# CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

**(CFA-1)**

State Form 4604 (R13/9-10)
Indiana Election Commission (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?** ☐ No ☑ Yes If Yes, please enter the file number in this box →

## 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) |
|---|---|---|---|---|
| EASTER | JON | ERIC | | ☑ Candidate's Principal Committee<br>☐ Exploratory Committee |

| 4. Mailing Address | 5. FAX (Optional) | 6. E-mail Address (Optional) |
|---|---|---|
| 5833 EMMERT WAY | ( ) | johnnystir@gmail.com |

| 7. City | State | ZIP Code | 8. County | 9. Telephone (Day) | 10. Telephone (Evening) |
|---|---|---|---|---|---|
| Indianapolis | IN | 46221 | Marion | (317) 201-0236 | (317) 201-0236 |

| 11. Party Affiliation | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) |
|---|---|
| ☑ Democratic ☐ Libertarian ☐ Republican ☐ Other _____ | City-County Council District 20 |

## 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
COMMITTEE TO ELECT JON EASTER

| 14. Mailing Address ☐ Check if this is a new address | 15. FAX (Optional) | 16. E-mail Address (Optional) |
|---|---|---|
| 5833 EMMERT WAY | ( ) | johnnystir@gmail.com |

| 17. City | State | ZIP Code | 18. County | 19. Telephone | 20. Committee Organization Date (MM-DD-YY) |
|---|---|---|---|---|---|
| Indianapolis | IN | ~~46221~~ 46221 | Marion | (317) 201-0236 | ~~1-29-15~~ JE |

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

| 22. Mailing Address ☐ 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.)*
Chase

| 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.) ☐ No ☐ Yes |
|---|---|
| | |

## 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 |
|---|---|---|
| | Patricia Rigsby | |

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

| 34. Mailing Address ☐ 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) |
|---|---|---|
| JON E. EASTER | [signature] | 01/29/14 |
| **43. Typed or Printed Name of Candidate** | **Signature of Candidate** | **Date (MM-DD-YY)** |
| | | |

**Warning:** State law requires that any change in this information be reported **within 10 days** of the change *(IC 3-9-1-10)*. A person who knowingly files a fraudulent report commits a Class 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**

Myla A. Eldridge

JAN 29 2015

**FILED**