


**REGULAR PARTY COMMITTEE
STATEMENT OF ORGANIZATION**

 State Form 46413 (R6 / 10-17)
 Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-3)

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

 2. Full Name of Committee (Do not abbreviate.) ☐ Check if this is a new name.
 Howard County Republican Party
 3. Acronym or Abbreviated Name (if any)
 4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address.
 P.O. Box 3
 5. E-mail Address (Optional)
 howcogop@gmail.com
 6. City State ZIP Code 7. FAX (Optional) 8. Telephone 9. Committee Organization Date (mm/dd/yy)
 Kokomo IN 46903 () 765 633-3660

 10. Is this committee registered with the Federal Election Commission? ☐ Yes ☐ No

11. Type of Regular Party Committee (Check one)

☐ National ☐ State ☐ Congressional District ☒ County ☐ City ☐ Town

12. Party Affiliation (Check one)

☐ Democratic ☐ Libertarian ☒ Republican ☐ Other

 13. Chairperson's Name ☐ Check if this is a new chairperson.

Jennifer Jack

14. E-mail Address (Optional)

jenniferjack0214@gmail.com

 15. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.

P.O. Box 3, Kokomo, IN 46903

16. Telephone (Day)

765 437-2985

17. Telephone (Evening)

765 437-2985

 18. Treasurer's Name ☐ Check if this is a new treasurer.

Jon Hendricks

19. E-mail Address (Optional)

jhendricks@bmmcpas.com

 20. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.

P.O. Box 3, Kokomo, IN 46903

21. Telephone (Day)

765 438-5050

22. Telephone (Evening)

765 438-5050

 23. Custodian of Records' Name ☒ Check if this is a new custodian.

Jessica Secrease

24. E-mail Address (Optional)

jessica.secrease@gmail.com

 25. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.

P.O. Box 3, Kokomo, IN 46903

26. Telephone (Day)

765 210-2107

27. Telephone (Evening)

765 210-2107

28. 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.)

Community First Bank of Indiana

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

29. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.

Jon Hendricks

Signature of the Committee Chairperson

SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

30. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

31. Typed or Printed Name of Treasurer

Jon Hendricks

Signature of Treasurer

Date (mm/dd/yy)

3/11/21

FOR OFFICE USE ONLY

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

32. Typed or Printed Name of Chairperson

Jennifer Jack

Signature of Chairperson

Date (mm/dd/yy)

3/15/21

Warning: Any information contained in this statement may not be copied, for sale or used for any commercial purpose. (IC 3-9-4-3) State law requires that any change in this information must 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 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).