



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2016

(CAN-34)

State Form 47008 (R16 / 9-15)
Indiana Election Division (IC 3-8-2.5; 3-6-12)

COUNTY: Howard

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than July 27, 2016 and not later than noon, August 26, 2016. Petitioners are not required to provide precinct and ward information. Except in cases of disability, the petitioner must complete the information in the petitioner's own handwriting. If assistance is provided due to disability, the assister must complete the affidavit on the reverse of this form. The county voter registration office will complete this information and determine if the voter is registered after the petition is filed. Each candidate must complete the Candidate's Consent on the reverse of this form and file a Statement of Economic Interests (CAN-12 form). In a metropolitan school corporation, this petition must be signed by ten (10) registered voters residing in the same board member district as the nominee. (IC 20-23-7-8) In a community school corporation, this petition must be signed by ten (10) registered voters residing within the boundaries of the school corporation. (IC 20-23-4-29.1) Additional petition requirements apply in some school corporations. Consult your attorney to be advised of your rights and responsibilities.

TO THE Howard COUNTY CIRCUIT COURT CLERK (OR THE LAKE OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION):
Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board office to be held on **November 8, 2016**.

Candidate Name (See Consent on reverse of form for candidate name requirements.)	Complete Candidate Address (If different from residence, include mailing address.)	Office Sought (Include election district name or number.)
1 <u>Marsha Bowling</u>	<u>1101 East Mulberry Street</u>	<u>Kokomo School Board Dist. 2</u>
2		
3		
4		

	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)			CITY or TOWN & ZIP CODE	Precinct/ Ward	Voter Registered
		First	Last		Number	Street	Apartment			
1	<u>Don M. Bowling</u>	<u>DON M.</u>	<u>BOWLING</u>	<u>8/4/39</u>	<u>1101 E.</u>	<u>MULBERRY ST.</u>	<u>KOKOMO 46901</u>	<u>303</u>	<u>✓</u>	
2	<u>Cherese Lawson</u>	<u>Cherese</u>	<u>LAWSON</u>	<u>4/9/61</u>	<u>2541 W.</u>	<u>Curtis</u>	<u>Kokomo 46901</u>	<u>603</u>	<u>✓</u>	
3	<u>Donna Ewing</u>	<u>Donna</u>	<u>EWING</u>	<u>9/12/61</u>	<u>975 Gulf Shore Blvd</u>	<u>Kokomo 46902</u>	<u>2502</u>	<u>✓</u>		
4	<u>Heather Almaser</u>	<u>Heather</u>	<u>ALMASER</u>	<u>11/28/83</u>	<u>1230 S</u>	<u>Waugh</u>	<u>Kokomo 46902</u>	<u>402</u>	<u>✓</u>	
5	<u>Joe H. Dunbar</u>	<u>Joe H.</u>	<u>DUNBAR</u>	<u>8/12/44</u>	<u>1817</u>	<u>Stoneview</u>	<u>Kokomo 46902</u>	<u>605</u>	<u>✓</u>	
6	<u>Michael A. Sault</u>	<u>Michael A.</u>	<u>SAULT</u>	<u>5-1-48</u>	<u>2201</u>	<u>Ridgewood Dr.</u>	<u>Kokomo 46901</u>	<u>207</u>	<u>✓</u>	
7	<u>Nicolas Mundy</u>	<u>Nicolas</u>	<u>MUNDOY</u>	<u>4-21-1977</u>	<u>1941 W.</u>	<u>Madison St</u>	<u>Kokomo 46901</u>	<u>109</u>	<u>✓</u>	
8	<u>Lindsey Ziliak</u>	<u>Lindsey</u>	<u>ZILIAK</u>	<u>11-4-1987</u>	<u>1901 S.</u>	<u>Park Rd. Apt J10</u>	<u>Kokomo, 46902</u>	<u>605</u>	<u>✓</u>	
9	<u>Ann Millikan</u>	<u>Ann</u>	<u>MILLIKAN</u>	<u>12-4-1937</u>	<u>1515</u>	<u>Country Club Dr</u>	<u>Kokomo 46902</u>	<u>406</u>	<u>✓</u>	
10	<u>Mike Susuki</u>	<u>Mike</u>	<u>SUSUKI</u>	<u>10/17/72</u>	<u>3112</u>	<u>Springfield</u>	<u>Kokomo, 46902</u>	<u>3TAY3</u>	<u>✓</u>	

Petition Carrier Certification

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

Marsha Bowling
CARRIER'S SIGNATURE
Marsha Bowling
CARRIER'S PRINTED NAME

05/14/1941
CARRIER'S DATE OF BIRTH

Aug 2, 2016
DATE SIGNED BY CARRIER

1101 E. Mulberry St.
CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE

CONSENT OF CANDIDATE NOMINATED BY PETITION

I, the undersigned, am a candidate for the office of school board member of Marsha Bowling Kokomo School Board District 2.
Insert name of school corporation, including any election district designation.

