



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 Ellison		First Name Leslie		Middle Name W.	Nickname Les	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) 408 E. Mulberry St.				5. FAX (Optional)		6. E-mail Address (Optional)	
7. City Kokomo	State IN	ZIP Code 46901	8. County Howard	9. Telephone (Day) 765 271-3821		10. Telephone (Evening) 765 271-3821	
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 Council District 3			

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. Leslie "Les" Ellison							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 408 E. Mulberry St.				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Kokomo	State IN	ZIP Code 46901	18. County Howard	19. Telephone 765 271-3821		20. Committee Organization Date (mm/dd/yy) 1-11-2018	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Kerry L. Ellison							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 408 E. Mulberry St.				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City Kokomo	State IN	ZIP Code 46901	26. County Howard	27. Telephone (Day) 765 271-3821		28. Telephone (Evening) 765 271-3821	
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.) Solidarity Credit Union							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) Committee to Re-Elect Leslie "Les" Ellison				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 checked="" 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				Signature of the Committee Chairperson			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Kerry L. Ellison											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 408 E. Mulberry St.				35. FAX (Optional)		36. E-mail Address (Optional)					
37. City Kokomo	State IN	ZIP Code 46901	38. County Howard	39. Telephone (Day) 765 271-8015		40. Telephone (Evening) 765 271-8015					

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 Leslie Ellison		Signature of Chairperson <i>Leslie Ellison</i>		Date (mm/dd/yy) 1-11-2018	
43. Typed or Printed Name of Candidate Leslie "Les" Ellison		Signature of Candidate <i>Leslie "Les" Ellison</i>		Date (mm/dd/yy) 1-11-2018	

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 17 2018
KIM WILSON
Clerk Howard Cir. Court



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.

STATE OF INDIANA

COUNTY OF Howard

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

2018

FILED

JAN 17 2018

NOTE: Insert "Not Applicable" where appropriate.

I, Leslie W. Ellison the undersigned, certify the following Name of Candidate or Person Filling Vacant Office

KIM WILSON Clerk Howard Cir. Court

(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 3 (Include district, if applicable.)

(2) The name of my spouse is Kerry L. Ellison

(3) The name of my employer and the nature of its business is Howard County Administration (local Gov't)

(4) The name of the employer of my spouse and the nature of its business is FCA LLC (manufacture auto transmissions)

(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

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

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

(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

(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

(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

(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

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 11 day of January, 2018

Leslie W. Ellison
Signature

Leslie W. Ellison
Printed Name

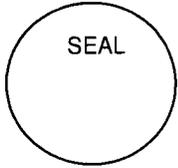
STATE OF Indiana)
COUNTY OF Howard)

Subscribed and affirmed to before me this 17th day of Jan, 2018

Kim Wilson MM
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: Howard





DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION IN 2018

(CAN-2)

State Form 46439 (R18 / 7-17)
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 9, 2018, and no earlier than January 10, 2018. 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
JAN 17 2018

GENERAL INFORMATION

KIM WILSON
Clerk Howard Cir. Court

I, Leslie "Les" Ellison the undersigned, certify the following:
Name of Candidate

- (1) I am a registered voter of Precinct 31 of the Township of Center (or of Ward, if applicable, 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 County Council, District 3 (if any) to be voted on at the primary election to be held on May 8, 2018.
(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:
408 E. Mulberry St. 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)
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:
Leslie "Les" Ellison
(*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

