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.* → 46-25-16

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

2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee *(Check one)*
Smith	Jon	E.		☐ Candidate's Principal Committee ☐ Exploratory Committee

4. Mailing Address *(number and street, city, state, and ZIP code)*	5. FAX *(Optional)*	6. E-mail Address *(Optional)*
7007 E. 1000S.	( )	

7. City	State	ZIP Code	8. County	9. Telephone *(Day)*	10. Telephone *(Evening)*
Walkerton	IN	46574-9468	LaPorte	(574) 298-9490	( )

11. Party Affiliation	12. Office Sought *(Include district number, if any. Not required for an exploratory committee.)*
☑ Democratic ☐ Libertarian ☐ Republican ☐ Other _____	Trustee

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

13. Full Name of Committee *(Do not abbreviate.)* ☑ Check if this is a new name.
JES Committee

14. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.	15. FAX *(Optional)*	16. E-mail Address *(Optional)*
7007 E. 1000S.	( )	

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date *(mm/dd/yy)*
Walkerton	IN	46574-9468	LaPorte	(574) 298-9490	

21. Chairperson's Full Name ☐ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson.

22. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.	23. FAX *(Optional)*	24. E-mail Address *(Optional)*
	( )	

25. City	State	ZIP Code	26. County	27. Telephone *(Day)*	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.)*
First Source Bank

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.)* ☐ Yes ☐ 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	Signature of the Committee Chairperson

33. Treasurer's Full Name ☑ Designate candidate as treasurer. ☐ Check if this is a new treasurer.

34. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.	35. FAX *(Optional)*	36. E-mail Address *(Optional)*
	( )	

37. City	State	ZIP Code	38. County	39. Telephone *(Day)*	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

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	Signature of Chairperson	Date *(mm/dd/yy)*

43. Typed or Printed Name of Candidate	Signature of Candidate	Date *(mm/dd/yy)*
Jon E. Smith	Jon E. Smith	07-10-2025

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

JVS

LaPorte County
Received
JUL 10 2025
Election Board

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4) Summary Sheet

FILE NUMBER
46-25-16
TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: [illegible] IN BLACK INK [illegible]

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION

1. Name of Committee (as listed on Statement of Organization) ☐ Check if this is a new name.
JES Committee

2. Acronym of Acronym (if applicable)

3. Committee Telephone Number
(574) 898-9490

4. Mailing Address (Address where all campaign finance correspondence is received) ☐ Check if this is a new address.
7007 E 1000 S

5. City, State, ZIP Code
Walkerton IN 46574

6. Party Affiliation (if applicable)
Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Jon E Smith

8. Party Affiliation or if Independent Candidate
Democrat

9. Office Sought (include district number, if any) Not required for exploratory committees.
Trustee

10. County of Residence
LaPorte

TYPE OF REPORT

11. Check one
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Supplemental ☐ Other ______
☐ [illegible] ☐ Outgoing Treasurer [illegible]

CONVENTION CANDIDATES ONLY
Check one
☐ Pre-Convention
☐ Post-Convention

		COLUMN A This Period	COLUMN B Year to Date
12. Reporting Period (mm/dd/yy) from 01/01/25 through 12-31-25			
13. Cash on hand and investments at the beginning of this reporting period		0	
14. Cash on hand and investments January 1, current year			0
CONTRIBUTIONS AND RECEIPTS			
(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		0	0
15b. Unitemized		0	0
15c. Add lines 15a and 15b in both columns	SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	0	0
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question, use Schedule C)		0	0
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	0	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns)	TOTAL	0	0
19. Debts OWED BY the committee (Use Schedule D)		0	
20. Debts OWED TO the committee (Use Schedule E)		0	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. [illegible]

Signature of Treasurer	Title	Date (mm/dd/yy)
Signature of Candidate (if applicable) Jon E Smith		Date (mm/dd/yy) 01-21-26

WARNING: Any information [illegible] may not be copied for sale or used for any commercial purpose [illegible] IC 3-9-4-4 [illegible] IC 3-14-1-[illegible] [illegible] IC 3-9-4-16, IC 3-9-4-17, or 3-9-4-[illegible]

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[Stamp: LaPorte County [illegible] Received JAN 21 2026 [illegible]]

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