



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. →*

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

2. Last Name <i>Guest</i>		First Name <i>Elijah</i>		Middle Name <i>Jack</i>		Nickname <i>EC</i>		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) <i>616 Secretariat Cir #</i>						5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City <i>Kokomo</i>		State IN	ZIP Code <i>46901</i>	8. County <i>Howard</i>		9. Telephone (Day) <i>(765) 860-8107</i>		10. Telephone (Evening) <i>(765) 860-8107</i>	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <i>Howard County Council At-Large</i>			

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. <i>Committee To Elect Eli Guest</i>									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.						15. FAX (Optional)		16. E-mail Address (Optional)	
17. City <i>Kokomo</i>		State IN	ZIP Code <i>46901</i>	18. County <i>Howard</i>		19. Telephone <i>(765) 860-8107</i>		20. Committee Organization Date (mm/dd/yy) <i>2/9/24</i>	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. <i>Simon Stine</i>									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.						23. FAX (Optional)		24. E-mail Address (Optional)	
25. City <i>Kokomo</i>		State IN	ZIP Code <i>46901</i>	26. County <i>Howard</i>		27. Telephone (Day) <i>(765) 398-7973</i>		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.)									
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 type="checkbox"/> No				

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee. <i>Robert Stephenson</i>						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. <i>Robert D Stephenson</i>									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.						35. FAX (Optional)		36. E-mail Address (Optional)	
37. City <i>Kokomo</i>		State IN	ZIP Code <i>46901</i>	38. County <i>Howard</i>		39. Telephone (Day) <i>(765) 461-8561</i>		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 <i>Simon Stine</i>		Signature of Chairperson <i>Simon Stine</i>		Date (mm/dd/yy) <i>2-16-24</i>	
43. Typed or Printed Name of Candidate <i>Eli Guest</i>		Signature of Candidate <i>Eli Guest</i>		Date (mm/dd/yy) <i>2-16-24</i>	

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

FEB 16 2024

DEBBIE STEWART
Clerk Howard Cir. Court



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Form with sections: SECTION A. CANDIDATE INFORMATION; SECTION B. COMMITTEE INFORMATION; SECTION C. APPOINTMENT OF TREASURER; SECTION D. ACCEPTANCE OF APPOINTMENT; SECTION E. CERTIFICATION OF STATEMENT. Includes fields for name, address, phone, and signatures.

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