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, Michelle Marie Haendiges, the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct Monroe of the Township of Monroe,
(or of Ward _____ of the City or Town of _____), 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 Coroner, District _____ *(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.

☐ 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:

6361 West 90 South, 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, _____, IN *(amend if other state)* _____
Mailing address — City — ZIP Code

CANDIDATE NAME INFORMATION

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

Dr. Michelle Haendiges
(*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.

FILED
FEB 0 4 2016
KIM WILSON
Clerk Howard Cir. Court

Please complete reverse of form

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)* MH

(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)* MH

(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)* MH

(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)* MH

(11) I have been a candidate for state, state legislative, or local office in a previous primary, municipal, special, or general election:
☐ 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: ☐ Yes ☐ No *(Check one)* N/A

(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)* ____

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)
[signature] MO	1 / 25 / 16	(765) 438-3844	(765) 883-7717

STATE OF INDIANA)
) SS:
COUNTY OF HOWARD)

Subscribed and sworn to before me this 4 day of February, 2016.

Dana J. Scarberry
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: _____

DANA J SCARBERRY
Notary Public, State of Indiana
Howard County
Commission #608996
My Commission Expires
August 28, 2017

SEAL

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.

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:
2016

NOTE: Insert "Not Applicable" where appropriate.

I, Michelle Marie Haendiges 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 -.

(3) The name of my employer and the nature of its business is Haendiges and Associates, P.C. - physician in medical weight loss and wellness.

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

(5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is Haendiges and Associates, PC - wellness and weight loss.

(6) If I operate a professional practice, the name of the professional practice and the nature of its business is Haendiges and Associates, PC - wellness and weight loss.

(7) If I am a member of a partnership, the name of the partnership and the nature of its business is Doc's Organic Center - organic farming.

(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 Rise and shine Walkers - Breed and Raise TN walking horses.

(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 _____.

FILED
FEB 04 2016
KIM WILSON
Clerk Howard Cir. Court

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 _____ day of _____, 20___:

Michelle M Haendiges

Signature

Michelle Marie Haendiges

Printed Name

STATE OF Indiana)
)
COUNTY OF Howard)

Subscribed and affirmed to before me this 4 day of February, 2016

Dana J. Scarberry

Notary Public or Other Official Administering Oath

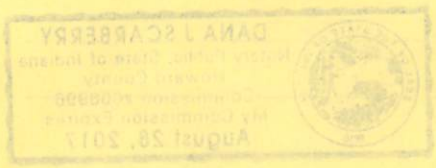
My Commission expires *(applies only to Notary Public)*:

County of Residence: _____

DANA J SCARBERRY
Notary Public, State of Indiana
Howard County
Commission #608998
My Commission Expires
August 28, 2017

SEAL

NOTARY
SEAL


DANA J SCARBERRY
August 28, 2017

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)
Haendiges	Michelle	Marie	Micki	☑ Candidate's Principal Committee ☐ Exploratory Committee

4. Mailing Address	5. FAX (Optional)	6. E-mail Address (Optional)
6361 West CR 90 S.	( )	micki2847@aol.com

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
~~Russiaville~~ Kokomo	IN	46901	Howard	(765) 438-3844	(765) 438-3844

11. Party Affiliation	12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☑ Republican ☐ Other _____	Coroner of Howard County

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
Haendiges For Coroner

14. Mailing Address ☐ Check if this is a new address	15. FAX (Optional)	16. E-mail Address (Optional)
6361 West CR 90 S.	( )	haencor2016@gmail.com

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (MM-DD-YY)
Kokomo	IN	46901	Howard	(765) 438-3844	1-21-2016

21. Chairperson's Full Name ☐ Designate Candidate as Chairperson ☑ Check if this is a new chairperson
Erin Lee Geiselman

22. Mailing Address ☐ Check if this is a new address	23. FAX (Optional)	24. E-mail Address (Optional)
952 Shore Bend Blvd	( )	elgeiselman@aol.com

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Kokomo	IN	46902	Howard	(765) 513-8735	(765) 513-8735

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.)
Bank of Berne

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	Signature of the Committee Chairperson
	Mark J. Fackler	Erin Geiselman

33. Treasurer's Full Name ☐ Designate candidate as treasurer ☑ Check if this is a new treasurer
Mark Jason Fackler

34. Mailing Address ☐ Check if this is a new address	35. FAX (Optional)	36. E-mail Address (Optional)
5226 W. 100 S.	( )	Mjfac@sbcglobal.net

37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
Russiaville	IN	46979	Howard	(765) 776-6569	(765) 776-6569

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
	Mark J. Fackler

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)
Erin Lee Geiselman	Erin Geiselman	2/3/16
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date (MM-DD-YY)**
Michelle M. Haendiges	Michelle M. Haendiges	2/3/16

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

FEB 04 2016
KIM WILSON
Clerk Howard Cir. Court