



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 Foster		First Name Essie		Middle Name DeLoves		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) 3404 Covey LN					5. FAX (Optional)		6. E-mail Address (Optional) EssieBennett693@yahoo.com		
7. City Kokomo		State IN	ZIP Code 46902	8. County Howard		9. Telephone (Day) (765) 419-6254		10. Telephone (Evening) (765) 419-6254	
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.) Howard County Recorder				

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. ELECT ESSIE FOSTER HOWARD COUNTY RECORDER									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3404 Covey LN					15. FAX (Optional)		16. E-mail Address (Optional)		
17. City Kokomo		State IN	ZIP Code 46902	18. County Howard		19. Telephone (765) 419-6254		20. Committee Organization Date (mm/dd/yy) 5/31/2022	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Essie Foster									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3404 Covey LN					23. FAX (Optional)		24. E-mail Address (Optional) EssieBennett693@yahoo.com		
25. City Kokomo		State IN	ZIP Code 46902	26. County Howard		27. Telephone (Day) (765) 419-6254		28. Telephone (Evening) (765) 419-6254	
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.) Community First Bank of Indiana									
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.			Person Appointed Treasurer Essie Foster			Signature of the Committee Chairperson		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Essie DeLoves Foster								
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3404 Covey LN					35. FAX (Optional)		36. E-mail Address (Optional)	
37. City Kokomo		State IN	ZIP Code 46902	38. County Howard		39. Telephone (Day) (765) 419-6254		40. Telephone (Evening) (765) 419-6254

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 Essie D. Foster		Signature of Chairperson <i>Essie Foster</i>		Date (mm/dd/yy) 5/31/22	
43. Typed or Printed Name of Candidate Essie D. Foster		Signature of Candidate <i>Essie Foster</i>		Date (mm/dd/yy) 5/31/22	

FOR OFFICE USE ONLY
FILED

AUG 12 2022

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).



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 22

NOTE: Insert "Not Applicable" where appropriate.

I, LESSIE FOSTER the undersigned, certify the following:
Name of Candidate or Person Filing Vacant Office

(1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is
Recorder (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
CRF inc

(4) The name of the employer of my spouse and the nature of its business was
Giliad House accountant

(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was
Chef for the day catering

(6) If I operated a professional practice, the name of the professional practice and the nature of its business was
NA

(7) If I was a member of a partnership, the name of the partnership and the nature of its business was
NA

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

(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
NA

(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
NA

(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
NA

(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
NA

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.