



**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 <b>SANBURN</b>		First Name <b>CRYSTAL</b>		Middle Name <b>DAWN</b>		Nickname <b>NA</b>		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) <b>739 Riverview DR</b>					5. FAX (Optional) ( )		6. E-mail Address (Optional) <b>Crystalsanburn@gmail.com</b>		
7. City <b>Kokomo</b>		State <b>IN</b>	ZIP Code <b>46901</b>		8. County <b>Howard</b>		9. Telephone (Day) <b>765 780-3090</b>		10. Telephone (Evening) <b>317 694-0837</b>
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.) <b>Common Council District 6</b>				

**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. <b>Friends to Elect Crystal Sanburn</b>									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>739 Riverview DR</b>					15. FAX (Optional) ( )		16. E-mail Address (Optional) <b>Crystalsanburn@gmail.com</b>		
17. City <b>Kokomo</b>		State <b>IN</b>	ZIP Code <b>46901</b>		18. County <b>Howard</b>		19. Telephone <b>317,694-0837</b>		20. Committee Organization Date (mm/dd/yy) <b>1/6/2023</b>
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <b>Crystal Dawn SANBURN</b>									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>739 Riverview DR</b>					23. FAX (Optional) ( )		24. E-mail Address (Optional) <b>Crystalsanburn@gmail.com</b>		
25. City <b>Kokomo</b>		State <b>IN</b>	ZIP Code <b>46901</b>		26. County <b>Howard</b>		27. Telephone (Day) <b>765 780-3090</b>		28. Telephone (Evening) <b>317 694-0837</b>
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.) <b>Community First Bank of Indiana</b>									
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 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. <b>Della Corne</b>					Signature of the Committee Chairperson <b>Crystal Sanburn</b>				
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. <b>Della Marie Corne</b>									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>2734 West Carter St.</b>					35. FAX (Optional) ( )		36. E-mail Address (Optional) <b>mwcorne@yahoo.com</b>		
37. City <b>Kokomo</b>		State <b>IN</b>	ZIP Code <b>46901</b>		38. County <b>Howard</b>		39. Telephone (Day) <b>NA</b>		40. Telephone (Evening) <b>765 438-4386</b>

**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 <b>Della Corne</b>				
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**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 <b>Crystal Sanburn</b>			Signature of Chairperson <b>Crystal Sanburn</b>			Date (mm/dd/yy) <b>1/6/23</b>			
43. Typed or Printed Name of Candidate			Signature of Candidate			Date (mm/dd/yy)			

**FOR OFFICE USE ONLY**  
**FILED**  
JAN 06 2023  
**DEBBIE STEWART**  
Clerk Howard Cir. Court

**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).

## INSTRUCTIONS FOR COMPLETING THIS FORM

This is a dual purpose form. The most common use of this form is to designate a candidate's principal committee in which the candidate is both the chairperson and treasurer. The form enables the candidate to organize and at the same time designate the candidate's principal committee as required by IC 3-9-1-3, IC 3-9-1-4 & IC 3-9-1-5.

The form also allows a person exploring opportunities for seeking a political office but who has not definitely decided to be a candidate for a particular office to organize an exploratory committee. If the candidate is not yet a candidate for a **specific** office, check "exploratory committee" under Section A 3. When the candidate **does** become a candidate for a specific office, an amended CFA-1 must be filed.

The preparer should **type or print legibly in black ink** all information on this form. If more space is needed please attach additional sheets. All versions of State Form 4604 prior to revision (R10/10-01) are obsolete and cannot be used (IC 3-5-4-8). State law requires that any changes on this form must be reported **WITHIN TEN (10) DAYS OF THE CHANGE**.

**ITEM 1. IS THIS AN AMENDMENT?** Check the appropriate box. If "YES" is checked, enter the file number in the file number box and go on to Section A. If "NO" is checked, proceed directly to Section A.

**SECTION A. CANDIDATE INFORMATION:** Enter the name of the candidate, as set forth in the candidate's voter registration record and any nickname the candidate uses.

**TYPE OF COMMITTEE.** See second paragraph above. Be sure to enter the full and current address and the ZIP Code+4, if known. Under party affiliation, enter the party the candidate supports. If no party is supported, enter "Independent." A "Write-In" candidate should follow the same procedure; do not write "Write-In."