I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 8, 2016 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change. (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. EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.)

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. Yes No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. Yes No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs:

(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

I agree to comply with the provisions of IC 3-9.

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 <u>Marsha Bowling</u>	Date signed (MM/DD/YY) <u>Aug 2, 2016</u>	Telephone <u>(765) 459-5993</u>
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STATE OF Indiana
 COUNTY OF Howard

Subscribed and sworn to before me this 2nd day of August, 2016.

Jim Wilson
 Notary Public or Other Official Administering Oath according to IC 33-42-4-1 MLS



My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: _____, 20____
DATE ASSISTANCE PROVIDED

ASSISTER'S SIGNATURE _____ ASSISTER'S PRINTED NAME _____ ASSISTER'S ADDRESS _____

NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.

County Voter Registration Office Certification

County Name:	<u>HOWARD</u>	Number of Valid Signatures:	<u>9</u>	County Name:	<u>HOWARD</u>	Number of Valid Signatures:	<u>9</u>
I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.				COUNTY SEAL HERE			
Witness my/our hand and seal this <u>2nd</u> day of <u>AUG</u> , 2016, at <u>KOKOMO</u> , Indiana.							
Signature 1 <u>Jim Wilson</u>	<input checked="" type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration			Signature 2 (if a Member of Board of Registration) <u>[Signature]</u>			



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2016

(CAN-34)

State Form 47008 (R16 / 9-15)
Indiana Election Division (IC 3-8-2.5; 3-6-12)

COUNTY: Howard

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than July 27, 2016 and not later than noon, August 26, 2016.

TO THE Howard COUNTY CIRCUIT COURT CLERK (OR THE LAKE OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION): Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board office to be held on November 8, 2016.

Table with 3 columns: Candidate Name, Complete Candidate Address, Office Sought. Row 1: Marsha Bowling, 1101 E. Mulberry St. Kokomo, IN 46901, Kokomo School Board Dist. 2.

Table with 10 rows and 10 columns: SIGNATURE, PRINTED NAME (First, Last), DATE OF BIRTH, RESIDENCE ADDRESS (No P.O. Boxes), CITY or TOWN & ZIP CODE, Precinct / Ward, Voter Registered. Includes entries for Cristi Bremer Allen, Crystal Sanbunn, Martha Jane Isaac, Irene Waters, Brandy Cook, Cynthia Evans, etc.

Petition Carrier Certification

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

Carrier information for Marsha Bowling: Signature, Printed Name, Date of Birth (05/14/1941), Date Signed (Aug. 2, 2016), Full Address (1101 E. Mulberry St.).

CONSENT OF CANDIDATE NOMINATED BY PETITION

I, the undersigned, am a candidate for the office of school board member of Marsha Bowling Kokomo School Board District 2
Insert name of school corporation, including any election district designation.

I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 8, 2016 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change. (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. EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.)

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. Yes No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. Yes No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs:

(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

I agree to comply with the provisions of IC 3-9.

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 <u>Marsha Bowling</u>	Date signed (MM/DD/YY) <u>Aug. 2, 2016</u>	Telephone <u>(765) 459-5993</u>
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STATE OF Indiana
 COUNTY OF Howard

Subscribed and sworn to before me this 2nd day of August, 2016.

Tom Wilson
 Notary Public or Other Official Administering Oath according to IC 33-42-4-1 MLS



My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: _____ DATE ASSISTANCE PROVIDED _____, 20____

ASSISTER'S SIGNATURE _____ ASSISTER'S PRINTED NAME _____ ASSISTER'S ADDRESS _____

NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.

County Voter Registration Office Certification

County Name:	<u>HOWARD</u>	Number of Valid Signatures:	<u>5</u>	County Name:	<u>HOWARD</u>	Number of Valid Signatures:	<u>5</u>
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I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.

Witness my/our hand and seal this 2nd day of Aug, 2016,
 at Kokomo, Indiana.

COUNTY SEAL HERE

Signature 1 <u>Tom Wilson</u>	<input checked="" type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration	Signature 2 (if a Member of Board of Registration) <u>Christa Ballantyne</u>
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**STATEMENT OF ECONOMIC INTERESTS
FOR LOCAL AND SCHOOL BOARD OFFICES**

(CAN-12)

State Form 55128 (11-12)
Indiana Election Commission (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) petition of nomination as a school board candidate; (3) petition of nomination as a minor party or independent candidate; (4) declaration of intent to be a write-in candidate; or (5) 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.

