



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. → 32-24-031

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

2. Last Name ACTON	First Name JON	Middle Name DAVID	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) 1632 CAPE HATTERAS TRL			5. FAX (Optional)	6. E-mail Address (Optional)
7. City BROWNSBURG	State IN	ZIP Code 46112	8. County HENDRICKS	9. Telephone (Day) (317) 313-1592
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.) BROWNSBURG SCHOOL BOARD - LINCOLN	

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

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. JON ACTON FOR SCHOOL BOARD				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1632 CAPE HATTERAS TRL - BROWNSBURG, IN 46112			15. FAX (Optional)	16. E-mail Address (Optional) coachacton@yahoo.com
17. City BROWNSBURG	State IN	ZIP Code 46112	18. County HENDRICKS	19. Telephone (317) 313-1592
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. JON DAVID ACTON			20. Committee Organization Date (mm/dd/yy) 5/30/24	
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1632 CAPE HATTERAS TRL			23. FAX (Optional)	24. E-mail Address (Optional) coachacton@yahoo.com
25. City BROWNSBURG	State IN	ZIP Code 46112	26. County HENDRICKS	27. Telephone (Day) (317) 313-1592
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 CO. 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. JAMES PAUL ACTON	Person Appointed Treasurer	Signature of the Committee Chairperson
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. JAMES PAUL ACTON		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 201 S. GREEN ST	35. FAX (Optional)	36. E-mail Address (Optional)
37. City BROWNSBURG	State IN	ZIP Code 46112
38. County HENDRICKS	39. Telephone (Day) (317) 852-5560	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
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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.		
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)

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  
 2024 OCT 18 AM 11:32  
 FILED  
 CLERK OF THE INDIANA COURT  
 Morgan Pike