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 32-25-005

1. IS THIS AN AMENDMENT? ☐ Yes ☒ No *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)
JACKSON	DAVID	FRANK	DAVE	☒ 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)
1827 ELDERBERRY DR	( )	DAVEJACKSON4623@YAHOO.COM

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
INDIANAPOLIS	IN	46234	HENDRICKS	(317) 414-2868	( ) SAME

11. Party Affiliation	12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☒ Republican ☐ Other ____	WASHINGTON TOWNSHIP BOARD

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.
FRIENDS OF DAVE JACKSON

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)
1827 ELDERBERRY DR	( )	SAME

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
INDIANAPOLIS	IN	46234	HENDRICKS	(317) 414-2868	7/1/25

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)
1827 ELDERBERRY DR	( )	SAME

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
INDIANAPOLIS	IN	46234	HENDRICKS	(317) 414-2868	( ) SAME

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 & 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.) ☐ 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
	DAVID JACKSON	David F. Jackson

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)
1827 ELDERBERRY DR	( )	

37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
INDIANAPOLIS	IN	46234	HENDRICKS	(317) 414-2868	( ) SAME

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
	David F. Jackson

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)
DAVID F. JACKSON	David F. Jackson	6/23/25
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date (mm/dd/yy)**
DAVID F. JACKSON	David F. Jackson	6/23/25

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

FILED
2025 JUN 24 AM 8:53
CLERK OF THE HENDRICKS COUNTY
Margaret Pike