



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.

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>	<div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">46-22-69</div>
--	--

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name Jackson	First Name Amy	Middle Name Charlotte	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) 1753 N Summit Drive			5. FAX (Optional) ()		6. E-mail Address (Optional) amyjackson4lpschoolboard@gmail.com
7. City La Porte	State IN	ZIP Code 46350	8. County LaPorte	9. Telephone (Day) (773) 849-4879	10. Telephone (Evening) (773) 849-4879
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) School Board at large		

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. Amy Jackson For LP School Board					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1753 N Summit Drive			15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City La Porte	State IN	ZIP Code 46350	18. County LaPorte	19. Telephone (773) 849-4879	20. Committee Organization Date (mm/dd/yy) 8/15/2022
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Amy Charlotte Jackson					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1753 N Summit Drive La Porte, IN 46350			23. FAX (Optional) ()		24. E-mail Address (Optional) amyjackson4lpschoolboard@gmail.com
25. City La Porte	State IN	ZIP Code 46350	25. County LaPorte	27. Telephone (Day) (773) 849-4879	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.) Fifth Third Bank - 7983444956					
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 Amy Jackson		Signature of the Committee Chairperson <i>Amy Jackson</i>
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Amy Charlotte Jackson					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1753 N Summit Drive			35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City La Porte	State IN	ZIP Code 46350	38. County LaPorte	39. Telephone (Day) (773) 849-4879	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

SECTION E. CERTIFICATION OF STATEMENT			FOR OFFICE USE ONLY	
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 Amy C. Jackson	Signature of Chairperson <i>Amy Jackson</i>	Date (mm/dd/yy) 08/15/22	<div style="border: 2px solid black; padding: 10px; font-size: 1.5em; font-weight: bold;">FILED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold;">IN CLERKS OFFICE</div> <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold; margin: 10px 0;">AUG 19 2022</div> <div style="text-align: right; font-size: 0.8em;"> <i>Leann Stevens</i> CLERK OF LA PORTE CIRCUIT COURT </div>	
43. Typed or Printed Name of Candidate Amy C. Jackson	Signature of Candidate <i>Amy Jackson</i>	Date (mm/dd/yy) 08/15/22		
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).				