



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

**(CFA-1)**

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 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 BOURFF MILAM		First Name ANNETTE		Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 1634 W CARTER				5. FAX (Optional) ( )		6. E-mail Address (Optional) jamilam5811@gmail.com	
7. City KOKOMO	State IN	ZIP Code 46901	8. County HOWARD	9. Telephone (Day) (765) 860-4909		10. Telephone (Evening) ( )	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) HOWARD COUNTY CLERK			

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. COMMITTEE TO ELECT ANNETTE BOURFF MILAM							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1634 W CARTER				15. FAX (Optional) ( )		16. E-mail Address (Optional) jamilam5811@gmail.com	
17. City KOKOMO	State IN	ZIP Code 46901	18. County HOWARD	19. Telephone (765) 860-4909		20. Committee Organization Date (mm/dd/yy) 2/18/2022	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional) ( )		24. E-mail Address (Optional)	
25. City	State	ZIP Code	26. County	27. Telephone (Day) ( )		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 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.				Person Appointed Treasurer		Signature of the Committee Chairperson	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				35. FAX (Optional) ( )		36. E-mail Address (Optional)	
37. City	State	ZIP Code	38. County	39. Telephone (Day) ( )		40. Telephone (Evening) ( )	

**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			
--	--	--	--	---	--	--	--

**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	Signature of Chairperson	Date (mm/dd/yy)
43. Typed or Printed Name of Candidate	Signature of Candidate	Date (mm/dd/yy)

**FOR OFFICE USE ONLY**

**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).

# HOWARD COUNTY ELECTION BOARD

Debbie Stewart, Clerk  
Phil Thurston, Board Member  
Derick Steele, Board Member  
104 N Buckeye Street Room 202  
Kokomo IN 46901  
Phone: 765-456-2000  
Fax: 765-456-2267

February 18, 2022

Annette Bourff Milam  
1634 W Carter Street  
Kokomo IN 46901

Dear Annette:

This letter is to notify you that the County Election Board has administratively opened a candidate committee for your declaration of Candidacy for the office of Howard County Clerk.

Per Indiana Election Administrator's Manual, the candidate running for an office paying more than \$5,000 must file a (CFA-1) by noon ten (10) days after the committee receives more than \$100 in contributions or makes more than \$100 in expenditures, or noon seven (7) days after the candidate filing deadline, whichever occurs first. Should the candidate running for an office paying at least a \$5,000 salary fail to open a campaign finance committee, the county election board must administratively open a candidate committee naming the candidate the chair and treasurer of the committee. A candidate's committee opened by administrative action is still subject to the campaign finance deadlines.

Please find enclosed a copy of the CFA-1.

Sincerely,

Howard County Election Board