STATE OF INDIANA

COUNTY OF Howard

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

20 10

NOTE: Insert "Not Applicable" where appropriate.

I, Marsha Bowling 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
Kokomo School Board District 2. (Include district, if applicable.)

(2) The name of my spouse is Don M. Bowling

(3) The name of my employer and the nature of its business is
N/A

(4) The name of the employer of my spouse and the nature of its business is
N/A

(5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is
N/A

(6) If I operate a professional practice, the name of the professional practice and the nature of its business is
N/A

(7) If I am a member of a partnership, the name of the partnership and the nature of its business is
N/A

(8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is
N/A

(9) If I am a member of a limited liability company, the name of the limited liability company and the nature of its business is
N/A

(10) If my spouse is a member of a limited liability company, the name of the limited liability company and the nature of its business is
N/A

(11) If I am an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
N/A

(12) If my spouse is an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
N/A

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 2nd day of August, 2016.

Kim Wilson
Signature MLS

Kim Wilson
Printed Name

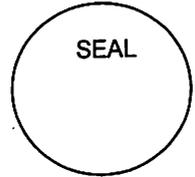
STATE OF Indiana
COUNTY OF Howard

Subscribed and affirmed to before me this 2nd day of August, 2016.

Kim Wilson
Notary Public or Other Official Administering Oath MLS

My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard





PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2016

(CAN-34)

State Form 47008 (R16 / 9-15)
Indiana Election Division (IC 3-8-2.5; 3-6-12)

COUNTY: Howard

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than July 27, 2016 and not later than noon, August 26, 2016.

TO THE COUNTY CIRCUIT COURT CLERK (OR THE LAKE OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION): Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board office to be held on November 8, 2016.

Table with 3 columns: Candidate Name, Complete Candidate Address, Office Sought. Row 1: Cristh Brewer-Allen, 1135 S. Bell St. Kokomo, In 46902, District 4 Kokomo School Board.

Table with 7 columns: SIGNATURE, PRINTED NAME, DATE OF BIRTH, RESIDENCE ADDRESS, CITY or TOWN & ZIP CODE, Precinct / Ward, Voter Registered. Contains 10 rows of candidate information.

Petition Carrier Certification

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

Cristh E. Brewer-Allen, Cristh Brewer-Allen, 8-15-1972, 8-1, 2016

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE

CONSENT OF CANDIDATE NOMINATED BY PETITION

I, the undersigned, am a candidate for the office of school board member of _____
Insert name of school corporation, including any election district designation.

I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 8, 2016 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change. (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. EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.)

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. Yes No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. Yes No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign financial statement of organization with the appropriate county election board after the first of the following occurs:

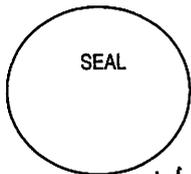
(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

I agree to comply with the provisions of IC 3-9.

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

Signature <i>Crist E. Brewer-Allen</i>	Date signed (MM/DD/YY) 8-15-1972	Telephone (765) 480.7380
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STATE OF Indiana
 COUNTY OF Howard
 Subscribed and sworn to before me this 1st day of August, 2016.
Kim Wilson mm
 Notary Public or Other Official Administering Oath according to IC 33-42-4-1



My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard

FILED
 AUG 01 2016
 KIM WILSON
 Clerk Howard Cir. Court

FILED
 AUG 01 2016
 KIM WILSON
 Clerk Howard Superior Court
 DIVISION III

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: _____, 20____
 DATE ASSISTANCE PROVIDED

ASSISTER'S SIGNATURE _____ ASSISTER'S PRINTED NAME _____ ASSISTER'S ADDRESS _____

NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.

County Voter Registration Office Certification

County Name:	HOWARD	Number of Valid Signatures:	10	County Name:	Number of Valid Signatures:
I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.				COUNTY SEAL HERE	
Witness my/our hand and seal this <u>1st</u> day of <u>AUG.</u> , 2016, at <u>Kokomo</u> , Indiana.					
Signature 1	<input type="checkbox"/> Clerk of the Circuit Court or <input checked="" type="checkbox"/> Member of the Board of Registration			Signature 2 (If a Member of Board of Registration)	
<i>Jusan Kennedy</i>				<i>Christy Ballen</i>	



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2016

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(CAN-34)

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Table with 3 columns: Candidate Name, Complete Candidate Address, Office Sought. Row 1: Cristi Brewer-Allen, 1135 S Bell St., Kokomo, IN 46902, District 4 Kokomo School Board.

