



**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 DeLon		First Name Joni		Middle Name A	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) 212 Orchard Ln				5. FAX (Optional) ( )		6. E-mail Address (Optional) jadelon24@gmail.com	
7. City Kokomo	State IN	ZIP Code 46901	8. County IN	9. Telephone (Day) (765) 4342893		10. Telephone (Evening) (765) 4342893	
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.) City Council district 2			

**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. Joni DeLon Committee							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 212 Orchard Ln				15. FAX (Optional) ( )		16. E-mail Address (Optional) jadelon24@gmail.com	
17. City Kokomo	State IN	ZIP Code 46901	18. County Howard	19. Telephone (765) 434-2893		20. Committee Organization Date (mm/dd/yy) 03-10-23	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Joni DeLon							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 212 Orchard Ln				23. FAX (Optional) ( )		24. E-mail Address (Optional) jadelon24@gmail.com	
25. City Kokomo	State IN	ZIP Code 46901	26. County Howard	27. Telephone (Day) (765) 434-2893		28. Telephone (Evening) (765) 434-2893	
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.) Key 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 Steve DeLon	Signature of the Committee Chairperson
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Steve DeLon			
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 212 Orchard Ln		35. FAX (Optional) ( )	
36. E-mail Address (Optional) steve.delon@gmail.com			
37. City Kokomo	State IN	ZIP Code 46901	38. County Howard
39. Telephone (Day) (765) 438-3539		40. Telephone (Evening) (765) 438-3539	

**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.			<b>FOR OFFICE USE ONLY</b> <b>FILED</b> JAN 25 2023 DEBBIE STEWART Clerk Howard Cir. Court
42. Typed or Printed Name of Chairperson Steve DeLon	Signature of Chairperson <i>Steve DeLon</i>	Date (mm/dd/yy) 01-26-23	
43. Typed or Printed Name of Candidate Joni DeLon	Signature of Candidate <i>Joni DeLon</i>	Date (mm/dd/yy) 01-26-23	
<b>Warning:</b> 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).			





# DECLARATION OF CANDIDACY FOR MUNICIPAL PRIMARY NOMINATION IN 2023

(CAN-42)

State Form 48870 (R6 / 8-22)

Indiana Election Division (IC 3-8-2-4, IC 3-8-2-7)

**INSTRUCTIONS:** This form is used by an individual who is seeking the Democratic or Republican party nomination to an elected office in a municipal primary election. A declaration of candidacy must be filed not earlier than January 4, 2023 and not later than **NOON, February 3, 2023**. Please print or type all information on this form except all signatures. **SEE IMPORTANT INFORMATION ON BACK OF FORM.** All candidates seeking a primary nomination for a LOCAL office (other than city or town judge) must also file the CAN-12 form WITH this form. A candidate for city and town judge must attach to this form a receipt showing the statement of economic interest form prescribed by the Commission on Judicial Qualifications was filed.

STATE OF INDIANA )  
COUNTY OF Howard )

## GENERAL INFORMATION

I, Joni Ann DeLon, the undersigned, certify the following:  
*First Name of Candidate Middle Name of Candidate Last Name of Candidate*

(1) I am a registered voter of Precinct 207 of the Township of Center  
(or of Ward, if applicable, \_\_\_\_\_ of the City or Town of Kokomo), County of Howard  
State of Indiana.

(2) I request that my name be placed on the official primary ballot of the (check one)  Democratic Party or  Republican Party with which I am affiliated to be voted on at the primary election to be held on May 2, 2023, for the office of  
City Council, District 2 (if any).  
*Name of Office*

(3) I am claiming affiliation with the Democratic or Republican Party. I understand that my party affiliation is determined by which party I voted for in the last two primary elections in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because: (check one)  
 The two most recent primary elections in Indiana in which I voted were the primaries held by the party with which I claim affiliation above.  
 The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)

(4) (This paragraph does not apply to a candidate for federal office.) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office including any applicable residency requirement. I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

## RESIDENCY INFORMATION

(5) My complete residence address is:  
212 Orchard Ln Kokomo, IN 46901  
*Complete residence address must be included City ZIP Code*

(6) My mailing address is:  
*Write address if mailing address is different from residence address; write "SAME" if both addresses are identical*  
212 Orchard Ln Kokomo 46901, IN IN  
*Mailing address City ZIP Code*

## CANDIDATE NAME INFORMATION

I request that my name appear on the primary election ballot in the following manner:

Joni DeLon

(Include any Nickname and/or Suffix, such as Jr., Sr., II, III, IV)

I also request that my name on my voter registration record be the same as the name on this declaration of candidacy. (IC 3-8-2-7(c))

The candidate's name must comply with the requirements in Indiana Code 3-5-7. If a candidate's name does not comply with this state law, the declaration may be challenged under Indiana Code 3-8-1-2. A candidate may use a nickname on the ballot only if the nickname is a name by which the candidate is commonly known and does not exceed 20 characters. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE: John R. (Jack) Doe

