



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 Miklik	First Name Thomas	Middle Name J	Nickname Tom	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 2300 W. Maple St.		5. FAX (Optional) ()		6. E-mail Address (Optional) tmiklik@comcast.net
7. City Kokomo	State IN	ZIP Code 46901	8. County Howard	9. Telephone (Day) (765) 438-2308
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.) City Councilman District 6	
10. Telephone (Evening) (765) 457-2800				

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 Committee to Elect Tom Miklik				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 2300 W. Maple St.		15. FAX (Optional) ()		16. E-mail Address (Optional) tmiklik@comcast.net
17. City Kokomo	State IN	ZIP Code 46901	18. County Howard	19. Telephone (765) 457-2800
20. Committee Organization Date (MM-DD-YY) 1/6/2015			21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Mitchell Al Gauger	
22. Mailing Address <input type="checkbox"/> Check if this is a new address 305 Branded Blvd.		23. FAX (Optional) ()		24. E-mail Address (Optional) mgauger2013@gmail.com
25. City Kokomo	State IN	ZIP Code 46901	26. County Howard	27. Telephone (Day) (765) 860-7277
28. Telephone (Evening) (765) 860-7277				
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.) First Farmers Bank and Trust				
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 checked="" type="checkbox"/> No <input type="checkbox"/> 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. Tyson Damitz		Person Appointed Treasurer Tyson Damitz		Signature of the Committee Chairperson Mitchell Gauger	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Tyson Damitz					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 412 Ruddell Dr.			35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Kokomo	State IN	ZIP Code 46901	38. County Howard	39. Telephone (Day) (765) 480-4696	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 [Signature]
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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 Mitchell Gauger	Signature of Chairperson Mitchell Gauger	Date (MM-DD-YY) 01-06-15
43. Typed or Printed Name of Candidate Thomas J Miklik	Signature of Candidate Thomas J Miklik	Date (MM-DD-YY) 010615

FOR OFFICE USE ONLY

FILED

JAN 07 2015

**KIM WILSON
Clerk Howard Cir. Court**

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).



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 15

NOTE: Insert "Not Applicable" where appropriate.

I, Thomas J. Miklik the undersigned, certify the following:
Name of Candidate or Person Filing Vacant Office

(1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is
Councilman 6th District (Include district, if applicable.)

(2) The name of my spouse is Linda R.

(3) The name of my employer and the nature of its business is
Retired

(4) The name of the employer of my spouse and the nature of its business is
Retired

(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

FILED
JAN 07 2015
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 7 day of January, 2015.

Thomas J. Miklik
Signature

Thomas J. Miklik
Printed Name

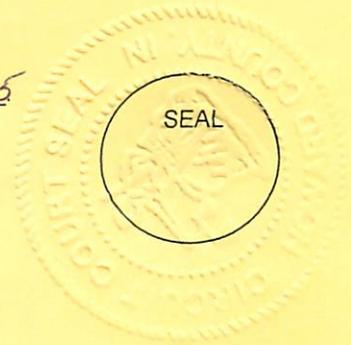
STATE OF Indiana)
COUNTY OF Howard)

Subscribed and affirmed to before me this 7 day of January, 2015

Kym Wilson
Notary Public or Other Official Administering Oath

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

County of Residence: Howard





**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)

FILED
JAN 07 2015

GENERAL INFORMATION

I, Thomas (Tom))
First Name of Candidate)
J.)
Middle Name of Candidate)
M. KLICK)
Last Name of Candidate)

KIM WILSON
Clerk Howard Cir. Court

certify the following:

(1) I am a registered voter of Precinct 64602 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 Councilman, District 6 (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:
2300 W Maple ST)
Complete Residence Address Must Be Inserted)
Kokomo)
City)
Indiana)
46901)
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:
Tom Miklik

(*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) *JM*

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

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

(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) *JM*

(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) *JM*

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Thomas J. McElis 01 06 15 765 438-2308 765 280 0
Signature Date Signed (MM/DD/YY) Telephone (Day) Telephone (Evening) *457-*

STATE OF Indiana)
COUNTY OF Howard) SS:

Subscribed and sworn to before me this 7 day of January, 2015.

Kim Wilson

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

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.



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (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) Check if this is a new name
Committee to Elect Tom Miklik

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(765) 480-4696

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
2300 W Maple St.

5. City, State, ZIP Code
Kokomo IN 46901

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Thomas J. Miklik (Tom)

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
10th District Common Council - Kokomo

10. County of Residence
Howard

TYPE OF REPORT

11. Check one:

- Pre-Primary Pre-Election Annual Nomination Other
- Final/Disbands Committee (lines 18, 19, and 20 must be '0')
- Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

- Pre-Convention
- Post-Convention

12. Reporting Period:

From: **04/11/2015** Through: **10/09/2015**

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

733.50

14. Cash on hand and investments January 1, current year.

733.50

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

500.00

500.00

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

500.00

500.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

1233.50

1233.50

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

345.00

345.00

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

345.00

345.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

888.50

888.50

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

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

Signature of Candidate (if applicable)

Date

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, IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED

OCT 20 2015

KIM WILSON

Clerk Howard Cir. Court



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

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES**
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100 per contributor, within a calendar year MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions **regardless of amount** from political action committees **MUST** be itemized on this schedule. 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).

FILE NUMBER

Page 2 of 3

CONTRIBUTOR'S FULL NAME AND 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 RECEIVED BY
1. <i>Indiana Reactors PAC 320 N. Meridian St. Ste 428 Indianapolis, IN 46204</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	<i>500.⁰⁰</i>		<i>09/09/2015 Tyson Dunitz</i>
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (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 3 of 3

Table with 6 columns: RECIPIENT'S NAME AND MAILING ADDRESS, RECIPIENT'S OCCUPATION, TYPE OF EXPENDITURE and PURPOSE, COLUMN A AMOUNT THIS PERIOD, COLUMN B CUMULATIVE YEAR-TO-DATE, DATE OF EXPENDITURE. Includes one row for Kokomo Perspective and subtotal/totals at the bottom.