



**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>Foster</b>		First Name <b>Essie</b>		Middle Name <b>D</b>	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) <b>3404 Covey LN</b>				5. FAX (Optional)		6. E-mail Address (Optional)	
7. City <b>Kokomo</b>	State <b>IN</b>	ZIP Code <b>46902</b>	8. County <b>HOWARD</b>		9. Telephone (Day) <b>(765) 419-6254</b>	10. Telephone (Evening) <b>( ) SAME</b>	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <b>Common Council at Large</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>Elect Essie Foster for <sup>COMMON</sup> CITY COUNSEL AT LARGE</b>							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>3404 Covey LN</b>				15. FAX (Optional)		16. E-mail Address (Optional) <b>cssiebennett693@yahoo.com</b>	
17. City <b>Kokomo</b>	State <b>IN</b>	ZIP Code <b>46902</b>	18. County <b>HOWARD</b>		19. Telephone <b>(765) 419-6254</b>	20. Committee Organization Date (mm/dd/yy) <b>1-16-2023</b>	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. <b>Stephen J Daily</b>							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>11956 W. COOKS Russiaville</b>				23. FAX (Optional)		24. E-mail Address (Optional) <b>SDAILY50@gmail.com</b>	
25. City <b>Russiaville</b>	State <b>IN</b>	ZIP Code <b>46979</b>	26. County <b>HOWARD</b>		27. Telephone (Day) <b>(765) 513-4616</b>	28. Telephone (Evening)	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)							
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>Cynthia Moore Hendricks</b>				Person Appointed Treasurer				Signature of the Committee Chairperson			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <b>Cynthia Moore Hendricks</b>											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <b>1733 Executive Dr</b>				35. FAX (Optional)		36. E-mail Address (Optional) <b>cmoorehendricks@yahoo.com</b>					
37. City <b>Kokomo</b>	State <b>IN</b>	ZIP Code <b>46902</b>	38. County <b>HOWARD</b>		39. Telephone (Day) <b>(765) 438-2574</b>	40. Telephone (Evening)					

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment							
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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>Stephen J. Daily</b>		Signature of Chairperson <i>Stephen J Daily</i>		Date (mm/dd/yy) <b>01/26/23</b>	
43. Typed or Printed Name of Candidate <b>Essie D. Foster</b>		Signature of Candidate <i>Essie D Foster</i>		Date (mm/dd/yy)	

**Warning:** State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

**FILED**

**JAN 27 2023**

**DEBBIE STEWART  
Clerk Howard Cir. Court**





# 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, ESSIE D Foster, 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 6 of the Township of Cinton township  
(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  
Common Counsel at Large, District \_\_\_\_\_ (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:  
3404 Covey Ln Kokomo IN 46905  
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  
3404 Covey Ln Kokomo 46905 IN \_\_\_\_\_  
Mailing address City ZIP Code

### CANDIDATE NAME INFORMATION

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

ESSIE D Foster  
(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

DEBBIE STEWART  
Clerk Howard Co. Court

↓ 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:

2023

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

I, ESSIE D. FOSTER 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 COUNSEL at Lange (Include district, if applicable.)
- (2) The name of my spouse was Ed Foster
- (3) The name of my employer and the nature of its business was \_\_\_\_\_
- (4) The name of the employer of my spouse and the nature of its business was \_\_\_\_\_
- (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.