



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 SHAUN		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) PO 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) 457-1408		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.) HOWARD COUNTY Commissioner				

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

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. 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 (765) 860-8588		20. Committee Organization Date (mm/dd/yy) 1-18-2022	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. JEFF LIPINSKI									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. P.O. BOX 222					23. FAX (Optional)		24. E-mail Address (Optional)		
25. City RUSSIAVILLE		State IN	ZIP Code 46979	26. County HOWARD		27. Telephone (Day) (765) 860-8588		28. Telephone (Evening) (765) 860-8588	
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 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.) <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. JEFF LIPINSKI					Person Appointed Treasurer JEFF LIPINSKI					Signature of the Committee Chairperson <i>Jeff Lipinski</i>				
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. JEFFREY SHAUN LIPINSKI														
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. P.O. BOX 222					35. FAX (Optional)		36. E-mail Address (Optional)							
37. City RUSSIAVILLE		State IN	ZIP Code 46979	38. County HOWARD		39. Telephone (Day) (765) 860-8588		40. Telephone (Evening) (765) 860-8588						

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 <i>Jeff Lipinski</i>				
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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 JEFF LIPINSKI		Signature of Chairperson <i>Jeff Lipinski</i>		Date (mm/dd/yy) 1-18-2022	
43. Typed or Printed Name of Candidate JEFF LIPINSKI		Signature of Candidate <i>Jeff Lipinski</i>		Date (mm/dd/yy) 1-18-2022	

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 18 2022

DEBBIE STEWART
Clerk Howard Cir. Court



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

(CAN-12)

State Form 55128 (R / 8-19)
Indiana Election Division (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) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) 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. **NOTE:** A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with the office described in IC 3-8-2-6.

STATE OF INDIANA
COUNTY OF HOWARD

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

20 21

NOTE: Insert "Not Applicable" where appropriate.

I, JEFF LIPINSKI 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
HOWARD COUNTY COMMISSIONER. (Include district, if applicable.)

(2) The name of my spouse was CANDY LIPINSKI.

(3) The name of my employer and the nature of its business was
ROBERT J KINSLEY YOUTH CENTER.

(4) The name of the employer of my spouse and the nature of its business was
GVC MORTGAGE - HOUSE FINANCING.

(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was
—.

(6) If I operated a professional practice, the name of the professional practice and the nature of its business was
—.

(7) If I was a member of a partnership, the name of the partnership and the nature of its business was
—.

(8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was
—.

(9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was
—.

(10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was
—.

(11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was
—.

(12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was
—.

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 _____ day of _____, 20__:

Jeff Lipinsky
Signature

JEFF LIPINSKY
Printed Name

STATE OF INDIANA
COUNTY OF HOWARD

Subscribed and affirmed to before me this 18th day of January, 2022

Debbie Stewart
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-31-22

County of Residence: HOWARD

FILED

JAN 18 2022

DEBBIE STEWART
Clerk Howard Cir. Court