Table with 7 columns: SIGNATURE, PRINTED NAME (First, Last), DATE OF BIRTH, RESIDENCE ADDRESS (No P.O. Boxes), CITY or TOWN & ZIP CODE, Precinct / Ward, Voter Registered. Rows 1-3 contain signatures and names of Stephanie McClelland, Marsha Bowling, and Lawanda Young.

Petition Carrier Certification

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

Cristi Brewer-Allen, CARRIER'S PRINTED NAME, 8-15-1972, CARRIER'S DATE OF BIRTH, Aug 1, 2016, DATE SIGNED BY CARRIER.

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE

CONSENT OF CANDIDATE NOMINATED BY PETITION

I, the undersigned, am a candidate for the office of school board member of _____
Insert name of school corporation, including any election district designation.

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(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

I agree to comply with the provisions of IC 3-9.

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

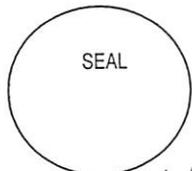
Signature: <u>Cristi E. Brewster-Allen</u>	Date signed (MM/DD/YY): <u>8-15-1972</u>	Telephone: <u>(765) 480.7386</u>
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FILED
 AUG 01 2016
 KIM WILSON
 Clerk Howard Circuit Court

STATE OF Indiana
 COUNTY OF Howard

Subscribed and sworn to before me this 1st day of August, 2016.

Kim Wilson MM
 Notary Public or Other Official Administering Oath according to IC 33-42-4-1



FILED
 AUG 01 2016
 KIM WILSON
 Clerk Howard Superior Court
 DIVISION III

My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: _____ DATE ASSISTANCE PROVIDED _____, 20____

ASSISTER'S SIGNATURE _____ ASSISTER'S PRINTED NAME _____ ASSISTER'S ADDRESS _____

NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.

County Voter Registration Office Certification

County Name:	<u>Howard</u>	Number of Valid Signatures:	<u>3</u>	County Name:	<u>Howard</u>	Number of Valid Signatures:	<u>3</u>
I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.				COUNTY SEAL HERE			
Witness my/our hand and seal this <u>1</u> day of <u>Aug</u> , 2016, at <u>Kokomo</u> , Indiana.							
Signature 1:	<u>Cristi E. Brewster-Allen</u>			Signature 2 (if a Member of Board of Registration):	<u>Susan Kennedy</u>		

Clerk of the Circuit Court or
 Member of the Board of Registration



STATEMENT OF ECONOMIC INTERESTS
FOR LOCAL AND SCHOOL BOARD OFFICES

(CAN-12)

State Form 55128 (11-12)
Indiana Election Commission (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) petition of nomination as a school board candidate; (3) petition of nomination as a minor party or independent candidate; (4) declaration of intent to be a write-in candidate; or (5) 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.

STATE OF INDIANA

COUNTY OF Howard

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:
2016

NOTE: Insert "Not Applicable" where appropriate.

I, Cristi Brewer-Allen 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
Kokomo School Board District 4. (Include district, if applicable.)

(2) The name of my spouse is Ø

(3) The name of my employer and the nature of its business is
Self-employed - Healthcare

(4) The name of the employer of my spouse and the nature of its business is
Ø

(5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is
Ø

(6) If I operate a professional practice, the name of the professional practice and the nature of its business is
Healthcare

(7) If I am a member of a partnership, the name of the partnership and the nature of its business is
Ø

(8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is
Ø

(9) If I am a member of a limited liability company, the name of the limited liability company and the nature of its business is
Ø

(10) If my spouse is a member of a limited liability company, the name of the limited liability company and the nature of its business is
Ø

(11) If I am an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
Ø

(12) If my spouse is an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
Ø

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 1 day of August, 2016

Cristi E. Brewer-Allen

Signature

Cristi Brewer-Allen

Printed Name

STATE OF Indiana)

COUNTY OF Howard)

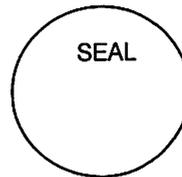
Subscribed and affirmed to before me this 1st day of August, 2016

Kim Wilson mm

Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard



FILED

AUG 01 2016

KIM WILSON

Jerk Howard Cir. Court



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2016

(CAN-34)

State Form 47008 (R16 / 9-15)
Indiana Election Division (IC 3-8-2.5; 3-6-12)

COUNTY: _____

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than July 27, 2016 and not later than noon, August 26, 2016.

TO THE _____ COUNTY CIRCUIT COURT CLERK (OR THE LAKE OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION): Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board office to be held on November 8, 2016.

Table with 3 columns: Candidate Name, Complete Candidate Address, Office Sought. Row 1: Stephanie McClelland, 315 Ruddell Dr., Kokomo, IN 46901, Kokomo School Board - District 1.

