



**CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
 State Form 4604 (R14 / 10-17)  
 Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**(CFA-1)**

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

<b>FILE NUMBER</b>									
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box.</i> →									
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>									
2. Last Name Kennedy		First Name Jeremy		Middle Name Scott		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) 4501 Parkwood Dr.					5. FAX (Optional) ( )		6. E-mail Address (Optional) jeskenne@gmail.com		
7. City Kokomo		State IN	ZIP Code 46901	8. County Howard		9. Telephone (Day) (765) 409-1134		10. Telephone (Evening) (765) 409-1134	
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.) Northwestern School Board-At Large				
<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. Committee to elect Jeremy Kennedy									
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 4501 Parkwood Dr.					15. FAX (Optional) ( )		16. E-mail Address (Optional)		
17. City Kokomo		State IN	ZIP Code 46901	18. County Howard		19. Telephone (765) 409-1134		20. Committee Organization Date (mm/dd/yy) 9/28/2018	
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. 4501 Parkwood Dr.					23. FAX (Optional) ( )		24. E-mail Address (Optional) jeskenne@gmail.com		
25. City Kokomo		State IN	ZIP Code 46901	26. County Howard		27. Telephone (Day) (765) 409-1134		28. Telephone (Evening) (765) 409-1134	
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.) Haynes Community 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				
<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.				Person Appointed Treasurer Jeremy Kennedy			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. 4501 Parkwood Dr.					35. FAX (Optional) ( )		36. E-mail Address (Optional)		
37. City Kokomo		State IN	ZIP Code 46901	38. County Howard		39. Telephone (Day) (765) 409-1134		40. Telephone (Evening) (765) 409-1134	
<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			
<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 Jeremy S. Kennedy			Signature of Chairperson 				Date (mm/dd/yy) 10/01/2018		
43. Typed or Printed Name of Candidate Jeremy S. Kennedy			Signature of Candidate 				Date (mm/dd/yy) 10/01/2018		
<b>Warning:</b> 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**

OCT 01 2018

KIM WILSON  
Clerk Howard Cir. Court

