

[]

Mailing Address []
 []
 [] CITY ▲ STATE ▲ ZIP CODE ▲

Relationship []

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

15808565082

Write or Type Committee Name

JonElrod.Com

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Jan Marshall

Mailing Address 5329 S. Emerson Avenue, Suite C

Indianapolis IN 46237

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 317 786 7899

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Jan Marshall

Mailing Address 5329 S. Emerson Avenue, Suite C

Indianapolis, IN 46237

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 317 786 4929

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position CITY STATE ZIP CODE

Telephone number

2803958852

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Fifth Third Bank, NA

Mailing Address

4810 S. Emerson Avenue

Beech Grove

IN

46203

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2803958853

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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 1/26/08
PREPARER **DATE PREPARED**
 (3/2005)

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