



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.* →

46-24-25

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Holmquest		First Name Justin		Middle Name Francis		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) 1529 Michigan Avenue					5. FAX (Optional) ()		6. E-mail Address (Optional) jfhholmquest@gmail.com		
7. City LaPorte		State IN	ZIP Code 46350	8. County LaPorte		9. Telephone (Day) (219) 851-4616		10. Telephone (Evening) (219) 851-4616	
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.) LaPorte Community School Board				

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. Justin Holmquest for LaPorte School Board									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1529 Michigan Avenue					15. FAX (Optional) ()		16. E-mail Address (Optional) jfhholmquest@gmail.com		
17. City LaPorte		State IN	ZIP Code 46350	18. County LaPorte		19. Telephone (219) 851-4616		20. Committee Organization Date (mm/dd/yy) 02/29/2024	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Justin Francis Holmquest									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1529 Michigan Avenue					23. FAX (Optional) ()		24. E-mail Address (Optional) jfhholmquest@gmail.com		
25. City LaPorte		State IN	ZIP Code 46350	26. County LaPorte		27. Telephone (Day) (219) 851-4616		28. Telephone (Evening) (219) 851-4616	
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.) First Trust Credit Union, 402 J Street, LaPorte, IN 46350									
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 Justin Holmquest					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. Justin Francis Holmquest														
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1529 Michigan Avenue					35. FAX (Optional) ()		36. E-mail Address (Optional) jfhholmquest@gmail.com							
37. City LaPorte		State IN	ZIP Code 46350	38. County LaPorte		39. Telephone (Day) (219) 851-4616		40. Telephone (Evening) (219) 851-4616						

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 				
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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 Justin F. Holmquest		Signature of Chairperson 		Date (mm/dd/yy) 02/29/24	
43. Typed or Printed Name of Candidate Justin F. Holmquest		Signature of Candidate 		Date (mm/dd/yy) 02/29/24	

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FEB 29 2024

CLERK OF LA PORTE CIRCUIT COURT

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).