



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

(CFA-1)

State Form 4604 (R15 / 5-19)
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 Pullen		First Name Sheila		Middle Name Louks	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) 3211 Susan Dr				5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City Kokomo	State IN	ZIP Code 46902	8. County Howard		9. Telephone (Day) (765) 434-0262		10. Telephone (Evening) (765) 455-3613
11. Party Affiliation <input 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.)			

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. Keep Sheila Louks Pullen Center Township Assessor							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3211 Susan Dr				15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City Kokomo	State In	ZIP Code 46902	18. County Howard		19. Telephone (765) 455-3613		20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson.							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City	State	ZIP Code	26. County		27. Telephone (Day) ()		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.)							
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.				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.							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City	State	ZIP Code	38. County		39. Telephone (Day) ()		40. Telephone (Evening) ()

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 Sheila Louks Pullen	Signature of Chairperson 	Date (mm/dd/yy) 1/10/2022
43. Typed or Printed Name of Candidate Sheila Louks Pullen	Signature of Candidate 	Date (mm/dd/yy) 1/10/2022

FOR OFFICE USE ONLY

FILED

JAN 10 2022

DEBBIE STEWART
Clerk Howard Cir. Court

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).



DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION IN 2022

(CAN-2)

State Form 46439 (R20 / 8-21)
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 not earlier than January 5, 2022 and not later than **NOON, February 4, 2022**. 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 CAN-4 forms. All candidates seeking a primary nomination for a LOCAL office (other than Circuit, Probate, or superior court judge, or prosecuting attorney) must also file the CAN-12 form WITH this form.

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STATE OF INDIANA)
COUNTY OF Howard)

JAN 10 2021

DEBBIE STEWART
Clerk Howard Cir. Court

GENERAL INFORMATION

I, Sheila Louks Pullen, the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct 404 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 **(check one)** Democratic Party or Republican Party with which I am affiliated to be voted on at the primary election to be held on May 3, 2022, for the office of Center Township Assessor, District _____ (if any).
Name of Office

(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 two primary elections 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 two most recent primary elections in Indiana in which I voted were the primaries 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:
3211 Susan Dr Kokomo, IN (amend if other state) 46902
Complete residence address must be included *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
_____, 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:

Sheila Louks Pullen

(Include any Nickname and/or Suffix, such as 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. (IC 3-8-2-7(c))

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. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses.
EXAMPLE: John R. (Jack) Doe

PLEASE COMPLETE REVERSE OF FORM



**STATEMENT OF ECONOMIC INTERESTS
FOR LOCAL AND SCHOOL BOARD OFFICES**

(CAN-12)

State Form 55128 (R / 8-19)
Indiana Election Division (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) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) 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. **NOTE:** A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with the office described in IC 3-8-2-6.

STATE OF INDIANA
COUNTY OF Howard

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

20 21

NOTE: Insert "Not Applicable" where appropriate.

I, Sheila Louks Pullen 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
Center Township Assessor (Include district, if applicable.)
- (2) The name of my spouse was Joseph Pullen
- (3) The name of my employer and the nature of its business was
Howard County Center Townsh;ip
- (4) The name of the employer of my spouse and the nature of its business was
Retired
- (5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was

- (6) If I operated a professional practice, the name of the professional practice and the nature of its business was

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

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

- (9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was
Louks Family LLC Rentals
- (10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was

- (11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was

- (12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was

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 10 day of January, 2022.


Signature

Sheila Louks Pullen
Printed Name

STATE OF INDIANA

COUNTY OF HOWARD

Subscribed and affirmed to before me this 10th day of January, 2022

Debbie Stewart
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-31-2022

County of Residence: HOWARD



FILED

JAN 10 2021

DEBBIE STEWART
Clerk Howard Cir. Court