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

(CFA-1)

State Form 4604 (R14 / 10-17)
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	First Name	Middle Name	Nickname	3. Type of Committee (Check one)
Acord	Jason	Darren		☑ Candidate's Principal Committee ☐ Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code)	5. FAX (Optional)	6. E-mail Address (Optional)
1730 N Locke St Kokomo IN 46901	( ) N/A	Wmfrontload@aol.com

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Kokomo	IN	46901	Howard	765, 437-7748	( ) Same

11. Party Affiliation	12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☑ Republican ☐ Other _____	Councilman District 1

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.
Committee to Elect Jason Acord

14. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	15. FAX (Optional)	16. E-mail Address (Optional)
1730 N. Locke St Kokomo IN 46901	( ) N/A	acordforcouncilman@gmail.com

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
Kokomo	IN	46901	Howard	765, 437-7748	02-06-2019

21. Chairperson's Full Name ☑ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson.
Jason Darren Acord

22. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	23. FAX (Optional)	24. E-mail Address (Optional)
1730 N. Locke St Kokomo IN 46901	( ) N/A	

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Kokomo	IN	46901	Howard	765, 437-7748	( ) Same

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.)
~~FB~~ Financial Builders FCU

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.) ☐ Yes ☑ No
N/A	

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
	Jenifer Acord	Jason D. Acord

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

34. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	35. FAX (Optional)	36. E-mail Address (Optional)
1730 N Locke St Kokomo IN 46901	( ) N/A	jenifieracord@aol.com

37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
Kokomo	IN	46901	Howard	765, 432-5325	( ) Same

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
	Jenifer L. Acord

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)
Jason Acord	Jason D. Acord	02-10-2019
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date (mm/dd/yy)**
Jason Acord	Jason D. Acord	02-10-2019

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)*.

FOR OFFICE USE ONLY

FILED
FEB 15 2019
DEBBIE STEWART
Clerk Howard Cir. Court

INSTRUCTIONS FOR COMPLETING THIS FORM

This is a dual purpose form. The most common use of this form is to designate a candidate's principal committee in which the candidate is both the chairperson and treasurer. The form enables the candidate to organize and at the same time designate the candidate's principal committee as required by IC 3-9-1-3, IC 3-9-1-4 & IC 3-9-1-5.

The form also allows a person exploring opportunities for seeking a political office but who has not definitely decided to be a candidate for a particular office to organize an exploratory committee. If the candidate is not yet a candidate for a **specific** office, check "exploratory committee" under Section A 3. When the candidate **does** become a candidate for a specific office, an amended CFA-1 must be filed.

The preparer should **type or print legibly in black ink** all information on this form. If more space is needed please attach additional sheets. All versions of State Form 4604 prior to revision (R10/10-01) are obsolete and cannot be used (IC 3-5-4-8). State law requires that any changes on this form must be reported **WITHIN TEN (10) DAYS OF THE CHANGE.**

ITEM 1. IS THIS AN AMENDMENT? Check the appropriate box. If "YES" is checked, enter the file number in the file number box and go on to Section A. If "NO" is checked, proceed directly to Section A.

SECTION A. CANDIDATE INFORMATION: Enter the name of the candidate, as set forth in the candidate's voter registration record and any nickname the candidate uses.

TYPE OF COMMITTEE. See second paragraph above. Be sure to enter the full and current address and the ZIP Code+4, if known. Under party affiliation, enter the party the candidate supports. If no party is supported, enter "Independent." A "Write-In" candidate should follow the same procedure; do not write "Write-In."

OFFICE BEING SOUGHT. Enter the full name of that office. For example, "Indiana State Senator, District ____." ***This box is not required to be completed by an exploratory committee.***

SECTION B. COMMITTEE INFORMATION: Do not use any abbreviations in the committee name. Check the new name box if this is a new name. Be sure to enter the full and current mailing address. All correspondence with the committee relative to filings under the Campaign Finance Act will be mailed to this address, unless specified otherwise.

Check the new address if appropriate. Enter the ZIP Code+4, if known, in all boxes calling for the ZIP Code. The date the committee was organized may be the date the candidate publicly announced, filed a declaration of candidacy, solicited or accepted contributions, or made an expenditure. (IC 3-5-2-6)

ITEM 16. COMMITTEES FILING WITH THE INDIANA ELECTION DIVISION ONLY: Committees that file campaign finance reports with the Indiana Election Division and wish to file these reports electronically may contact the Election Division at (800) 622-4941 or at the e-mail address campaignfinance@iec.in.gov for further information.

ITEM 21. Chairperson. This may be the candidate. However, the chairperson may not be the treasurer of any other campaign finance committee except in the case of the candidate's committee. Check if this is a new chairperson or new information.

ITEM 29. Bank or Other Depositories. If a candidate's committee accepts contributions or makes expenditures on an aggregate amount of more than two hundred dollars ($200) in a year, all funds of a committee must be segregated from, and may not be commingled with, the personal funds of officers, members or associates of the committee. (IC 3-9-2-9)

ITEM 30. Exploratory Committee. Enter a brief statement explaining the purpose of this committee. Example: "To receive and expend funds to explore the opportunities for elected office."

ITEM 31. Salaries and Reimbursements. Pursuant to Indiana Election Commission Advisory Opinion 2001-01, attach a copy of any contract between the committee and the candidate permitting salary and reimbursement payments.

SECTION C. APPOINTMENT OF TREASURER:
ITEM 32. Treasurer. The treasurer must be a U.S. citizen and may not be the chairperson of any other campaign finance committee except in the case of a candidate's committee. The treasurer's duties and responsibilities are discussed in detail in the Instruction Manual for the Indiana Campaign Finance Act *(current edition)*. Check if this is a new treasurer or new information. This section must be completed in its entirety by the committee chairperson.

SECTION D. ACCEPTANCE OF APPOINTMENT: The treasurer must provide the treasurer's written signature verifying acceptance of the duties and responsibilities as committee treasurer.

SECTION E. CERTIFICATION OF STATEMENT: The chairperson and candidate must enter their typed or printed names, written signatures and date signed in this section. **Note:** If the candidate and the chairperson are the same only one signature is necessary.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES

This form must be filed **electronically** with the Election Division. Contact 1-800-622-4941 for more information.

WARNING: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4 and IC 3-9-1-12)