



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 FAULKNER		First Name FRANK		Middle Name RUSSELL		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) 3915 DEANNA DR KOKOMO IN 46902					5. FAX (Optional)		6. E-mail Address (Optional) Ffraulkner2@comcast.net		
7. City KOKOMO		State IN	ZIP Code 46902	8. County HOWARD		9. Telephone (Day) (765) 438-0786		10. Telephone (Evening)	
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.) COUNTY COUNCIL DISTRICT #2				

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. FRIENDS OF FRANK FAULKNER									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					15. FAX (Optional)		16. E-mail Address (Optional)		
1799 NORTHAMPTON DR.									
17. City KOKOMO		State IN	ZIP Code 46902	18. County HOWARD		19. Telephone (765) 438-3635		20. Committee Organization Date (mm/dd/yy) 08/12/2022	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. STUART P. NICHOLSON									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					23. FAX (Optional)		24. E-mail Address (Optional)		
1799 NORTHAMPTON DR									
25. City KOKOMO		State IN	ZIP Code 46902	26. County HOWARD		27. Telephone (Day) (765) 438-3635		28. Telephone (Evening) (765) 438-3635	
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 - "FRIENDS OF FRANK FAULKNER"									
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 NATHAN S. NICHOLSON			Signature of the Committee Chairperson <i>Stuart P. Nicholson</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. NATHAN S. NICHOLSON								
34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address.					35. FAX (Optional)		36. E-mail Address (Optional)	
1799 NORTHAMPTON DR								
37. City KOKOMO		State IN	ZIP Code 46902	38. County HOWARD		39. Telephone (Day) (765) 438-6988		40. Telephone (Evening) (765) 438-6988

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 <i>Nathan S. Nicholson</i>	
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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 STUART P. NICHOLSON		Signature of Chairperson <i>Stuart P. Nicholson</i>		Date (mm/dd/yy) 08/12/22	
43. Typed or Printed Name of Candidate FRANK R. FAULKNER		Signature of Candidate <i>Frank R. Faulkner</i>		Date (mm/dd/yy) 08/12/2022	

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

AUG 16 2022

DEBBIE STEWART
Clerk Howard Cir. Court



**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:

2021

NOTE: Insert "Not Applicable" where appropriate.

I, Frank R. Faulkner 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
Howard County Council - District #2 (Include district, if applicable.)
- (2) The name of my spouse was Margaret R. Faulkner
- (3) The name of my employer and the nature of its business was
Howard County Board of Zoning Appeals (BZA) - review & vote on various county zoning exceptions
- (4) The name of the employer of my spouse and the nature of its business was
Not applicable
- (5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was
Not Applicable
- (6) If I operated a professional practice, the name of the professional practice and the nature of its business was
Not Applicable
- (7) If I was a member of a partnership, the name of the partnership and the nature of its business was
Not Applicable
- (8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was
Not Applicable
- (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
Not Applicable
- (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 Not Applicable
- (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 Not Applicable
- (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 Not Applicable

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 04 day of August, 2022:

Frank R. Faulkner
Signature

Frank R. Faulkner
Printed Name

FILED

AUG 12 2022

DEBBIE STEWART
Clerk Howard Cir. Court

STATE OF Indiana)
COUNTY OF Howard)

Subscribed and affirmed to before me this 4th day of August, 2022

Dianne Trobaugh
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 01/27/28

County of Residence: Howard



	DIANNE TROBAUGH
	My Commission Expires
	January 27, 2028
	Commission Number NP0724775 Howard County