



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 LIPINSKI	First Name JEFF	Middle Name SHAWN	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) P.O. BOX 222		5. FAX (Optional)		6. E-mail Address (Optional)
7. City RUSSIAVILLE	State IN	ZIP Code 46979	8. County HOWARD	9. Telephone (Day) (765) 860-8588
				10. Telephone (Evening) (765) 860-8588
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.)	

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 - LIPINSKI FOR COMMISSIONER				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. P.O. BOX 222			15. FAX (Optional)	16. E-mail Address (Optional)
17. City RUSSIAVILLE	State IN	ZIP Code 46979	18. County HOWARD	19. Telephone ()
				20. Committee Organization Date (mm/dd/yy) 1-18-2022
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Ray Collins				
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1707 Cad. Hg. Dr. East			23. FAX (Optional)	24. E-mail Address (Optional)
25. City Kokomo	State In	ZIP Code 46902	26. County Howard	27. Telephone (Day) (765) 210-0032
				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.) INDIANA HEARTLAND PCU				
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 checked="" 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: Dave Duncan			Signature of the Committee Chairperson Ray Collins	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Dave Alan Duncan				
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 407 Sunny Mede Dr Kokomo IN 46901			35. FAX (Optional)	36. E-mail Address (Optional) daduncan911@gmail.com
37. City Kokomo	State IN	ZIP Code 46901	38. County Howard	39. Telephone (Day) (765) 432 7011
				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 Dave a Duncan
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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 Ray Collins	Signature of Chairperson Ray Collins	Date (mm/dd/yy) 1-31-22
43. Typed or Printed Name of Candidate JEFF LIPINSKI	Signature of Candidate Jeff Lipinski	Date (mm/dd/yy) 1-31-2022

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

JAN 31 2022

DEBBIE STEWART
Clerk Howard Cir. Court