



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

**(CFA-1)**

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.**

										FILE NUMBER
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →										
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>										
2. Last Name <i>Skaggs</i>		First Name <i>Jason</i>		Middle Name <i>Allen</i>		Nickname <i>Not Applicable</i>		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee		
4. Mailing Address <i>P.O. Box 2945 Kokomo, IN</i>					5. FAX (Optional) <i>( ) Not Applicable</i>		6. E-mail Address (Optional) <i>Not Applicable</i>			
7. City <i>Kokomo</i>		State <i>IN</i>	ZIP Code <i>46904</i>		8. County <i>Howard</i>		9. Telephone (Day) <i>(765) 438-4619</i>		10. Telephone (Evening) <i>(765) 438-4619</i>	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other					12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <i>City Common Council District 5</i>					
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>										
13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name <i>Committee To Elect Jason Skaggs</i>										
14. Mailing Address <input type="checkbox"/> Check if this is a new address <i>P.O. Box 2945</i>					15. FAX (Optional) <i>( ) Not Applicable</i>		16. E-mail Address (Optional) <i>Not Applicable</i>			
17. City <i>Kokomo</i>		State <i>IN</i>	ZIP Code <i>46904</i>		18. County <i>Howard</i>		19. Telephone <i>(765) 438-4619</i>		20. Committee Organization Date (MM-DD-YY) <i>01-09-15</i>	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson <i>Jason Allen Skaggs</i>										
22. Mailing Address <input type="checkbox"/> Check if this is a new address <i>P.O. Box 2945</i>					23. FAX (Optional) <i>( ) Not Applicable</i>		24. E-mail Address (Optional) <i>Not Applicable</i>			
25. City <i>Kokomo</i>		State <i>IN</i>	ZIP Code <i>46904</i>		26. County <i>Howard</i>		27. Telephone (Day) <i>(765) 438-4619</i>		28. Telephone (Evening) <i>(765) 438-4619</i>	
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.) <i>Financial Builders Federal Credit Union</i>										
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) <i>Not Applicable</i>					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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>										
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. <i>Tina J. Moore</i>					Person Appointed Treasurer			Signature of the Committee Chairperson <i>Jason Skaggs</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer <i>Tina Joann Moore</i>										
34. Mailing Address <input type="checkbox"/> Check if this is a new address <i>P.O. Box 2945</i>					35. FAX (Optional) <i>( ) Not Applicable</i>		36. E-mail Address (Optional) <i>Not Applicable</i>			
37. City <i>Kokomo</i>		State <i>IN</i>	ZIP Code <i>46904</i>		38. County <i>Howard</i>		39. Telephone (Day) <i>(765) 271-1787</i>		40. Telephone (Evening) <i>(765) 271-1787</i>	
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>										
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 <i>Tina J. Moore</i>					
<b>SECTION E. CERTIFICATION OF STATEMENT</b>										
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 <i>Jason Skaggs</i>			Signature of Chairperson <i>Jason Skaggs</i>				Date (MM-DD-YY) <i>01-09-15</i>			
43. Typed or Printed Name of Candidate <i>Jason Skaggs</i>			Signature of Candidate <i>Jason Skaggs</i>				Date (MM-DD-YY) <i>01-09-15</i>			
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 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).										

**FOR OFFICE USE ONLY**

**FILED**

**JAN 09 2015**

**KIM WILSON**  
Clerk Howard Cir. Court



# DECLARATION OF CANDIDACY FOR MUNICIPAL PRIMARY NOMINATION IN 2015

(CAN-42)

State Form 48870 (R4 / 7-14)  
Indiana Election Commission (IC 3-8-2-4, IC 3-8-2-7)

### INSTRUCTIONS:

This form is used by an individual who is seeking the Democratic or Republican party nomination to an elected office in a municipal primary election. A declaration of candidacy must be filed no earlier than January 7, 2015 and no later than NOON, February 6, 2015. Please print or type all information on this form except all signatures.

SEE IMPORTANT INFORMATION ON BACK OF FORM.

All candidates seeking a city or town primary nomination must file the CAN-12 statement of economic interests WITH this form.

