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, TYLER O. MOORE the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct 603 of the Township of CENTER,
(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 COUNTY COMMISSIONER District 2 *(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:

517 TUMBLEWEED DRIVE (Complete residence address must be inserted) KOKOMO (City), IN *(amend if other state)* 46901 (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 (Mailing address) _____ (City), IN *(amend if other state)* _____ (ZIP Code)

CANDIDATE NAME INFORMATION

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

TYLER O. MOORE
(*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.

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)*** TW

(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)* TW

(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)* TW

(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)* TW

(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)*

(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)* TW

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]	1/6/16	(765) 860-8745	(765) 860-8745

STATE OF INDIANA)
) SS:
COUNTY OF HOWARD)

Subscribed and sworn to before me this 6 day of JANUARY, 2016.

Shirley Garro
Notary Public or Other Official Administering Oath according to IC 33-42-4-1

OFFICIAL SEAL
SHIRLEY GARRO
NOTARY PUBLIC - INDIANA
HOWARD COUNTY
My Comm. Expires September 28, 2016

My Commission expires *(applies only to Notary Public)*: 9-28-16

County of Residence: HOWARD

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.

FILED
JAN 0 6 2016
KIM WILSON
Clerk Howard Circuit Court

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.

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

Signed, this the 6 day of JANUARY, 2016

Signature

TYLER O. MOORE

Printed Name

FILED

JAN 0 6 2016

KIM WILSON

Clerk Howard Cir. Court

STATE OF INDIANA)

)

COUNTY OF HOWARD)

Subscribed and affirmed to before me this 6 day of JANUARY, 2016

Notary Public or Other Official Administering Oath

SEAL

My Commission expires *(applies only to Notary Public)*: 9-28-16

County of Residence: HOWARD

OFFICIAL SEAL
SHIRLEY GARRO
NOTARY PUBLIC - INDIANA
HOWARD COUNTY
My Comm. Expires September 28, 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:
20___

NOTE: Insert "Not Applicable" where appropriate.

I, TYLER O. MOORE 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 COUNTY COMMISSIONER -- DISTRICT 2. *(Include district, if applicable.)*

(2) The name of my spouse is ANNI M. MOORE.

(3) The name of my employer and the nature of its business is MOORE TITLE & ESCROW, INC. / TITLE INSURANCE & ESCROW SERVICES.

(4) The name of the employer *of my spouse* and the nature of its business is GREAT LAKES CARING / HOME REHABILITATION AND THERAPY.

(5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is NOT APPLICABLE.

(6) If I operate a professional practice, the name of the professional practice and the nature of its business is NOT APPLICABLE.

(7) If I am a member of a partnership, the name of the partnership and the nature of its business is NOT APPLICABLE.

(8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is 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 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 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 MOORE TITLE & ESCROW, INC. / TITLE INSURANCE AND ESCROW SERVICES.

(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 NOT APPLICABLE.

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.

DECLARATION OF CANDIDACY FOR PRECINCT COMMITTEEMAN OR STATE CONVENTION DELEGATE IN 2016

(CAN-37)

State Form 47417 (R11 / 9-15)
Indiana Election Division (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic and Republican Party candidates for Precinct Committeeman and State Convention Delegate. A declaration of candidacy for election as a precinct committeeman or state convention delegate must be filed with the county election board *or Lake or Tippecanoe County boards of elections and registration* **no earlier than January 6, 2016 and no later than noon, February 5, 2016.** ***If running for BOTH precinct committeeman and state convention delegate, complete a separate copy of the CAN-37 for each office.***

STATE OF INDIANA)
)
COUNTY OF HOWARD)

GENERAL INFORMATION

I, TYLER O. MOORE, the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct 603 of the Township of CENTER,

(or of Ward _____ of the City or Town of KOKOMO), County of HOWARD, State of Indiana.

(2) I reside in the 4th Congressional district.

(3) I request that my name be placed on the May 3, 2016 primary ballot of the party with which I am affiliated:

(check one) ☐ Democratic Party or ☑ Republican Party

for the office of ☐ Precinct Committeeman OR ☑ State Convention Delegate *(check only one office on this copy)*

Precinct Name _____ *or* Convention Delegate District/"At Large" _____

(4) I comply with all requirements under the laws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.

RESIDENCY INFORMATION

(5) My complete residence address is:

517 TUMBLEWEED DR. | KOKOMO | Indiana | 46901
Complete Residence Address Must Be Inserted | City | ZIP Code

(6) My mailing address is *(if different from residence address)*:

SAME | _____ | Indiana _____
Mailing Address *(Write "SAME" if both addresses are identical or leave blank)* | City | ZIP Code

CANDIDATE NAME INFORMATION

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

TYLER O. MOORE
(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.

CERTIFICATION

I, the undersigned, 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)* 01/16/16 | Telephone *(Day)* (765) 860-8745 | Telephone *(Evening)* (765) 860-8745

STATE OF INDIANA)
)
COUNTY OF HOWARD)

Subscribed and sworn to before me this 16 day of January, 2016.

Kim Wilson/cb
Notary Public or Other Official Administering Oath according to IC 33-42-4-1

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

County of Residence: HOWARD

FILED
JAN 19 2016
KIM WILSON
Clerk Howard Cir. Court
SEAL

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)
MOORE	TYLER	OWEN		☒ Candidate's Principal Committee ☐ Exploratory Committee

4. Mailing Address	5. FAX (Optional)	6. E-mail Address (Optional)
517 TUMBLEWEED DRIVE	( )	

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
KOKOMO	IN	46901	HOWARD	(765) 860-8745	(765) 860-8745

11. Party Affiliation	12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☒ Republican ☐ Other _____	COUNTY COMMISSIONER - DISTRICT 2

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 FOR TYLER MOORE

14. Mailing Address ☐ Check if this is a new address	15. FAX (Optional)	16. E-mail Address (Optional)
517 TUMBLEWEED DRIVE	( )	

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (MM-DD-YY)
KOKOMO	IN	46901	HOWARD	(765) 860-8745	02-10-12

21. Chairperson's Full Name ☐ Designate Candidate as Chairperson ☐ Check if this is a new chairperson
LAWRENCE R. MURRELL

22. Mailing Address ☐ Check if this is a new address	23. FAX (Optional)	24. E-mail Address (Optional)
3118 ENCLAVE CT.	( )	

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
KOKOMO	IN	46902	HOWARD	(765) 456-1418	(765) 860-1727

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.)
COMMUNITY FIRST BANK OF INDIANA

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
	TYLER O. MOORE	

33. Treasurer's Full Name ☒ Designate candidate as treasurer ☐ Check if this is a new treasurer
TYLER O. MOORE

34. Mailing Address ☐ Check if this is a new address	35. FAX (Optional)	36. E-mail Address (Optional)
517 TUMBLEWEED DR.	( )	

37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
KOKOMO	IN	46901	HOWARD	(765) 860-8745	(765) 860-8745

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	Signature of Chairperson	Date (MM-DD-YY)
LAWRENCE R. MURRELL		01/13/16

43. Typed or Printed Name of Candidate	Signature of Candidate	Date (MM-DD-YY)
TYLER O. MOORE		01/13/16

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

JAN 15 2016

KIM WILSON
Clerk Howard Cir. Court