

# HOWARD COUNTY DEMOCRATIC PARTY

January 13, 2016

Clerk Wilson,

Kevin Summers, residing at 319 Laramie Lane Kokomo, IN 46901, is a public servant with the utmost commitment to his community. I am honored that he wants to continue to serve our community and represent the Democratic Party as a candidate.

Please consider this letter to be my official certification of Kevin Summers affiliation with the Howard County Democratic Party as required by section (3) of the CAN-2 form.

Please do not hesitate to contact me with any questions,



David Tharp  
Chairman, Howard County Democratic Party



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

GENERAL INFORMATION
I, Kevin R. Summers 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)
[X] Democratic Party or the [ ] Republican Party for the office of Commissioner, District 2 (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.
[X] 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:
319 Laramie Lane, Kokomo, IN (amend if other state) 46901
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):
Same, Same, IN (amend if other state) Same
Mailing address City ZIP Code

CANDIDATE NAME INFORMATION
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
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.

FILED

JAN 15 2016
KIM WILSON
Clerk Howard Cir. Court

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

Signed, this the 15 day of January, 2016

[Handwritten Signature]  
Signature

Kevin R Summers  
Printed Name

STATE OF Indiana

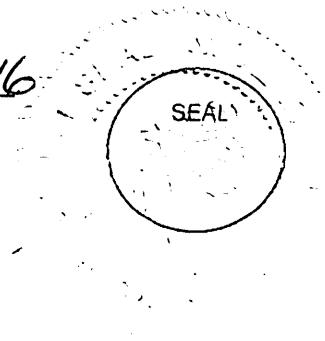
COUNTY OF Howard

Subscribed and affirmed to before me this 15<sup>th</sup> day of January, 2016

Kim Wilson  
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): \_\_\_\_\_

County of Residence: Howard



Handwritten text at the top of the page, possibly a name or address, which is mostly illegible due to fading.

Handwritten text in the upper right quadrant, possibly a date or a short note.



Main body of handwritten text, which is very faint and illegible. It appears to be a letter or a document with several lines of text.



**STATEMENT OF ECONOMIC INTERESTS  
FOR LOCAL AND SCHOOL BOARD OFFICES**  
State Form 55128 (11-12)  
Indiana Election Commission (IC 3-8-9)

(CAN-12)

**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 15

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

I, Kevin R Summers 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 Commissioner (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  
City of Kokomo

(4) The name of the employer of my spouse and the nature of its business is  
Kokomo Schools

(5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is  
N/A

(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  
N/A

(8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is  
N/A

(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. **FILED**

JAN 15 2016

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KIM WILSON  
Clerk Howard Cir. Court

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) KRS

(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) KRS

(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) KRS

(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) KRS

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

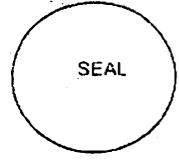
I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Signature: [Handwritten Signature] Date Signed: 1/15/2016 Initial: KRS Telephone (Day): 457-4637 Telephone (Evening): 765-457-4637

STATE OF Indiana )
COUNTY OF Howard ) SS

Subscribed and sworn to before me this 15th day of January, 2016

Notary Public or Other Official Administering Oath according to IC 33-42-4-1



My Commission expires (applies only to Notary Public):
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.
(3) Supplemental Reporting Period: October 1, 2016, through NOON, October 17, 2016.
(4) Supplemental Reporting Period: October 25, 2016, through NOON, November 1, 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)

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

FILE NUMBER

1. IS THIS AN AMENDMENT?  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 <i>Summers</i>	First Name <i>Kevin</i>	Middle Name <i>Ray</i>	Nickname <i>N/A</i>	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address <i>319 Laramie Lane</i>		5. FAX (Optional)		6. E-mail Address (Optional)
7. City <i>Kokomo</i>	State <i>IN</i>	ZIP Code <i>46901</i>	8. County <i>Howard</i>	9. Telephone (Day) <i>(765) 457-4637</i>
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) <i>(765) 457-4637</i>	
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <i>Howard County Commissioner Dist 2</i>				