Table with 9 columns: SIGNATURE, PRINTED NAME (First, Last), DATE OF BIRTH, RESIDENCE ADDRESS (No P.O. Boxes, Number, Street, Apartment), CITY or TOWN & ZIP CODE, Precinct / Ward, Voter Registered. Rows 1-10 listing candidates like Joe H. Dunbar, Michael A. Gault, Nicole Mundy, Ann Millikan, Lindsey Ziliak, Mike Susor, Crystal Sanburn, Lor. Magnuson, Justin Hahn, Jeff Hauswald.

Petition Carrier Certification
I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

CARRIER'S SIGNATURE: [Signature]
CARRIER'S PRINTED NAME: Stephanie J. McClelland
CARRIER'S DATE OF BIRTH: May 21, 1981
DATE SIGNED BY CARRIER: August 2, 2016
CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE: 315 Ruddell Dr., Kokomo, IN 46901

FILED

AUG 02 2016

KIM WILSON
Jerk Howard Cir. Court

CONSENT OF CANDIDATE NOMINATED BY PETITION

I, the undersigned, am a candidate for the office of school board member of Kokomo School Corporation - District 1
Insert name of school corporation, including any election district designation.

I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 8, 2016 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change. (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. EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.)

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election: Yes No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies: Yes No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs:

(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

I agree to comply with the provisions of IC 3-9.

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 <u><i>Stephen McClure</i></u>	Date signed (MM/DD/YY) <u>08/02/16</u>	Telephone (<u>765</u>) <u>432-2444</u>
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STATE OF Indiana
 COUNTY OF Howard

Subscribed and sworn to before me this 2 day of August, 2016.

Kim Wilson
 Notary Public or Other Official Administering Oath according to IC 33-42-4-1



My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: _____ DATE ASSISTANCE PROVIDED _____, 20____

ASSISTER'S SIGNATURE _____ ASSISTER'S PRINTED NAME _____ ASSISTER'S ADDRESS _____

NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.

County Voter Registration Office Certification

County Name: <u>Howard</u>	Number of Valid Signatures: <u>7</u>	County Name: <u>Howard</u>	Number of Valid Signatures: <u>7</u>
I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.		COUNTY SEAL HERE	
Witness my/our hand and seal this <u>2nd</u> day of <u>Aug</u> , 2016, at <u>Kokomo</u> , Indiana.			
Signature <u><i>Cathy Schaller</i></u>	<input type="checkbox"/> Clerk of the Circuit Court or <input checked="" type="checkbox"/> Member of the Board of Registration	Signature 2 (if a Member of Board of Registration) <u><i>Susan Kennedy</i></u>	



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2016

(CAN-34)

State Form 47008 (R16 / 9-15)
Indiana Election Division (IC 3-8-2.5; 3-6-12)

COUNTY: _____

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than July 27, 2016 and not later than noon, August 26, 2016.

TO THE _____ COUNTY CIRCUIT COURT CLERK (OR THE LAKE OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION):
Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board office to be held on November 8, 2016.

Table with 3 columns: Candidate Name, Complete Candidate Address, Office Sought. Row 1: Stephanie McClelland, 315 Ruddell Dr. Kokomo, IN 46901, Kokomo School Board - District 1.

Table with 7 columns: SIGNATURE, PRINTED NAME (First, Last), DATE OF BIRTH, RESIDENCE ADDRESS (No P.O. Boxes), CITY or TOWN & ZIP CODE, Precinct / Ward, Voter Registered. Rows 1-8 contain candidate information.

Petition Carrier Certification

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

Carrier's Signature: Stephanie J. McClelland, Carrier's Printed Name: Stephanie J. McClelland, Carrier's Date of Birth: May 21, 1981

Date Signed by Carrier: August 2, 2016, FILED

Carrier's Full Address, Including Zip Code: 315 Ruddell Dr. Kokomo, IN 46901

AUG 02 2016

KIM WILSON
Clerk Howard Cir. Court

CONSENT OF CANDIDATE NOMINATED BY PETITION

I, the undersigned, am a candidate for the office of school board member of Kokomo School Corporation - District 1
Insert name of school corporation, including any election district designation.

I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 8, 2016 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change. (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. EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.)

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. Yes No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. Yes No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs:

(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

I agree to comply with the provisions of IC 3-9.

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 <u><i>Stephan McCall</i></u>	Date signed (MM/DD/YY) <u>08/02/16</u>	Telephone <u>(765) 436-2441</u>
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STATE OF Indiana
 COUNTY OF HOWARD

Subscribed and sworn to before me this 2 day of August, 2016.

Kim Wilson

Notary Public or Other Official Administering Oath according to IC 33-42-4-1



My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: HOWARD

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: _____, 20____
 DATE ASSISTANCE PROVIDED

ASSISTER'S SIGNATURE _____ ASSISTER'S PRINTED NAME _____ ASSISTER'S ADDRESS _____

NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.

