



DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION IN 2016

(CAN-2)

State Form 46439 (R17 / 11-15)
Indiana Election Division (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 primary election. A declaration of candidacy must be filed no later than NOON, February 5, 2016, and no earlier than January 6, 2016. Please print or type all information on this form except all signatures. SEE IMPORTANT INFORMATION ON BACK OF FORM. Candidates seeking the office of U.S. Senator in a primary election also file a CAN-4 form. Candidates seeking the office of Governor in a primary election also file a CAN-25 form. All candidates seeking a primary nomination for a LOCAL office must also file the CAN-12 form WITH this form.

STATE OF INDIANA)
COUNTY OF Howard)

FILED

FEB 03 2016

KIM WILSON
Clerk Howard Cir. Court

GENERAL INFORMATION

I, Grace Aprill the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct of the Township of Jackson (or of Ward of the City or Town of Greentown), County of Howard, State of Indiana.

(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated (check one box)
[] Democratic Party or the [X] Republican Party for the office of County Council at Large, District (if any) to be voted on at the primary election to be held on May 3, 2016.

(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 primary election 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 most recent primary election in Indiana in which I voted was the primary 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:
12765 E. 100 N. Greentown IN (amend if other state) 46936
Complete residence address must be inserted 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):
Mailing address City IN (amend if other state) ZIP Code

CANDIDATE NAME INFORMATION

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

Grace Aprill

(*Include any Nickname and/or Suffix, 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.

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.

Please complete reverse of form

CANDIDATE CERTIFICATION

(7) (This paragraph does not apply to federal offices.) By initialing, I acknowledge that I have attached a copy of the applicable statement of economic interest statement, file stamped by the office required to receive the statement, or a receipt or photocopy of a receipt showing that this statement of economic interest has been filed. (initial here) GA

(8) (This paragraph does not apply to a candidate for federal office or state legislative office) By initialing, I acknowledge that I might be required to file a surety bond before serving in office. (initial here) GA

(9) (This paragraph does not apply for candidates for federal office, state office, or state legislative office.) By initialing, I acknowledge that I might be required to complete training or have attained certification related to service in office. (initial here) GA

(10) (This paragraph does not apply to a candidate for federal office.)

By initialing, I acknowledge that I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of campaign finance contributions and expenditures, and agree to comply with the provision of IC 3-9. (initial here) GA

(11) I have been a candidate for state, state legislative, or local office in a previous primary, municipal, special, or general election:

Yes No (Check one)

(If the answer to this question is no, skip paragraph 12 and proceed to paragraph 13.)

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

(13) (This paragraph only applies to a candidate for a local office if the local office receives compensation of at least \$5,000 per year, or to a local office if the local office receives compensation of less than \$5,000 but the candidate raises or spends more than \$500.) I have filed a campaign finance statement of organization for my principal candidate's committee with the appropriate county election board OR I am aware that I may be required to file the campaign finance statement of organization not later than noon, seven (7) days after the final date to file this declaration of candidacy. (initial here) _____

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 _____ Date Signed (MM/DD/YY) _____ Telephone (Day) 765 628-3901 Telephone (Evening) 765 628-3901

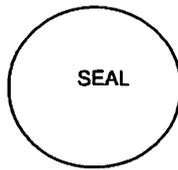
STATE OF Indiana)
COUNTY OF Howard) SS:

Subscribed and sworn to before me this 3 day of February, 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



CAMPAIGN FINANCE NOTICE

-A candidate's committee must file a pre-primary campaign finance report no later than NOON, April 15, 2016, with the Indiana Election Division (if a candidate for a state legislative office) or with the appropriate county election board (if a candidate for a local office nominated in the primary).
-The candidate's committee must also file a pre-primary supplemental report no later than forty-eight (48) hours after the committee receives any contribution of \$1,000 or more during the period beginning April 9, 2016 and ending at 6:00 a.m. on May 1, 2016, with the Indiana Election Division or appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.
A candidate's committee must file a pre-election campaign finance report no later than NOON, October 21, 2016, with the Indiana Election Division (if a candidate for a state legislative office) or with the appropriate county election board (if a candidate for a local office).
-The candidate's committee must also file a pre-election supplemental report no later than forty-eight (48) hours after the committee receives any contribution of \$1,000 or more during the period beginning October 15, 2016 and ending at 6:00 a.m. November 6, 2016, with the Indiana Election Division or appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.
-A person who fails to file a report with the Indiana Election Division or a county election board is subject to a civil penalty of \$50 for each day the report is late, with the afternoon of the final date for filing the report being calculated as the first day, for a maximum penalty of not more than \$1,000, plus any investigative costs incurred and documented by the Election Division or county election board.

