DECLARATION OF CANDIDACY FOR MUNICIPAL PRIMARY NOMINATION IN 2019

(CAN-42)

State Form 48870 (R5 / 6-18)
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 no earlier than **January 9, 2019** and no later than **NOON, February 8, 2019**. Please print or type all information on this form except all signatures.

SEE IMPORTANT INFORMATION ON BACK OF FORM.

All candidates seeking a city or town primary nomination must file the CAN-12 statement of economic interests WITH this form.

FILED
JAN 09 2019
DEBBIE STEWART
Clerk Howard Cir. Court

STATE OF INDIANA)
)
COUNTY OF Howard)

GENERAL INFORMATION

I, Kevin (First Name of Candidate) Ray (Middle Name of Candidate) Summers (Last Name of Candidate) the undersigned,

certify the following:

(1) I am a registered voter of Precinct 603 of the Township of Center, (or of Ward —
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 party with which I am affiliated *(check one box)*

☒ Democratic Party or the ☐ Republican Party for the office of Mayor, District _____ *(if any)*
in the *(check one box)* ☒ City or the ☐ Town of Kokomo to be voted on at the primary election to be held on May 7, 2019.

(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) 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.

ADDRESS INFORMATION

(5) My complete residence address is:

319 Laramie Lane (Complete Residence Address Must Be Inserted) Kokomo (City), Indiana 46901 (ZIP Code)

(6) My mailing address is *(if different from residence address)*:

SAME (Mailing Address *(Write "SAME" if both addresses are identical or leave blank)*) SAME (City), Indiana SAME (ZIP Code)

CANDIDATE NAME INFORMATION

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

Kevin R. Summers
*(*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, and that a copy of this form be forwarded to the county voter registration office for any necessary change.

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

(8) By initialing, I acknowledge that I have attached a copy of the CAN-12 statement of economic interests, file stamped by the office of the appropriate circuit court clerk, or a receipt or photocopy of a receipt showing that this statement of economic interest has been filed. *(initial here)* KRS

(9) By initialing, I acknowledge that I might be required to file a surety bond before serving in office. *(initial here)* KRS

(10) By initialing, I acknowledge that I might be required to complete training or have attained certification related to service in office. *(initial here)* KRS

(11) 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)* KRS

(12) I have been a candidate for state or local office in Indiana in a previous primary election: ☒ Yes ☐ No *(Check one)*
(If the answer to this question is no, skip paragraph 13 and proceed to paragraph 14.)

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

(14) *(This paragraph 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)* KRS

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Kevin R Summers	1/8/2019	(765) 416-4024	(765) 416-4024
Signature	Date Signed *(MM/DD/YY)*	Telephone *(Day)*	Telephone *(Evening)*

OPTIONAL INFORMATION: Candidate e-mail address: _____ Campaign website: _____

STATE OF Indiana)
)
COUNTY OF Howard)

Subscribed and sworn to before me this 9th day of January, 2019.

SEAL

Debbie Stewart
Notary Public or Other Official Administering Oath under IC 33-42-9-1

My Commission expires *(applies only to Notary Public)*: 12/31/22

County of Residence: Howard

CAMPAIGN FINANCE NOTICE

A candidate's committee must file a pre-primary campaign finance report no later than **NOON, Monday, April 22, 2019**, with the appropriate county election board.

The candidate's committee must also file a pre-primary supplemental report no later than forty-eight (48) hours after the committee receives contributions from a person that totals $1,000 or more during the period beginning **April 13, 2019 and ending May 5, 2019**, with the 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-municipal election campaign finance report no later than **NOON, Friday, October 18, 2019**, with the appropriate county election board.

The candidate's committee must also file a pre-municipal election supplemental report no later than forty-eight (48) hours after the committee receives contributions from a person that total $1,000 or more during the period beginning **October 12, 2019 and ending November 3, 2019,** with the 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 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 county election board.

