



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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 checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name Buckley		First Name Jordan		Middle Name Joseph		Nickname N/A		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) 824 N. 950 E. Greentown, IN 46936					5. FAX (Optional) ()		6. E-mail Address (Optional) buckleyforsheriff@gmail.com		
7. City Greentown		State IN	ZIP Code 46936	8. County Howard		9. Telephone (Day) (765) 432-1366		10. Telephone (Evening) (765) 432-1366	
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.) Howard County Sheriff				
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. Committee to Elect Buckley for Sheriff									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 824 N. 950 E. Greentown, IN 46936					15. FAX (Optional) ()		16. E-mail Address (Optional) buckleyforsheriff@gmail.com		
17. City Greentown		State IN	ZIP Code 46936	18. County Howard		19. Telephone (765) 432-1366		20. Committee Organization Date (mm/dd/yy) 03/24/25	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Jerry L. Asher									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5677 Davis Rd. Kokomo, IN 46901					23. FAX (Optional) ()		24. E-mail Address (Optional)		
25. City Kokomo		State IN	ZIP Code 46901	26. County Howard		27. Telephone (Day) (765) 863-7453		28. Telephone (Evening) (765) 863-7453	
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.) Community First									
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.					Person Appointed Treasurer Ronald J. Metz				
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Ronald J. Metz					Signature of the Committee Chairperson 				
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 724 Nutmeg Ln. Kokomo, IN 46901					35. FAX (Optional) ()		36. E-mail Address (Optional)		
37. City Kokomo		State IN	ZIP Code 46901	38. County Howard		39. Telephone (Day) (765) 432-1563		40. Telephone (Evening) (765) 432-1563	
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 				
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 Jerry L. Asher		Signature of Chairperson 				Date (mm/dd/yy) 03/22/25			
43. Typed or Printed Name of Candidate Jordan J. Buckley		Signature of Candidate 				Date (mm/dd/yy) 03/22/25			
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

MAR 24 2025

DEBBIE STEWART
Clerk Howard Cir. Court