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, Robert (First Name of Candidate) Clark (Middle Name of Candidate) Hewitt (Last Name of Candidate) the undersigned,

certify the following:

(1) I am a registered voter of Precinct 1 of the Township of Honeycreek Township (or of Ward _____ of the City or Town of _____), County of _____, 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, District 1 (if any) in the Town of Russiaville.

(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:

547 N. Union (Complete Residence Address Must Be Inserted) Russiaville (City), Indiana 46979 (ZIP Code)

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

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

CANDIDATE NAME INFORMATION

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

Robert C Hewitt
*(*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
APR 30 2015
KIM WILSON
Clerk Howard Cir. Court

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)* _____

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

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

(11) By initiailing, 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)* _____

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)*	Telephone *(Day)*	Telephone *(Evening)*
Robert A Hewet	4/30/2015	(765) 883-7140	(765) 883-7140

STATE OF Indiana)
) SS:
COUNTY OF Howard)

Subscribed and sworn to before me this 30th day of April, 2015.

Kim Wilson

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

SEAL

My Commission expires *(applies only to Notary Public)*: 12-31-2018

County of Residence: Howard

CAMPAIGN FINANCE NOTICE

A candidate's committee must file a pre-municipal election campaign finance report no later than **NOON, 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 the 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.

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 _____

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:
20___

NOTE: Insert "Not Applicable" where appropriate.

I, Robert a Hewitt 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 Russiaville Town Council. *(Include district, if applicable.)*

(2) The name of my spouse is Christine Hewitt.

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

(4) The name of the employer *of my spouse* and the nature of its business is Functional Device Electronics.

(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 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.

FILED
APR 30 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 30 day of April, 2015

Robert C Hewitt

Signature

Robert C Hewitt

Printed Name

STATE OF Indiana)
COUNTY OF Howard)

Subscribed and affirmed to before me this 30th day of April, 2015

Lynn Wilson

Notary Public or Other Official Administering Oath

SEAL

My Commission expires *(applies only to Notary Public)*: 12-31-2018

County of Residence: Howard