↓ PLEASE COMPLETE REVERSE OF FORM ↓



**CANDIDATE CERTIFICATION**

- (7) By initialing, I acknowledge that I have attached a copy of the applicable statement of economic interest statement, file stamped by the office required to receive the statement, or a receipt or photocopy of a receipt showing that this statement of economic interest has been filed. *(initial here)* JD
- (8) By initialing, I acknowledge that I might be required to file a surety bond before serving in office. *(initial here)* JD
- (9) By initialing, I acknowledge that I might be required to complete training or have attained certification related to service in office. *(initial here)* JD
- (10) By initialing, I acknowledge that I am aware of the provisions of the Indiana Campaign Finance Act (IC 3-9) regarding campaign JD finance and the reporting of campaign finance contributions and expenditures and I agree to comply with IC 3-9. *(initial here)* JD
- (11) I have been a candidate for state, state legislative, or local office in a previous primary, municipal, special, or general election: *(check one)*  Yes  No *If the answer to this question is no, skip paragraph 12 and proceed to paragraph 13.*
- (12) I have filed all reports required by IC 3-9-5-10 for all previous candidacies: *(check one)*  Yes  No
- (13) *(This paragraph only applies to a candidate for a local office, including judicial offices and prosecuting attorney, if the local office receives compensation of at least \$5,000 per year, or to a local office if the local office receives compensation of less than \$5,000 but the candidate raises or spends more than \$500.)* I have filed a campaign finance statement of organization for my principal candidate's committee with the appropriate county election board **OR** I am aware that I may be required to file the campaign finance statement of organization not later than noon, seven (7) days after the final date to file this declaration of candidacy. *(initial here)* \_\_\_\_\_

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Signature: Joni A. Delon Date Signed (MM/DD/YYYY): 1/26/2023 Telephone (Day): (765) 434-2893 Telephone (Evening): (765) 434-2893

**OPTIONAL INFORMATION:**

Candidate's email: jadelon24@gmail.com Campaign website: \_\_\_\_\_

**FILED**

STATE OF INDIANA )  
 COUNTY OF HOWARD )  
 Subscribed and sworn to before me this 26 day of January, 2023.

Debbie Stewart  
 Notary Public or Other Official Administering Oath according to IC 33-42-9-7

My Commission expires (applies only to Notary Public): 12-31-26 County of Residence: HOWARD

JAN 25 2023

DEBBIE STEWART  
Clerk Howard Cir. Court

**CAMPAIGN FINANCE NOTICE**

A candidate's committee must file a pre-primary campaign finance report no later than **NOON, Friday, April 14, 2023**, with the appropriate county election board.

The candidate's committee must also file a pre-primary supplemental report no later than forty-eight (48) hours after the committee receives contributions from a person that totals \$1,000 or more during the period beginning **April 8, 2023 and ending April 30, 2023**, with the appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

A candidate's committee must file a pre-municipal election campaign finance report no later than **NOON, Friday, October 20, 2023**, with the appropriate county election board.

The candidate's committee must also file a pre-municipal election supplemental report no later than forty-eight (48) hours after the committee receives contributions from a person that total \$1,000 or more during the period beginning **October 14, 2023 and ending November 5, 2023**, with the appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

A person who fails to file a report with a county election board is subject to a civil penalty of \$50 for each day the report is late, with the afternoon of the final date for filing the report being calculated as the first day, for a maximum penalty of not more than \$1,000, plus any investigative costs incurred and documented by the county election board.



**STATEMENT OF ECONOMIC INTERESTS  
FOR LOCAL AND SCHOOL BOARD OFFICES**

**(CAN-12)**

State Form 55128 (R / 8-19)  
Indiana Election Division (IC 3-8-9)

**INSTRUCTIONS:** This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office. **NOTE:** A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with the office described in IC 3-8-2-6.

STATE OF INDIANA  
COUNTY OF Howard

**INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:**

2022

**NOTE: Insert "Not Applicable" where appropriate.**

I, Joni A. DeLon the undersigned, certify the following:  
Name of Candidate or Person Filling Vacant Office

- (1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is  
City Council district 2 (Include district, if applicable.)
- (2) The name of my spouse was Steven K DeLon
- (3) The name of my employer and the nature of its business was  
JA DeLon Marketing- 1099 Contracted w/ Anew Care Hospice & Standards Boutique - Public Relations
- (4) The name of the employer of my spouse and the nature of its business was  
LeaderOne Financial- Mortgage Banker
- (5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was  
\_\_\_\_\_
- (6) If I operated a professional practice, the name of the professional practice and the nature of its business was  
\_\_\_\_\_
- (7) If I was a member of a partnership, the name of the partnership and the nature of its business was  
\_\_\_\_\_
- (8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was  
\_\_\_\_\_
- (9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was  
\_\_\_\_\_
- (10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was  
\_\_\_\_\_
- (11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was  
\_\_\_\_\_
- (12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was  
\_\_\_\_\_

**COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.**



I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the 26<sup>th</sup> day of January, 2023

Joni A. Delon  
Signature

Joni A. Delon  
Printed Name

STATE OF INDIANA )  
COUNTY OF HOWARD )

Subscribed and affirmed to before me this 25 day of January, 2023

Debbie Stewart  
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-31-26

County of Residence: HOWARD

**FILED**

JAN 25 2023

DEBBIE STEWART  
Clerk Howard Cir. Court

