



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 Heady	First Name Tanner	Middle Name Joseph	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) 716 S Courtland Ave	5. FAX (Optional)	6. E-mail Address (Optional)
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7. City Kokomo	State IN	ZIP Code 46901	8. County Howard	9. Telephone (Day) (765) 461-4946	10. Telephone (Evening) (765) 461-4946
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11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other	12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Center Township Assessor
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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.
Friends to Elect Tanner Heady

14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 716 S Courtland Ave	15. FAX (Optional)	16. E-mail Address (Optional)
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17. City Kokomo	State IN	ZIP Code 46901	18. County Howard	19. Telephone (765) 461-4946	20. Committee Organization Date (mm/dd/yy)
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21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.
Ronald Metz

22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. PO BOX 2147	23. FAX (Optional)	24. E-mail Address (Optional)
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25. City Kokomo	State IN	ZIP Code 46904-2147	26. County Howard	27. Telephone (Day) (765) 236-2301	28. Telephone (Evening)
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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 type="checkbox"/> No
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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 Tanner Heady	Signature of the Committee Chairperson
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33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.
Tanner Heady

34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 716 S Courtland Ave	35. FAX (Optional)	36. E-mail Address (Optional)
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37. City Kokomo	State IN	ZIP Code 46901	38. County Howard	39. Telephone (Day) (765) 461-4946	40. Telephone (Evening)
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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

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 Ronald Metz	Signature of Chairperson 	Date (mm/dd/yy) 7/7/2022
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43. Typed or Printed Name of Candidate Tanner Heady	Signature of Candidate 	Date (mm/dd/yy) 7/7/2022
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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
JUL 07 2022
DEBBIE STEWART
Clerk Howard Cir. Court



**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__

NOTE: Insert "Not Applicable" where appropriate.

I, Tanner Heady 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 Sarah A. Heady

(3) The name of my employer and the nature of its business was
Bucheri McLarty & Metz LLP, Accounting

(4) The name of the employer of my spouse and the nature of its business was
Cross roads, child care

(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was
N/A

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

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

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

(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
N/A

(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 N/A

(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 N/A

(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 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 1 day of July, 2022:

Tanner Heady
Signature

Tanner Heady
Printed Name

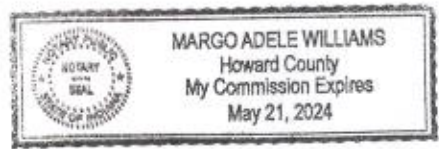
STATE OF Indiana)
COUNTY OF Howard)

Subscribed and affirmed to before me this 1 day of July, 2022

Margo Adele Williams
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): May 21, 2024

County of Residence: Howard



FILED

JUL 05 2022

DEBBIE STEWART
Clerk Howard Cir. Court