STATE OF INDIANA )  
 )  
COUNTY OF Howard )

### GENERAL INFORMATION

I, Jason Allen Skaggs the undersigned,  
First Name of Candidate Middle Name of Candidate Last Name of Candidate

certify the following:

(1) I am a registered voter of Precinct 5 Harrison 1 of the Township of Harrison, (or of Ward \_\_\_\_\_ of the City or Town of Kokomo), County of Howard, State of Indiana.

(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated (check one box)  
 Democratic Party or the  Republican Party for the office of City Councilman, District 5 (if any) in the (check one box)  City or the  Town of Kokomo to be voted on at the primary election to be held on May 5, 2015.

(3) I am claiming affiliation with the Democratic or Republican Party. I understand that my party affiliation is determined by which party I voted for in the last primary election in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because (check one)

- The most recent primary election in Indiana in which I voted was the primary held by the party with which I claim affiliation above.
- The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)

(4) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office including any applicable residency requirement. I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

### RESIDENCY INFORMATION

(5) My complete residence address is:  
3197 Vinton Circle Kokomo, Indiana 46902  
Complete Residence Address Must Be Inserted City ZIP Code

(6) My mailing address is (if different from residence address):  
P.O. Box 2945 Kokomo, Indiana 46904  
Mailing Address (Write "SAME" if both addresses are identical or leave blank) City ZIP Code

### CANDIDATE NAME INFORMATION

(7) I request that my name appear on the primary election ballot in the following manner:  
Jason Skaggs  
(\*Include any Nickname and/or Suffix, Jr. Sr. II III IV)

I also request that my name on my voter registration record be the same as the name on this declaration of candidacy, and that a copy of this form be forwarded to the county voter registration office for any necessary change.

The candidate's name must comply with the requirements in Indiana Code 3-5-7. If a candidate's name does not comply with this state law, the declaration may be challenged under Indiana Code 3-8-1-2.

\*A candidate may use a nickname on the ballot only if the nickname is a name by which the candidate is commonly known and does not exceed 20 characters.

EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.

↓ Please complete reverse of form ↓





**STATEMENT OF ECONOMIC INTERESTS  
FOR LOCAL AND SCHOOL BOARD OFFICES**

**(CAN-12)**

State Form 55128 (11-12)  
Indiana Election Commission (IC 3-8-9)

**INSTRUCTIONS:** This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) petition of nomination as a school board candidate; (3) petition of nomination as a minor party or independent candidate; (4) declaration of intent to be a write-in candidate; or (5) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office.

STATE OF INDIANA

COUNTY OF Howard

**INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:**

2015

**NOTE:** Insert "Not Applicable" where appropriate.

I, Jason Skamas the undersigned, certify the following:  
Name of Candidate or Person Filling Vacant Office

- (1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is  
City Common Council District 5. (Include district, if applicable.)
- (2) The name of my spouse is Not Applicable.
- (3) The name of my employer and the nature of its business is  
Fiat Chrysler Automobiles (FCA) Automobile Manufacturing.
- (4) The name of the employer of my spouse and the nature of its business is  
Not Applicable.
- (5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is  
Not Applicable.
- (6) If I operate a professional practice, the name of the professional practice and the nature of its business is  
Not Applicable.
- (7) If I am a member of a partnership, the name of the partnership and the nature of its business is  
Not Applicable.
- (8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is  
Not Applicable.
- (9) If I am a member of a limited liability company, the name of the limited liability company and the nature of its business is  
Not Applicable.
- (10) If my spouse is a member of a limited liability company, the name of the limited liability company and the nature of its business is  
is Not Applicable.
- (11) If I am an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is  
is Not Applicable.
- (12) If my spouse is an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is  
Not Applicable.

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the 09<sup>th</sup> day of January, 2015:

Signature *Jason Skaggs*

Printed Name Jason Skaggs

STATE OF INDIANA

COUNTY OF HOWARD

Subscribed and affirmed to before me this 9<sup>th</sup> day of January, 2015

*Kim Wilson*  
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: HOWARD

**FILED**

**JAN 09 2015**

**KIM WILSON**  
Clerk Howard Cir. Court

