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

(CFA-1)

State Form 4604 (R13/9-10)
Indiana Election Commission (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? ☑ 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	First Name	Middle Name	Nickname	3. Type of Committee (Check one)
LAKE	MARTHA	JEAN		☑ Candidate's Principal Committee ☐ Exploratory Committee

4. Mailing Address	5. FAX (Optional)	6. E-mail Address (Optional)
1040 S. WEBSTER ST.	( )	LAKEMARTHA@ATI.NET

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
KOKOMO	IN	46902	HOWARD	765 461-8433	765 457-0237

11. Party Affiliation ☐ Democratic ☐ Libertarian ☑ Republican ☐ Other _____

12. Office Sought (Include district number, if any. Not required for an exploratory committee.)

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
COMMITTEE TO ELECT MARTHA LAKE MAYOR

14. Mailing Address ☐ Check if this is a new address	15. FAX (Optional)	16. E-mail Address (Optional)
1040 S. WEBSTER ST.	( )	LAKEMARTHA@ATI.NET

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (MM-DD-YY)
KOKOMO	IN	46902	HOWARD	765 461-8433	1/15/15

21. Chairperson's Full Name ☐ Designate Candidate as Chairperson ☐ Check if this is a new chairperson
MARSHALL D TALBERT

22. Mailing Address ☐ Check if this is a new address	23. FAX (Optional)	24. E-mail Address (Optional)
418 E - 100 N	( )	TALBERTSPC@YAHOO.COM

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
KOKOMO	IN	46901	HOWARD	765 461-7143	765 461-7143

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.)
KEY 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.) ☐ 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.

Person Appointed Treasurer: MARTHA J. LAKE

Signature of the Committee Chairperson: Marshall D. Talbert

33. Treasurer's Full Name ☐ Designate candidate as treasurer ☐ Check if this is a new treasurer
MARTHA J. LAKE

34. Mailing Address ☐ Check if this is a new address	35. FAX (Optional)	36. E-mail Address (Optional)
1040 So WEBSTER ST.	( )	LAKEMARTHA@ATI.NET

37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
KOKOMO	IN	46902	HOWARD	765 461-8433	765 457-0237

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: Martha Lake

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)
Marshall D. Talbert	Marshall D Talbert	1/15/15
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date (MM-DD-YY)**
MARTHA J. LAKE	Martha D Lake	1/15/15

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 2015

KIM WILSON
Clerk Howard Cir. Court

DECLARATION OF CANDIDACY FOR MUNICIPAL PRIMARY NOMINATION IN 2015

(CAN-42)

State Form 48870 (R4 / 7-14)
Indiana Election Commission (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 7, 2015** and no later than **NOON, February 6, 2015**. 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.

STATE OF INDIANA)
)
COUNTY OF HOWARD)

GENERAL INFORMATION

I, MARTHA (First Name of Candidate) JEAN (Middle Name of Candidate) LAKE (Last Name of Candidate) the undersigned,

certify the following:

(1) I am a registered voter of Precinct 401 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 5, 2015.

(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.

RESIDENCY INFORMATION

(5) My complete residence address is:

1040 S. WEBSTER ST (Complete Residence Address Must Be Inserted) KOKOMO (City), Indiana 46902 (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)*) _____ (City), Indiana _____ (ZIP Code)

CANDIDATE NAME INFORMATION

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

MARTHA J. LAKE
*(*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)*** mjl

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

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

(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)* mjl

(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)* mjl

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)	Telephone (Evening)
Michael Lahr	1/15/2015	(765) 461-8433	765-461-8433

STATE OF INDIANA)
) SS:
COUNTY OF HOWARD)

Subscribed and sworn to before me this 15th day of January, 2015.

Kim Wilson

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

FILED
JAN 15 2015
SEAL
KIM WILSON
Clerk Howard Cir. Court

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, Friday, April 17, 2015**, 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 11, 2015 and ending May 3, 2015**, 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 16, 2015**, 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 10, 2015 and ending November 1, 2015**, 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.

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:
20 14

NOTE: Insert "Not Applicable" where appropriate.

I, Matthew J Lake 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 _____. *(Include district, if applicable.)*

(2) The name of my spouse is Kristin.

(3) The name of my employer and the nature of its business is Howard County Auditor.

(4) The name of the employer *of my spouse* and the nature of its business is N/A.

(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.

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

Signed, this the 15th day of January, 2015

Martha J. Lake
Signature

MARTHA J. LAKE
Printed Name

STATE OF INDIANA)
)
COUNTY OF HOWARD)

Subscribed and affirmed to before me this 15th day of January, 2015.

Kim Wilson / Dep
Notary Public or Other Official Administering Oath

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

County of Residence: HOWARD

FILED
SEAL
JAN 15 2015
KIM WILSON
Clerk Howard Cir. Court

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE ($1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

State Form 48492 (R4 / 11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

COMMITTEE INFORMATION

1. Full Name of Candidate *(include any nickname)* ☐ Check if this is a new name: MARTHA J. LAKE
2. Committee Telephone Number: (765) 461-8433
3. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 1040 So WEBSTER ST
4. City: KOKOMO, State: IN ZIP Code: 46902
5. Party Affiliation or If Independent Candidate: REPUBLICAN
6. Office Sought *(include district number, if any. Not required for exploratory committee.)*: MAYOR CITY OF KOKOMO
7. County of Residence: HOWARD
8. Reporting Period: From: 10/9/15 Through: 12/3/15

For classification, enter INDV for individual; PAC for political action committee: CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED / RECEIVED BY
Classification 1. MARTHA J. LAKE 1040 So WEBSTER ST KOKOMO. IN 46902 Contributor's Occupation *(if applicable)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)*	2000 00	10/23/15
Classification 2. Contributor's Occupation *(if applicable)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)*		
Classification 3. Contributor's Occupation *(if applicable)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)*		

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	Title	Date *(MM-DD-YY)*
Martha J. Lake	Treasurer	10/23/15
Signature of Candidate *(if applicable)*		**Date** *(MM-DD-YY)*
Martha J. Lake		10/23/15

Warning: 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, and IC 3-9-4-18)*

FOR OFFICE USE ONLY

FILED
OCT 23 2015
KIM WILSON
Clerk Howard Cir. Court