



**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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. → 32-26.001									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name HIBBARD		First Name JONATHAN		Middle Name GILBERT		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) 8025 NORTH POINT DR						5. FAX (Optional)		6. E-mail Address (Optional)	
7. City BROWNSBURG		State IN	ZIP Code 46112	8. County HENDRICKS		9. Telephone (Day) 317 526-3722		10. Telephone (Evening) 317 526-3722	
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.) BROWN TOWNSHIP BOARD MEMBER					
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 HIBBARD FOR BROWN TOWNSHIP BOARD									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 8025 NORTH POINT DR						15. FAX (Optional)		16. E-mail Address (Optional)	
17. City BROWNSBURG		State IN	ZIP Code 46112	18. County HENDRICKS		19. Telephone 317 526-3722		20. Committee Organization Date (mm/dd/yy) 01/07/2026	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. JONATHAN GILBERT HIBBARD									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 8025 NORTH POINT DR						23. FAX (Optional)		24. E-mail Address (Optional)	
25. City BROWNSBURG		State IN	ZIP Code 46112	26. County HENDRICKS		27. Telephone (Day) 317 526-3722		28. Telephone (Evening) 317 526-3722	
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.) PNC BANK									
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 Chris Hilton		Signature of the Committee Chairperson <i>[Signature]</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Hilton, Christopher Thomas									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 6843 Black Cherry Terrace						35. FAX (Optional)		36. E-mail Address (Optional)	
37. City Brownsburg		State IN	ZIP Code 46112	38. County Hendricks		39. Telephone (Day) 317 900-0057		40. Telephone (Evening) 317 900-0057	
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 Chris Hilton			
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 JONATHAN HIBBARD		Signature of Chairperson <i>[Signature]</i>				Date (mm/dd/yy) 01/20/26			
43. Typed or Printed Name of Candidate JONATHAN HIBBARD		Signature of Candidate <i>[Signature]</i>				Date (mm/dd/yy) 01/20/26			
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).									

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FILED
2026 JAN 20 AM 10:45
Majors Pike
CLERK OF THE INDIANA COURT