NOTE TO CANDIDATES FOR STATEWIDE OFFICE:

A candidate's committee must file "quarterly" campaign finance reports with the Indiana Election Division, according to the following schedule. These filings must be made electronically, and are subject to the same civil penalties set forth in the Campaign Finance Notice above. Contact the Campaign Finance Division of the Election Division for further information.

The committee must file quarterly reports no later than noon, Indianapolis time:

- (1) April 15, 2016, covering the period from January 1, 2016 through March 31, 2016.
- (2) July 15, 2016, covering the period from April 1, 2016 through June 30, 2016.
- (3) October 17, 2016, covering the period from July 1, 2016 through September 30, 2016.
- (4) November 1, 2016, covering the period from October 1, 2016 through October 24, 2016.
- (5) January 18, 2017, covering the period from October 25, 2016 through December 31, 2016.

The candidate's committee must also file supplemental reports with the Indiana Election Division no later than forty-eight (48) hours after the committee receives contributions from a person that total \$1,000 or more during the reporting periods listed below. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

- (1) Supplemental Reporting Period: April 1, 2016, through NOON, April 15, 2016.
- (2) Supplemental Reporting Period: July 1, 2016, through NOON, July 15, 2016.



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R13/9-10) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1) FILED

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE. FEB 03 2016

KIM WILSON

FILE NUMBER

1. IS THIS AN AMENDMENT? [X] No [] Yes 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: April; First Name: Grace; Middle Name: Anne; Nickname: Grace; 3. Type of Committee: [X] Candidate's Principal Committee; 4. Mailing Address: 12765 E 100 N; 5. FAX: (); 6. E-mail Address: (); 7. City: Greentown; State: IN; ZIP Code: 46936; 8. County: Howard; 9. Telephone (Day): 765.628-3901; 10. Telephone (Evening): 765.628-3901; 11. Party Affiliation: [] Democratic [] Libertarian [] Republican [] Other; 12. Office Sought: ()

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

13. Full Name of Committee: Citizens to elect Grace April; [] Check if this is a new name; 14. Mailing Address: 12765 E. 100 N; [] Check if this is a new address; 15. FAX: (); 16. E-mail Address: (); 17. City: Greentown; State: IN; ZIP Code: 46936; 18. County: Howard; 19. Telephone: 765.628-3901; 20. Committee Organization Date: 2-3-16; 21. Chairperson's Full Name: Grace April; [] Designate Candidate as Chairperson; [] Check if this is a new chairperson; 22. Mailing Address: Same; [] Check if this is a new address; 23. FAX: (); 24. E-mail Address: (); 25. City: Same; State: IN; ZIP Code: (); 26. County: (); 27. Telephone (Day): (); 28. Telephone (Evening): (); 29. Bank or Other Depositories: Grant Co. State Bank; 30. Exploratory Committee: (); 31. Salaries and Reimbursements: [] No [] Yes

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: Grace April; Signature of the Committee Chairperson: Grace April; 33. Treasurer's Full Name: Grace April; [X] Designate candidate as treasurer; [] Check if this is a new treasurer; 34. Mailing Address: Same; [] Check if this is a new address; 35. FAX: (); 36. E-mail Address: (); 37. City: (); State: (); ZIP Code: (); 38. County: (); 39. Telephone (Day): (); 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: ()

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: Grace April; Signature of Chairperson: Grace April; Date: 2-3-16; 43. Typed or Printed Name of Candidate: Grace April; Signature of Candidate: Grace April; Date: 2-3-16

FOR OFFICE USE ONLY

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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).

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the 3rd day of February, 2016

Grace Aprill
Signature

Grace Aprill
Printed Name

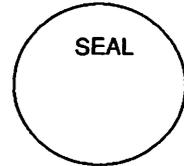
STATE OF Indiana)
COUNTY OF Howard)

Subscribed and affirmed to before me this 3 day of February, 2016

Kim Wilson
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12/31/17

County of Residence: Howard





STATEMENT OF ECONOMIC INTERESTS
FOR LOCAL AND SCHOOL BOARD OFFICES

State Form 55128 (11-12)
Indiana Election Commission (IC 3-8-9)

FILED

(CAN-12)

FEB 03 2016

KIM WILSON

Clerk Howard Cir Court

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__

NOTE: Insert "Not Applicable" where appropriate.

I, Grace Aprill 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
Howard County Council At Large. (Include district, if applicable.)
- (2) The name of my spouse is Timothy Aprill
- (3) The name of my employer and the nature of its business is
self dba Aprill Dairy Farm
- (4) The name of the employer of my spouse and the nature of its business is
himself dba Aprill Dairy Farm
- (5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is
Aprill Farms - dairy
- (6) If I operate a professional practice, the name of the professional practice and the nature of its business is
NA
- (7) If I am a member of a partnership, the name of the partnership and the nature of its business is
NA
- (8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is
NA
- (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
NA
- (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
NA
- (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
NA
- (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
NA

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.