



**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. →

460-24-25

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
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4. Mailing Address (number and street, city, state, and ZIP code) 1529 Michigan Avenue	5. FAX (Optional) ()		6. E-mail Address (Optional) jholmquest@gmail.com		
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7. City LaPorte	State IN	ZIP Code 46350	8. County LaPorte	9. Telephone (Day) (219) 851-4616	10. Telephone (Evening) (219) 851-4616
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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				
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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.

Justin Holmquest for LaPorte School Board

14. Mailing Address (number and street, city, state, and ZIP code) 1529 Michigan Avenue	<input type="checkbox"/> Check if this is a new address.		15. FAX (Optional) ()	16. E-mail Address (Optional) jholmquest@gmail.com	
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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
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21. Chairperson's Full Name Justin Francis Holmquest	<input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.				
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22. Mailing Address (number and street, city, state, and ZIP code) 1529 Michigan Avenue	<input type="checkbox"/> Check if this is a new address.		23. FAX (Optional) ()	24. E-mail Address (Optional) jholmquest@gmail.com	
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25. City LaPorte	State IN	ZIP Code 46350	26. County LaPorte	27. Telephone (Day) (219) 851-4616	28. Telephone (Evening) (219) 851-4616
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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					
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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				
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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
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33. Treasurer's Full Name Justin Francis Holmquest	<input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.				
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34. Mailing Address (number and street, city, state, and ZIP code) 1529 Michigan Avenue	<input type="checkbox"/> Check if this is a new address.		35. FAX (Optional) ()	36. E-mail Address (Optional) jholmquest@gmail.com	
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37. City LaPorte	State IN	ZIP Code 46350	38. County LaPorte	39. Telephone (Day) (219) 851-4616	40. Telephone (Evening) (219) 851-4616
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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.		FOR OFFICE USE ONLY FILED IN CLERKS OFFICE
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42. Typed or Printed Name of Chairperson Justin F. Holmquest	Signature of Chairperson 	Date (mm/dd/yy) 02/29/24
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43. Typed or Printed Name of Candidate Justin F. Holmquest	Signature of Candidate 	Date (mm/dd/yy) 02/29/24
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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).		
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Leonie Stevens
CLERK OF LA PORTE CIRCUIT COURT

FEB 29 2024



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

**(CFA-4)
Summary Sheet**

FILE NUMBER

410-24-75

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name.		
JUSTIN HOLLOWEST FOR LAPORTE SCHOOL BOARD			
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 857-4616		
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.		
1529 MICHIGAN AVE			
5. City, State, ZIP Code LAPORTE, IN 46350	6. Party Affiliation (if applicable)		
CANDIDATE INFORMATION (For Candidate's Committees Only)			
7. Full Name of Candidate (Include any nickname.) JUSTIN FRANCIS HOLLOWEST	8. Party Affiliation or if Independent Candidate INDEPENDENT		
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LAPORTE COMMUNITY SCHOOL BOARD	10. County of Residence LAPORTE		
TYPE OF REPORT		CONVENTION CANDIDATES ONLY	
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention		
12. Reporting Period (mm/dd/yy): From: 01/01/24 Through: 12/31/24	COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.	\$ 6.75		
14. Cash on hand and investments January 1, current year.			\$ 6.75
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.	0	0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	\$ 6.75	\$ 6.75
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.	0	0	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\$ 6.75	\$ 6.75
19. Debts OWED BY the committee (Use Schedule D.)	/		
20. Debts OWED TO the committee (Use Schedule E.)	/		

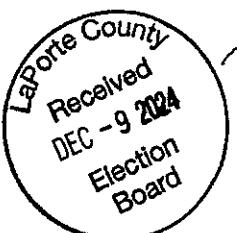
CERTIFICATION

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

Signature of Treasurer **JKH** Title **TREASURER** Date (mm/dd/yy) **12/09/24**

Signature of Candidate (if applicable) **JKH** Date (mm/dd/yy) **12/09/24**

FOR OFFICE USE ONLY



WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 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, IC 3-9-4-18)