



2019 PARTY CHAIRMAN CERTIFICATION OF LIBERTARIAN PARTY NOMINEES FOR CITY AND LARGE TOWN OFFICES AND CANDIDATE'S CONSENT TO NOMINATION

(CAN-22)

State Form 49025 (R17 / 7-18)
Indiana Election Division (IC 3-8-5-17; 3-8-7-10; 3-10-2-15; 3-10-6-12; 3-13-1-20)

INSTRUCTIONS: Libertarian Party candidates nominated by city or town party conventions in 2019 are certified using this form. In towns with a population of **3,500 or more**, the chairman and secretary of the Libertarian Party (or the chairman and secretary of a convention of the party) must certify each candidate nominated at a town convention to the county election board by **NOON, July 3, 2019**. For conventions in towns with a population of *less than 3,500*, use the CAN-18 form. **A candidate should print the candidate's name on this form as they wish the name to appear on the general election ballot.**

TO THE COUNTY ELECTION BOARD OF Howard **COUNTY:**

In accordance with Indiana Code 3-10-2-15, 3-10-6-12, 3-8-5-17, or 3-13-1-20, I certify that (check one box) at a convention of the Libertarian Party, conducted on March 23, 2019, OR in order to fill a vacancy on the general election ballot, the following candidate was nominated for the indicated office: Mayor of Kokomo

CANDIDATE NAME INFORMATION

(1) The candidate requests that the candidate's name appear on the general election ballot in the following manner:

Michael D. Virgin

(*Include any Nickname and/or Suffix, Jr. Sr. II III IV)

The candidate also requests that the candidate's name on the candidate's voter registration record be the same as the name on this certification, 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.

CANDIDATE ADDRESS INFORMATION

(2) Candidate's complete residence address is:

2700 N Washington St., Trlr 84 Kokomo, Indiana 46901
Complete Residence Address Must Be Inserted City ZIP Code

(3) Candidate's mailing address is (if different from residence address):

308 E Sycamore St., #1053 Kokomo, Indiana 46901
Mailing Address (Write "SAME" if both addresses are identical or leave blank) City ZIP Code

↓ Please complete reverse of form ↓

LIBERTARIAN PARTY CHAIRMAN AND SECRETARY CERTIFICATION

We, the undersigned, swear or affirm under the penalties for perjury that the candidate named above was nominated at the county or town convention of this Party.

CERTIFIED THIS THE 23rd DAY OF March, 2019:

Signature of Party Chairman <i>Timothy J. Maguire</i>	Printed Name Timothy Maguire	<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Republican Party
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Residence address of Party Chairman (number and street, city, state, and ZIP code)
42 N. Arlington Ave, Indianapolis, IN 46219

Signature of Party Secretary <i>Frank A Rossa</i>	Printed Name Frank A Rossa	<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Republican Party
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Residence address of Party Secretary (number and street, city, state, and ZIP code)
2562 Willow Lakes East Blvd Greenwood, IN 46143

COUNTY OF Allen

STATE OF Indiana

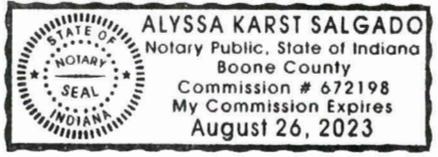
Subscribed and sworn to before me this 23rd day of March, 2019:

Alyssa Karst Salgado

Notary Public or Other Official Administering Oath according to IC 33-42-9

COUNTY OF RESIDENCE: Boone

MY COMMISSION EXPIRES (MM/DD/YY): 08/26/23





**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:

2019

NOTE: Insert "Not Applicable" where appropriate.

I, Michael David Virgin 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, Kokomo Indiana. (Include district, if applicable.)
- (2) The name of my spouse is Cynthia Marie Virgin.
- (3) The name of my employer and the nature of its business is
Home School Educator.
- (4) The name of the employer of my spouse and the nature of its business is
None and Not Applicable.
- (5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is
None and Not Applicable.
- (6) If I operate a professional practice, the name of the professional practice and the nature of its business is
None and Not Applicable.
- (7) If I am a member of a partnership, the name of the partnership and the nature of its business is
None and Not Applicable.
- (8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is
None and Not Applicable.
- (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
None and Not Applicable.
- (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
None and Not Applicable.
- (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
None and Not Applicable.
- (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
None and Not Applicable.

