



**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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. → <b>32-26-003</b>					
<b>SECTION A . CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
2. Last Name Puckett	First Name Jay	Middle Name Richard	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) 638 Jackson Street			5. FAX (Optional) ( )		6. E-mail Address (Optional) jbirdintheburg@icloud.com
7. City Brownsburg	State IN	ZIP Code 46112	8. County Hendricks	9. Telephone (Day) (317) 341-1852	10. Telephone (Evening) (317) 341-1852
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Hendricks County Council District 2		
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Committee To Elect Jay Puckett					
14. Mailing Address (number and street, city, state, and ZIP code) 638 Jackson Street			15. FAX (Optional) ( )		16. E-mail Address (Optional) jbirdintheburg@icloud.com
17. City Brownsburg	State IN	ZIP Code 46112	18. County Hendricks	19. Telephone (317) 341-1852	20. Committee Organization Date (mm/dd/yy) 01/07/26
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Jay R. Puckett					
22. Mailing Address (number and street, city, state, and ZIP code) 638 Jackson Street			23. FAX (Optional) ( )		24. E-mail Address (Optional) jbirdintheburg@icloud.com
25. City Brownsburg	State IN	ZIP Code 46112	26. County Hendricks	27. Telephone (Day) (317) 341-1852	28. Telephone (Evening) (317) 341-1852
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.) Hendricks County Bank and Trust					
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		
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Jay R Puckett			Signature of the Committee Chairperson <i>Jay R. Puckett</i>	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Jay R Puckett					
34. Mailing Address (number and street, city, state, and ZIP code) 638 Jackson Street			35. FAX (Optional) ( )		36. E-mail Address (Optional) jbirdintheburg@icloud.com
37. City Brownsburg	State IN	ZIP Code 46112	38. County Hendricks	39. Telephone (Day) (317) 341-1852	40. Telephone (Evening) (317) 341-1852
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>					
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 <i>2021 JAN - 7 AM 9:50</i>	
<b>SECTION E. CERTIFICATION OF STATEMENT</b>					
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 Jay R Puckett	Signature of Chairperson <i>Jay R. Puckett</i>			Date (mm/dd/yy) 1/7/26	
43. Typed or Printed Name of Candidate Jay R Puckett	Signature of Candidate <i>Jay R. Puckett</i>			Date (mm/dd/yy) 1/7/26	
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  
*Marjorie Puckett*  
2021 JAN - 7 AM 9:50  
FILED  
KOTHEHENDRICKSCOUNTY