County Voter Registration Office Certification

County Name: <u>Howard</u>	Number of Valid Signatures: <u>8</u>	County Name:	Number of Valid Signatures:
I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.		COUNTY SEAL HERE	
Witness my/our hand and seal this <u>2nd</u> day of <u>August</u> , 2016, at <u>Kokomo</u> , Indiana.			
Signature 1 <u><i>Susan Kennedy</i></u>	<input checked="" type="checkbox"/> Clerk of the Circuit Court or <input checked="" type="checkbox"/> Member of the Board of Registration	Signature 2 (if a Member of Board of Registration) <u><i>[Signature]</i></u>	



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

(CAN-12)

State Form 55128 (11-12)
Indiana Election Commission (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) petition of nomination as a school board candidate; (3) petition of nomination as a minor party or independent candidate; (4) declaration of intent to be a write-in candidate; or (5) 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.

STATE OF INDIANA

COUNTY OF _____

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:
20__

NOTE: Insert "Not Applicable" where appropriate.

I, Stephanie McClelland 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
Kokomo School Board - District 1 (Include district, if applicable.)

(2) The name of my spouse is Scott McClelland

(3) The name of my employer and the nature of its business is
N/A

(4) The name of the employer of my spouse and the nature of its business is
Howard County Prosecutor's Office + Butcher, Ball, Lawry, McMahon, McClelland Law Firm; Attorney

(5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is
N/A

(6) If I operate a professional practice, the name of the professional practice and the nature of its business is
N/A

(7) If I am a member of a partnership, the name of the partnership and the nature of its business is
N/A

(8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is
N/A

(9) If I am a member of a limited liability company, the name of the limited liability company and the nature of its business is
N/A

(10) If my spouse is a member of a limited liability company, the name of the limited liability company and the nature of its business is
N/A

(11) If I am an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
N/A

(12) If my spouse is an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
N/A

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 2 day of August, 2016

Stephanie McClelland
Signature

Stephanie McClelland
Printed Name

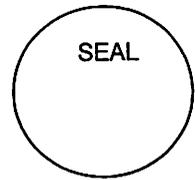
STATE OF Indiana)
COUNTY OF HOWARD)

Subscribed and affirmed to before me this 2 day of August, 2016

Kim Wilson
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12/31/18

County of Residence: HOWARD





PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2016

(CAN-34)

State Form 47008 (R16 / 9-15)
Indiana Election Division (IC 3-8-2.5; 3-6-12)

COUNTY: HOWARD

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than July 27, 2016 and not later than noon, August 26, 2016.

TO THE COUNTY CIRCUIT COURT CLERK (OR THE LAKE OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION): Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board office to be held on November 8, 2016.

Table with 3 columns: Candidate Name, Complete Candidate Address, Office Sought. Row 1: KAREN B. SOSBE, 1715 S. COURTLAND AVE, KOKOMO, IN 46902, SCHOOL BOARD DIST # 3/SW

Table with 7 columns: SIGNATURE, PRINTED NAME (First, Last), DATE OF BIRTH, RESIDENCE ADDRESS, CITY or TOWN & ZIP CODE, Precinct / Ward, Voter Registered. Rows 1-10 listing various signatories and their details.

Petition Carrier Certification

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

CARRIER'S SIGNATURE: Karen B Sosbe, CARRIER'S PRINTED NAME: KAREN B. SOSBE, CARRIER'S DATE OF BIRTH: 05/30/1950, DATE SIGNED BY CARRIER: 08/22, 2016, CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE: 1715 S. COURTLAND AV, KOKOMO, IN 46902

CONSENT OF CANDIDATE NOMINATED BY PETITION

I, the undersigned, am a candidate for the office of school board member of KOKOMO SCHOOL CORPORATION
Insert name of school corporation, including any election district designation.

I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 8, 2016 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change. (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. EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.)

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. Yes No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. Yes No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs:

- (1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

I agree to comply with the provisions of IC 3-9.

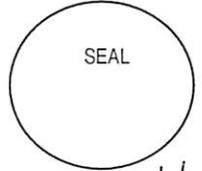
I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Signature <u>Karen B. Sosbe</u>	Date signed (MM/DD/YY) <u>08/08/2016</u>	Telephone <u>(765) 459.9310</u>
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STATE OF INDIANA
 COUNTY OF HOWARD

Subscribed and sworn to before me this 22 day of August, 2016.