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

(CFA-1)

State Form 4604 (R14 / 10-17)
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	First Name	Middle Name	Nickname	3. Type of Committee (Check one)
Summers	Kevin	Ray	—	☒ Candidate's Principal Committee ☐ Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code)	5. FAX (Optional)	6. E-mail Address (Optional)
319 Laramie Lane	( ) —	—

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Kokomo	IN	46901	Howard	(765) 416-4024	(765) 416-4024

11. Party Affiliation	12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
☒ Democratic ☐ Libertarian ☐ Republican ☐ Other _____	Mayor - City of Kokomo

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

13. Full Name of Committee (Do not abbreviate.) ☐ Check if this is a new name.
Citizens to Elect Kevin R Summers - Mayor - city of Kokomo

14. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	15. FAX (Optional)	16. E-mail Address (Optional)
319 Laramie LANE	( ) —	—

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
Kokomo	IN	46901	Howard	(765) 416-4024	12-15-18

21. Chairperson's Full Name ☒ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson.
Kevin Ray Summers

22. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	23. FAX (Optional)	24. E-mail Address (Optional)
319 Laramie LANE	( ) —	—

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Kokomo	IN	46901	Howard	(765) 416-4024	(765) 416-4024

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

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.) ☐ Yes ☒ No
N/A	

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	Signature of the Committee Chairperson
	Laura Lowman	Kevin R Summers

33. Treasurer's Full Name ☐ Designate candidate as treasurer. ☐ Check if this is a new treasurer.
Laura Lowman

34. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	35. FAX (Optional)	36. E-mail Address (Optional)
1812 Gentilly Court	( ) —	—

37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
Kokomo	IN	46902	Howard	(765) 480-3322	(765) 480-3322

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
	Laura Lowman

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	Signature of Chairperson	Date (mm/dd/yy)
Kevin Ray Summers	Kevin R Summers	1/9/19
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date (mm/dd/yy)**
Kevin Ray Summers	Kevin R Summers	1/9/19

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 09 2019

DEBBIE STEWART
Clerk Howard Cir. Court

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 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

This form must be filed **electronically** with the Election Division. Contact 1-800-622-4941 for more information.

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)

STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

(CAN-12)

State Form 55128 (11-12)
Indiana Election Commission (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) 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.

FILED

JAN 09 2019

DEBBIE STEWART
Clerk Howard Cir. Court

STATE OF INDIANA

COUNTY OF Howard

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:
2019

NOTE: Insert "Not Applicable" where appropriate.

I, Kevin R. Summers, 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 Mayor - City of Kokomo. *(Include district, if applicable.)*

(2) The name of my spouse is Tammy R. Summers.

(3) The name of my employer and the nature of its business is Retired - Kokomo Police Officer.

(4) The name of the employer *of my spouse* and the nature of its business is Licensed nurse - Currently on Leave.

(5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is _____.

(6) If I operate a professional practice, the name of the professional practice and the nature of its business is N/A.

(7) If I am a member of a partnership, the name of the partnership and the nature of its business is Real Estate
Kevin-Tammy Summers Kevin-Colton Summers Kevin Summers-Allen Wilson

(8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is Tammy-Kevin Summers Real Estate.

(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 N/A.

(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 N/A.

(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 N/A.

(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 N/A.

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 9 day of January, 2019:

Signature

Kevin R Summers

Printed Name

STATE OF Indiana)
)
COUNTY OF Howard)

Subscribed and affirmed to before me this 9th day of January, 2019

Debbie Stewart

Notary Public or Other Official Administering Oath

SEAL

My Commission expires *(applies only to Notary Public)*: 12/31/22

County of Residence: Howard

COUNTY ELECTION BOARD **(CAN-5)**

PRIMARY CANDIDACY FILING CONFIRMATION FOR 2019

State Form 46433 (R7 / 6-18)
Indiana Election Division (IC 3-8-2-12)

INSTRUCTIONS: The Circuit Court Clerk or Lake County Election Director shall hand deliver or mail this form to an individual who files a declaration of candidacy for nomination at a primary election:

(1) at the mailing address listed in the declaration of candidacy; and

(2) *NO LATER THAN ONE DAY AFTER THE DECLARATION OF CANDIDACY IS FILED.*

The Howard County Circuit Court Clerk (or in Lake County, the Election Director)

CERTIFIES THAT ON

1/9/19

Kevin Summers

filed a declaration of candidacy for the office of

Mayor

for the Democratic Party Primary Election to be held on May 7, 2019.

Debbie Stewart

Howard Circuit Court Clerk
(or in Lake County, the Election Director)

NOTICE

By receiving a declaration of candidacy for filing, the circuit court clerk or Lake County Election Director is NOT determining that a declaration of candidacy is valid. Any question concerning the validation of a declaration of candidacy is referred to the appropriate county election board for determination. See Indiana Code 3-8-1-2.