



**TOWN OFFICE DECLARATION OF CANDIDACY BY A
DEMOCRATIC, LIBERTARIAN, OR REPUBLICAN PARTY CANDIDATE
WHEN NO TOWN PRIMARY IS CONDUCTED IN 2015**

(CAN-16)

State Form 46422 (R16 / 7-14)
Indiana Election Commission (IC 3-8-5-10.5)

INSTRUCTIONS: This form must be filed with the circuit court clerk of the county in which most of the town's population is located no earlier than **January 7, 2015** and no later than **NOON, August 3, 2015** before an election.

This form is to be used by a Democratic Party, Libertarian Party, or Republican Party candidate for a town office in a town that has a population of less than 3,500 in which no town primary will be conducted.

A candidate of any other political party (or an independent candidate) must use the CAN-19 and CAN-20 forms.

STATE OF INDIANA

COUNTY OF Howard

GENERAL INFORMATION

I, Katie Morris Regan the undersigned,
First Name of Candidate Middle Name of Candidate Last Name of Candidate

certify the following:

(1) I am a registered voter of Precinct _____ of the Township of Liberty
(or of Ward 1 of the City or Town of Greentown), County of Howard, State of Indiana.

(2) I am a member of the (check one box) Democratic Party Libertarian Party OR Republican Party

(3) I am a candidate for the nomination to the office of Town Council Member, District Ward 1 (if any) in the Town of Greentown.

(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), and 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:

412 N. Meridian St Greentown, Indiana 46936
Complete Residence Address Must Be Inserted City ZIP Code

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

_____, Indiana _____
Mailing Address (Write "SAME" if both addresses are identical) City ZIP Code

CANDIDATE NAME INFORMATION

(7) I request that my name appear on the municipal election ballot in the following manner:

Katie M. Regan

(*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.

FILED

JUL 30 2015

KIM WILSON

Clerk Howard Cir. Court

amended

(CAN-12)



STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

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: 2014

NOTE: Insert "Not Applicable" where appropriate.

I, Katie M Regan 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 Town Council member Ward 1 (Include district, if applicable.)

(2) The name of my spouse is Deceased (was Riley Regan)

(3) The name of my employer and the nature of its business is County of Union NJ. Government Jan, 1 2014 to May 31, 2014 (now retired) self-employed

(4) The name of the employer of my spouse and the nature of its business is Not Applicable

(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 Regan Counseling & Consulting Services, LLC.

(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 Not Applicable

(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.

FILED

MAR 30 2015

KIM WILSON

Clerk Howard Cir. Court

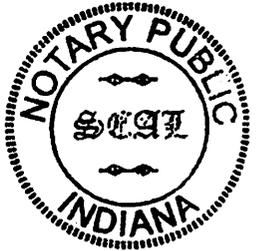
I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the 6 day of February, 2015

Katie Morris Regan
Signature

Katie Morris Regan
Printed Name

BRITNEY G. PARSLEY
Notary Public, Howard County, Indiana
My Commission expires Oct. 15, 2021



STATE OF Indiana }
COUNTY OF Howard }

Subscribed and affirmed to before me this 6 day of February, 2015

Britney G Parsley
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): October 15, 2021

County of Residence: Howard

