



**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. → 32-26-009					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name THOMPSON	First Name JAY	Middle Name 	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) 7722 QUAIL CREEK TRACE PITTSBORO IN 46167			5. FAX (Optional) ()	6. E-mail Address (Optional) 	
7. City PITTSBORO	State IN	ZIP Code 46167	8. County HENDRICKS	9. Telephone (Day) 317,540.0700	10. Telephone (Evening) 317,540.0700
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.) PITTSBORO TOWN COUNCIL		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. THOMPSON FOR TOWN COUNCIL					
14. Mailing Address (number and street, city, state, and ZIP code) 7722 QUAIL CREEK TRACE			<input type="checkbox"/> Check if this is a new address. ()	15. FAX (Optional) ()	16. E-mail Address (Optional)
17. City PITTSBORO	State IN	ZIP Code 46167	18. County HENDRICKS	19. Telephone (317) 540-0700	20. Committee Organization Date (mm/dd/yy) 01.20.26
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. JAY THOMPSON					
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 	State 	ZIP Code 	26. County 	27. Telephone (Day) ()	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.) STATE 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 Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee.			Signature of the Committee Chairperson 		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. 					
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 	State 	ZIP Code 	38. County 	39. Telephone (Day) ()	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 		
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 JAY THOMPSON	Signature of Candidate 		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).					
FOR OFFICE USE ONLY 2026 JAN 20 AM 10:54 Marjorie Rice CLERK OF THE HENDRICKS COUNTY FILED					