**OFFICE BEING SOUGHT.** Enter the full name of that office. For example, "Indiana State Senator, District \_\_\_\_." **This box is not required to be completed by an exploratory committee.**

**SECTION B. COMMITTEE INFORMATION:** Do not use any abbreviations in the committee name. Check the new name box if this is a new name. Be sure to enter the full and current mailing address. All correspondence with the committee relative to filings under the Campaign Finance Act will be mailed to this address, unless specified otherwise.

Check the new address if appropriate. Enter the ZIP Code+4, if known, in all boxes calling for the ZIP Code. The date the committee was organized may be the date the candidate publicly announced, filed a declaration of candidacy, solicited or accepted contributions, or made an expenditure. (IC 3-5-2-6)

**ITEM 16. COMMITTEES FILING WITH THE INDIANA ELECTION DIVISION ONLY:** Committees that file campaign finance reports with the Indiana Election Division and wish to file these reports electronically may contact the Election Division at (800) 622-4941 or at the e-mail address [campaignfinance@iec.in.gov](mailto:campaignfinance@iec.in.gov) for further information.

**ITEM 21. Chairperson.** This may be the candidate. However, the chairperson may not be the treasurer of any other campaign finance committee except in the case of the candidate's committee. Check if this is a new chairperson or new information.

**ITEM 29. Bank or Other Depositories.** If a candidate's committee accepts contributions or makes expenditures on an aggregate amount of more than two hundred dollars (\$200) in a year, all funds of a committee must be segregated from, and may not be commingled with, the personal funds of officers, members or associates of the committee. (IC 3-9-2-9)

**ITEM 30. Exploratory Committee.** Enter a brief statement explaining the purpose of this committee. Example: "To receive and expend funds to explore the opportunities for elected office."

**ITEM 31. Salaries and Reimbursements.** Pursuant to Indiana Election Commission Advisory Opinion 2001-01, attach a copy of any contract between the committee and the candidate permitting salary and reimbursement payments.

### SECTION C. APPOINTMENT OF TREASURER:

**ITEM 32. Treasurer.** The treasurer must be a U.S. citizen and may not be the chairperson of any other campaign finance committee except in the case of a candidate's committee. The treasurer's duties and responsibilities are discussed in detail in the Instruction Manual for the Indiana Campaign Finance Act (*current edition*). Check if this is a new treasurer or new information. This section must be completed in its entirety by the committee chairperson.

**SECTION D. ACCEPTANCE OF APPOINTMENT:** The treasurer must provide the treasurer's written signature verifying acceptance of the duties and responsibilities as committee treasurer.

**SECTION E. CERTIFICATION OF STATEMENT:** The chairperson and candidate must enter their typed or printed names, written signatures and date signed in this section. **Note:** If the candidate and the chairperson are the same only one signature is necessary.

### SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES AND STATE LEGISLATIVE CANDIDATES

This form must be filed **electronically** with the Election Division. Contact 1-800-622-4941 for more information. *If you are opening a committee for the first time, or amending your current CFA-1 due to a change in treasurer or chair, a signed copy of the CFA-1 (with original signatures) must also be emailed or faxed to the Election Division.*

**WARNING:** Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4 and IC 3-9-1-12)



# 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, Crystal Dawn SANBURN, 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 603 of the Township of Center,  
(or of Ward, if applicable, \_\_\_\_\_ of the City or Town of \_\_\_\_\_,) 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 Kokomo Common Council, District 6 (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:  
739 Riverview Dr 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  
SAME, IN \_\_\_\_\_  
Mailing address City ZIP Code

### CANDIDATE NAME INFORMATION

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

CRYSTAL SANBURN  
(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 ↓





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:

20\_\_

NOTE: Insert "Not Applicable" where appropriate.

I, Crystal Dawn Sanbourn 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 Common Council District 6 (Include district, if applicable.)

(2) The name of my spouse was Charles R. Sanbourn II 'Dick'

(3) The name of my employer and the nature of its business was Cross America Community Center ~ 501 C3 Non Profit

(4) The name of the employer of my spouse and the nature of its business was Crossroads Community Church ~ Church Organization

(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 NPC Ventures, LLC ~ Realestate

(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 NPC Ventures, LLC ~ Realestate

(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 6 day of January, 2023

Crystal Anbur  
Signature

Crystal Sanburn  
Printed Name

STATE OF HOWARD )  
COUNTY OF INDIANA )

Subscribed and affirmed to before me this 6 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 06 2023

DEBBIE STEWART  
Clerk Howard Cir. Court