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

Signed, this the 23 day of March, 2019:

[Signature]
Signature

Michael David Virgin
Printed Name

STATE OF Indiana)
COUNTY OF Allen)

Subscribed and affirmed to before me this 23rd day of March, 2019

[Signature]
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 08/26/23

County of Residence: Boone





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 Virgin		First Name Michael		Middle Name David	Nickname	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) 2700 N Washington St., Trlr 84				5. FAX (Optional)		6. E-mail Address (Optional) candidate@voteformvirgin.com	
7. City Kokomo	State IN	ZIP Code 46901	8. County Howard	9. Telephone (Day) (765) 553-2955		10. Telephone (Evening) (765) 553-2955	
11. Party Affiliation <input type="checkbox"/> Democratic <input checked="" 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.) Mayor / Kokomo, Indiana				

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. Vote For Virgin							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 308 E Sycamore St., #1053				15. FAX (Optional)		16. E-mail Address (Optional) voteformvirgin@voteformvirgin.com	
17. City Kokomo	State IN	ZIP Code 46901	18. County Howard	19. Telephone (765) 271-0676		20. Committee Organization Date (mm/dd/yy) 03/06/2019	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Michael David Virgin							
22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 308 E Sycamore St., #1053				23. FAX (Optional)		24. E-mail Address (Optional) committee@voteformvirgin.com	
25. City Kokomo	State IN	ZIP Code 46901	26. County Howard	27. Telephone (Day) (765) 271-0676		28. Telephone (Evening) (765) 271-0676	
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.) BMO Harris 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.) <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. Cynthia M. Virgin			Person Appointed Treasurer		Signature of the Committee Chairperson		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Cynthia Marie Virgin							
34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 308 E Sycamore St., #1053				35. FAX (Optional)		36. E-mail Address (Optional) treasurer@voteformvirgin.com	
37. City Kokomo	State IN	ZIP Code 46901	38. County Howard	39. Telephone (Day) (217) 204-722		40. Telephone (Evening) (217) 204-7422	

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 Cynthia M. Virgin				
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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		Signature of Chairperson			Date (mm/dd/yy)		
43. Typed or Printed Name of Candidate Michael David Virgin		Signature of Candidate			Date (mm/dd/yy) 03/25/19		
<p>Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10) 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 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).</p>							

FOR OFFICE USE ONLY

FILED

MAR 25 2019

DEBBIE STEWART
Clerk Howard Cir. Court



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

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

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. Vote For Virgin	
2. Acronym or Abbreviated Name (if any) VFV	3. Committee Telephone Number (765) 271-0676
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 308 E Sycamore St., #1053	
5. City, State, ZIP Code Kokomo, IN 46901	6. Party Affiliation (if applicable) Libertarian

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Michael David Virgin	8. Party Affiliation or If Independent Candidate Libertarian
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Mayor / Kokomo, Indiana	10. County of Residence Howard

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input checked="" 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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input checked="" type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 03/23/19 Through: 03/24/19	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	274.05	274.05
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	274.05	274.05
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	274.05	274.05

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	174.05	174.05
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	174.05	174.05
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	100.00	100.00
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

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>Cynthia M. Virgin</i>	Title Treasurer	Date (mm/dd/yy) 03/25/19
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yy) 03/25/19

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 Level 6 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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MAR 25 2019

DEBBIE STEWART
Clerk Howard Cir. Court



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

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER	
Page <u>1</u>	of <u>2</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Michael Virgin 2700 N Washington St., Trlr 84 Kokomo, IN 46901 Contributor's Occupation (if required) <u>Homeschool Educator</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Website, Email, PO Box, Buttons</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$174.05	\$174.05	03/24/19 Cynthia Virgin
2. Cynthia Virgin 2700 N Washington St., Trlr 84 Kokomo, IN 46901 Contributor's Occupation (if required) <u>Disabled</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$100.00	\$100.00	03/24/19 Cynthia Virgin
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 274.05		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 274.05		



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

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER
Page <u> 2 </u> of <u> 2 </u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
Code <u> O </u> Uptown Post Office 308 E Sycamore St Kokomo, IN 46901	Post Office	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Receipt of mail for committee	\$46.00	\$46.00	03/06/19
Code <u> A </u> Think Twice Buttons / Paypal Paym 2211 North First Street San Jose, CA 95131	Manufacturer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$7.89	\$7.89	03/09/19
Code <u> A </u> GoDaddy.com, LLC 14455 N Hayden Rd. Ste 219 Scottsdale, AZ 85260	Domain Registration	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$11.16	\$11.16	02/08/19
Code <u> A </u> Wix.com 2601 Mission St San Francisco, CA 94110	Website	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$84.00	\$84.00	02/27/19
Code <u> O </u> Wix.com 2601 Mission St San Francisco, CA 94110	Email Account	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$25.00	\$25.00	02/28/19
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 174.05		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 174.05		