**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 <i>CITIZENS TO ELECT Kevin R Summers County Commissioner</i>				
14. Mailing Address <input type="checkbox"/> Check if this is a new address <i>319 Laramie Lane</i>		15. FAX (Optional)		16. E-mail Address (Optional)
17. City <i>Kokomo</i>	State <i>IN</i>	ZIP Code <i>46901</i>	18. County <i>Howard</i>	19. Telephone <i>(765) 457-4637</i>
20. Committee Organization Date (MM-DD-YY)				
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson <i>Mike J. Wyant</i>				
22. Mailing Address <input type="checkbox"/> Check if this is a new address <i>2317 N. Lafountain</i>		23. FAX (Optional)		24. E-mail Address (Optional)
25. City <i>Kokomo</i>	State <i>IN</i>	ZIP Code <i>46901</i>	26. County <i>Howard</i>	27. Telephone (Day) <i>(765) 459-4342</i>
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.) <i>Security Federal</i>				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) <i>N/A</i>			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 checked="" type="checkbox"/> No <input type="checkbox"/> 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. <i>AMEE A. ROMERO</i>		Person Appointed Treasurer <i>AMEE A. ROMERO</i>			Signature of the Committee Chairperson <i>Mike Wyant</i>	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer <i>AMEE A. ROMERO</i>						
34. Mailing Address <input type="checkbox"/> Check if this is a new address <i>8234 E. 500 S.</i>			35. FAX (Optional)		36. E-mail Address (Optional)	
37. City <i>GREENTOWN</i>	State <i>IN</i>	ZIP Code <i>46934</i>	38. County <i>Howard</i>	39. Telephone (Day) <i>(765) 945-7755</i>	40. Telephone (Evening) <i>(765) 945-7755</i>	

**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>[Signature]</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 <i>Mike J. Wyant</i>	Signature of Chairperson <i>Mike Wyant</i>	Date (MM-DD-YY) <i>1-14-16</i>
43. Typed or Printed Name of Candidate <i>Kevin R Summers</i>	Signature of Candidate <i>Kevin R Summers</i>	Date (MM-DD-YY) <i>1-14-2016</i>

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).

FOR OFFICE USE ONLY

**FILED**

JAN 15 2016

KIM WILSON

Clerk Howard Cir. Court



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

**Summary Sheet**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?  Yes  No

<b>FILE NUMBER</b>
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <i>Citizens to elect Kevin Summers</i>	
2. Acronym or Abbreviated Name (if any) <i>N/A</i>	3. Committee Telephone Number <i>(765) 432-8594</i>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>2709 Rockford Ct. N</i>	
5. City, State, ZIP Code <i>Kokomo, IN 46902</i>	6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (include any nickname) <i>Kevin R. Summers</i>	8. Party Affiliation or If Independent Candidate <i>Democrat</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>City Council At Large</i>	10. County of Residence <i>Howard</i>

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period:	COLUMN A	COLUMN B
From: <i>1/1/15</i> Through: <i>12/31/15</i>	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>48.37</i>	
14. Cash on hand and investments January 1, current year.		<i>48.37</i>

CONTRIBUTIONS AND RECEIPTS		COLUMN A	COLUMN B
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		This Period	Year to Date
15a. Itemized (use Schedule A)			
15b. Unitemized			
15c. Add lines 15a and 15b in both columns	<b>SUBTOTAL</b>		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>		

EXPENDITURES		COLUMN A	COLUMN B
(Note: These amounts include in-kind expenditures and loan repayments.)		This Period	Year to Date
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			
17b. Unitemized		<i>12.00</i>	<i>12.00</i>
17c. Add lines 17a and 17b in both columns	<b>SUBTOTAL</b>	<i>12.00</i>	<i>12.00</i>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	<i>36.37</i>	<i>36.37</i>
19. Debts OWED BY the committee (use Schedule D)			
20. Debts OWED TO the committee (use Schedule E)			

CERTIFICATION		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		
Signature of Treasurer <i>Rhonda Summers</i>	Title <i>Treasurer</i>	Date <i>1/14/16</i>
Signature of Candidate (if applicable) <i>Kevin R. Summers</i>		Date <i>1/14/16</i>
<b>WARNING:</b> Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) 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, IC 3-9-4-18)		

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**FILED**  
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KIM WILSON  
Jerk Howard Cir. Court