Kim Wilson mm
 Notary Public or Other Official Administering Oath according to IC 33-42-4-1



My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard

FILED
AUG 22 2016
KIM WILSON
 Clerk Howard Cir. Court

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: _____ DATE ASSISTANCE PROVIDED 20

ASSISTER'S SIGNATURE _____ ASSISTER'S PRINTED NAME _____ ASSISTER'S ADDRESS _____

NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.

County Voter Registration Office Certification

County Name:	<u>Howard</u>	Number of Valid Signatures:	<u>10</u>	County Name:	<u>Howard</u>	Number of Valid Signatures:	<u>10</u>
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I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.

Witness my/our hand and seal this 22nd day of August, 2016,
 at KOKOMO, Indiana.

COUNTY SEAL HERE

Signature 1 <u>Susan Kennedy</u>	<input type="checkbox"/> Clerk of the Circuit Court or <input checked="" type="checkbox"/> Member of the Board of Registration	Signature 2 (if a Member of Board of Registration) <u>Clifford Shallenberger</u>
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PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2016

(CAN-34)

State Form 47008 (R16 / 9-15)
Indiana Election Division (IC 3-8-2.5; 3-6-12)

COUNTY: HOWARD

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than July 27, 2016 and not later than noon, August 26, 2016. Petitioners are not required to provide precinct and ward information. Except in cases of disability, the petitioner must complete the information in the petitioner's own handwriting. If assistance is provided due to disability, the assister must complete the affidavit on the reverse of this form. The county voter registration office will complete this information and determine if the voter is registered after the petition is filed. Each candidate must complete the Candidate's Consent on the reverse of this form and file a Statement of Economic Interests (CAN-12 form). In a metropolitan school corporation, this petition must be signed by ten (10) registered voters residing in the same board member district as the nominee. (IC 20-23-7-8) In a community school corporation, this petition must be signed by ten (10) registered voters residing within the boundaries of the school corporation. (IC 20-23-4-29.1) Additional petition requirements apply in some school corporations. Consult your attorney to be advised of your rights and responsibilities.

TO THE _____ COUNTY CIRCUIT COURT CLERK (OR THE LAKE OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION):
Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board office to be held on **November 8, 2016**.

Candidate Name (See Consent on reverse of form for candidate name requirements.)	Complete Candidate Address (If different from residence, include mailing address.)	Office Sought (Include election district name or number.)
1 <u>KAREN SOSBE</u>	<u>1715 S. COURTLAND AVE, KOKOMO, IN 46902</u>	<u>SCHOOL BOARD DIST #3/SW</u>
2		
3		
4		

	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)			CITY or TOWN & ZIP CODE	Precinct / Ward	Voter Registered
		First	Last		Number	Street	Apartment			
1	<u>[Signature]</u>	<u>CHARLES W.</u>	<u>SOSBE JR</u>	<u>03/09/1950</u>	<u>1715 S.</u>	<u>COURTLAND</u>		<u>KOKOMO 46902</u>	<u>403</u>	<input checked="" type="checkbox"/>
2	<u>[Signature]</u>	<u>Jeff</u>	<u>Hauswald</u>	<u>09/30/1973</u>	<u>512 W</u>	<u>Taylor St.</u>		<u>Kokomo 46901</u>	<u>201</u>	<input checked="" type="checkbox"/>
3	<u>[Signature]</u>	<u>Kerry</u>	<u>Ellison</u>	<u>09/07/1959</u>	<u>408 E.</u>	<u>Mulberry</u>		<u>Kokomo 46901</u>	<u>202</u>	<input checked="" type="checkbox"/>
4	<u>[Signature]</u>	<u>Craig</u>	<u>Simon</u>	<u>06/06/95</u>	<u>101 N.</u>	<u>Union Apt 511</u>		<u>Kokomo 46901</u>	<u>206</u>	<input checked="" type="checkbox"/>
5	<u>[Signature]</u>	<u>STEPHEN</u>	<u>WHITMART</u>	<u>03/15/1982</u>	<u>215</u>	<u>RUFFELL DR</u>		<u>KOKOMO 46901</u>	<u>1002</u>	<input checked="" type="checkbox"/>
6	<u>[Signature]</u>	<u>Robert</u>	<u>Hayes</u>	<u>9/1/51</u>	<u>2918</u>	<u>Sheila Dr</u>		<u>Kokomo 46902</u>	<u>503</u>	<input checked="" type="checkbox"/>
7	<u>[Signature]</u>	<u>SUSAN M.</u>	<u>Kennedy</u>	<u>6-11-60</u>	<u>1911 S.</u>	<u>Washington</u>		<u>Kokomo 46902</u>	<u>406</u>	<input checked="" type="checkbox"/>
8	<u>[Signature]</u>	<u>DANA</u>	<u>WILSON</u>	<u>10-27-55</u>	<u>721 E.</u>	<u>DIXON ST.</u>		<u>Kokomo 46901</u>	<u>301</u>	<input checked="" type="checkbox"/>
9	<u>[Signature]</u>	<u>Adrienne</u>	<u>Brown</u>	<u>09/20/54</u>	<u>1105 E</u>	<u>WALNUT ST</u>		<u>Kokomo 46901</u>	<u>303</u>	<input checked="" type="checkbox"/>
10	<u>[Signature]</u>	<u>Greg</u>	<u>Seagrave</u>	<u>10/10/54</u>	<u>1709</u>	<u>Teasdale Ln.</u>		<u>Kokomo, 46902</u>	<u>405</u>	<input checked="" type="checkbox"/>

Petition Carrier Certification

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

Karen B. Sosbe KAREN B. SOSBE
CARRIER'S SIGNATURE CARRIER'S PRINTED NAME

05/30/1950
CARRIER'S DATE OF BIRTH

22 08/22/ 2016
DATE SIGNED BY CARRIER

1715 S. COURTLAND AVE. KOKOMO, IN. 46902
CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE

CONSENT OF CANDIDATE NOMINATED BY PETITION

I, the undersigned, am a candidate for the office of school board member of Kokomo School Corporation
Insert name of school corporation, including any election district designation.

I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 8, 2016 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change. (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. EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.)

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. Yes No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. Yes No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs:

(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

I agree to comply with the provisions of IC 3-9.

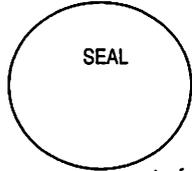
I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Signature <u>Karen B Sashie</u>	Date signed (MM/DD/YY) <u>08/08/2016</u>	Telephone <u>(765) 459-9310</u>
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STATE OF Indiana
 COUNTY OF Howard

Subscribed and sworn to before me this 22 day of August, 2016.
Kim Wilson MM

Notary Public or Other Official Administering Oath according to IC 33-42-4-1



My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard

FILED
 AUG 22 2016
 KIM WILSON
 Clerk Howard Cir. Court

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: _____, 20____
 DATE ASSISTANCE PROVIDED

ASSISTER'S SIGNATURE _____ ASSISTER'S PRINTED NAME _____ ASSISTER'S ADDRESS _____

NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.

County Voter Registration Office Certification

County Name:	<u>Howard</u>	Number of Valid Signatures:	<u>10</u>	County Name:	<u>Howard</u>	Number of Valid Signatures:	<u>10</u>
I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.				COUNTY SEAL HERE			
Witness my/our hand and seal this <u>22nd</u> day of <u>August</u> , 2016, at <u>KOKOMO</u> , Indiana.							
Signature	<u>Andrew Jullenteyer</u>			Signature, 2 (if a Member of Board of Registration) <u>Susan Kennedy</u>			
	<input type="checkbox"/> Clerk of the Circuit Court or <input checked="" type="checkbox"/> Member of the Board of Registration						



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

(CAN-12)

State Form 55128 (11-12)
Indiana Election Commission (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) petition of nomination as a school board candidate; (3) petition of nomination as a minor party or independent candidate; (4) declaration of intent to be a write-in candidate; or (5) 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.

STATE OF INDIANA

COUNTY OF HOWARD

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

2016

NOTE: Insert "Not Applicable" where appropriate.

I, KAREN B SOSBE 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
KOKOMO SCHOOL BOARD DIST 3/SW (Include district, if applicable.)
- (2) The name of my spouse is CHARLES N. SOSBE JR
- (3) The name of my employer and the nature of its business is
RETIRED EDUCATOR
- (4) The name of the employer of my spouse and the nature of its business is
RETIRED CITY FIRE FIGHTER
- (5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is
N/A
- (6) If I operate a professional practice, the name of the professional practice and the nature of its business is
N/A
- (7) If I am a member of a partnership, the name of the partnership and the nature of its business is
N/A
- (8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is
N/A
- (9) If I am a member of a limited liability company, the name of the limited liability company and the nature of its business is
N/A
- (10) If my spouse is a member of a limited liability company, the name of the limited liability company and the nature of its business is
N/A
- (11) If I am an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
N/A
- (12) If my spouse is an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
N/A

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 22 day of AUGUST, 2016

Karen B Sosbe
Signature

KAREN B SOSBE
Printed Name

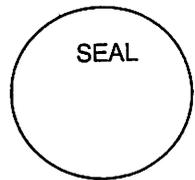
STATE OF INDIANA)
COUNTY OF HOWARD)

Subscribed and affirmed to before me this 22 day of August, 2016

Kim Wilson mm
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard



FILED
AUG 22 2016
KIM WILSON
Clerk Howard Cir. Court