

PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2024

(CAN-34)

State Form 47008 (R21 / 8-23) Indiana Election Division (IC 3-8-2.5; 3-6-12)

COUNTY: HOWARD

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than May 21, 2024 and not later than noon, June 20, 2024. Petitioners are not required to provide precinct and ward information. Except in cases of disability, the petitioner must complete the information in the petitioner's own handwriting. If assistance is provided due to disability, the assister must complete the affidavit on the reverse of this form. Each candidate must complete the Candidate's Consent on the reverse of this form and file a Statement of Economic Interests (CAN-12 form) with this petition. In a metropolitan school corporation, this petition must be signed by ten (10) registered voters residing in the same board member district as the nominee. (IC 20-23-7-8.1) In a community school corporation, this petition must be signed by ten (10) registered voters residing within the boundaries of the school corporation. (IC 20-23-4-29.1) Additional petition requirements apply in some school corporations. Consult your afterney to be advised of your rights and responsibilities.

Additional petition requirements apply in some school corporations. Consult your attorney to be advised of your rights and responsibilities. TO THE HOWARD COUNTY CIRCUIT COURT CLERK (OR THE LAKE, PORTER, OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION): Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature as of the date this petition is processed by the county voter registration officials; 2) the individual is a duly qualified registered voter in Indiana; 3) the individual desires to be able to vote for the candidates listed below; and 4) each of the undersigned respectfully requests you to place the following names of the legally qualified candidates for a school board office on the November 5, 2024 General Election Ballot. If the school district is comprised of more than one county, the petition is to be filed with the county containing the greatest percentage of population of the school corporation. COMPLETE CANDIDATE ADDRESS **OFFICE SOUGHT CANDIDATE NAME** (If different from residence, include mailing address.) (Include election district name or number.) 1 ANDREA 2 3

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	SIGNATURE	PRINTED NAME First Last	DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes) Number Street Apartment	CITY or TOWN and ZIP CODE	Office Use Only REG PCT/ (Y/N) WARD	
1	Tom Hales	TOM HALE		3150 ENSERALD BLVD.	KOKOMO ,46902	Y HARRISH	
2	heran socket	Deboral Crocket	+ 12-08-95	3 2356 S. 350 W	Russiaville 46929	HAPP ISON	
3	ofex (solit	REX Crockett	09-30-50	2356 5 350 w	PUSSIA UILLE/48929	Y HARRISON	
4	David & Brokson	DAVIDA GRANS	ON 07-17-46	4586 GLEN MOOR WAY	KOKOMO TV 46902		
5	Dry	JAMES RAYL	03-16-67	4860 S. 200 W.	16Km In. 46802	Hann	
6 (Laren Edmonde	Karen E Edmon	ds 11-16-65	-39255,350 West	Kokomo In 46902	ا ا	
7	Chery Hegyleyen	Cheryl Helmbar		340 ECCottege College	Russiaulle, Istia7	Mostry	
8	Jamas Jamas	Laura A Isaac	10.9.1948	3520 Oliene Dr.	Kokomo, IN 44902	Y HARRISH	
9	Barrett Bates	Barrett Bates	5 12.19.1982	5544 Golden Grate vary	KoKomo, In. 46902	Y HARRIS	
10	Vich Hill	Vick: Hill	12-22-1960	6034 W 500 S	Russiaville, IN 46979	A CREEK &	
1	DETITION CARRIED CERTIFICATION (1)						

PETITION CARRIER CERTIFICATION (Must be completed on each petition submitted for filing.)

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

CARRIER'S SIGNAJUREV

CARRIER'S PRINTED NAME

CARRIER'S DATE OF BIRTH (month, day, year)

DATE SIGNED BY CARRIER (month, day,)

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE (number and street, city, state, and ZIP code)

Note: Indiana state law does not require a petition carrier to be an Indiana resident or registered voter of Indiana to circulate or gather petition signatures for a candidate. All fields in this certification must be completed before filing with the county closes at noon, June 20, 2024, or the petition is rejected:

		CANDIDATE NA	ME INFORM	IATION				
I request that my name appear on the general	election ballot in the following manner as d	lescribed in IC 3-5-7. I also requ	uest that my name	on my voter regis	tration record be the sa	ime as the name	on this declaration of candidacy. (IC 3-8-2-7(c)).	
LYWN HALE							If a candidate's name does not comply with IC 3-5-7, the declaration may be challenged	
'First Designation	Second Designation	Third Designat	tion	Fourth Designation		Suffix	under Indiana Code 3-8-1-2. A candidate may use a nickname on the ballot only if the	
This can be: The candidate's legal given name. The initial of the candidate's legal middle name. The candidate's nickname. The candidate's nickname. The candidate's legal surname.		If not used in the third designation, this can be: • The candidate's nickname.		Examples: • Jr. or III CANNOT be a title or degree like MD, JD	nickname is a name by which the candida is commonly known and does not exceed characters. A candidate may not use a title degree as a designation or a designation timplies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE Long Page 10 (Jack) D			
The state of the s		CANDIDATI	E'S CONSEI	TV			1 In In In	
I, the undersigned, am a candidate for the of I give my written consent under IC 3-8-2.5-candidate for this office. I meet all qualificate I have been a candidate for a state, legislate.	7 to the circulation and filing of a petitions for this office, including reside	In: etition under IC 3-8-2.5 to ncv requirements and do	nsert name of sch place my name not have a crim	on the ballot a	, including any election in the general election in the general election in the control of the c	ion to be held	November BBRE STEWART a	
If yes, I have filed reports required by IC 3-	9-5-10 for all previous candidacios	TVos DNs (Charles	or general elect	ion. ⊬zi res [_ No (Check one)	(If no, skip n	ext line.)	
I am aware of the provisions of IC 3-9 regar the appropriate county election board after board candidate. I agree to comply with the I certify that the information in this I	rding campaign finance and the rep the first of the following occurs: (1) provisions of IC 3-9.	orting of contributions and I receive more than \$500	d expenditures. in contributions	as a school b	oard candidate, or	(2) I spend m	ore than \$500 in expenditures as a school	
Signature Signature		6~19~14 Date Signed	Subscribed a	nd sworn to be	efore this 18 2024.	_ day of	SEAL Howard County Commission Number NP0749705 My Commission Expires JUNE 21, 2031	
765 960 3879 Telephone Email (options			Same		ممع			
Telephone Email (optional):	II)						ath according to IC 33-42-9-7	
NOTE: If the name of more than one can	didata in included on the westeller		iviy Commissi	on Expires (ar	oplies only to Notar	y Public):	Jane 21, 2031	
attach a copy of the executed consent fo	rm above when the petition of no	omination is filed.	I	sidence:				
Laffirm under the papalties for parium that Lass	AFFIDAVIT OF ASSIS	STANCE PROVIDED	D TO PETITI	ONER(S) V	VITH DISABILI	TIES		
I affirm under the penalties for perjury that I ass Names of Petitioners Assisted by me:	isted the following petitioners, due to t	nsability, in whiling the petiti	lioner's signature,	printed name,			ion: , 20 TANCE PROVIDED <i>(month, day, year)</i>	
ASSISTER'S SIGNATURE	ASSISTER'S PRINTE	D NAME	ASSISTER'	S ADDRESS	number and stree	t, city, state,	and ZIP code)	
	COUNTY	VOTER REGISTRAT						
Name: 1100007	umber of Valid County Signatures: 10 Name:	K.	Sian	er of Valid atures:	County Name:	·	Number of Valid Signatures:	
I certify that, in accordance with IC 3-8-2.5-5, I have roone county, the county voter registration official of the certified signatures for each county in a multi-county ju	containing the greatest percentage of the i	population of the school corpora	tify the above numb ration certifies petition	er to be registere oners and record	d voters of the indicated s the number of valid sign	d County. In the gnatures. Please		
Witness my/our hand and seal this 18th day COUNTY Signature 1 Signature 2, if applice at KOKOMO, Indiana.			Susan-	Kenned	kep		☐ Clerk of the Circuit Court or ☐ Member of the Board of Registration (D)	
			Susan Kennedy ilicable Dellie Struert-CLERK			Member of the Board of Registration (R)		
	, , ₁₁₁							



STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

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

YTRUOS	OF HOWARD	
	INFORMATION FOR THE CALENDAR YEAR <u>BI</u> 2023	FORE THE DATE OF THIS FILING:
NOTE:	Insert "Not Applicable" where appropriate.	
l,	Name of Candidate or Person Filling Vacant Office	_ the undersigned, certify the following:
(1)	The elected office which I seek as a candidate, or to which I have LAUFFUERUL SCHOOL CORP. SCHOOL I	
(2)	The name of my spouse was NOT ATP LINE	
(3)	11-01 12012	
(4)	The name of the employer of my spouse and the nature of its bus	iness was
(5)	11-4 121 121	ip and the nature of its business was
(6)	4.5 (5)	practice and the nature of its business was
(7)	If I was a member of a partnership, the name of the partnership a	nd the nature of its business was
(8)	Mary AMIL A ADID	rtnership and the nature of its business was
(9)	1000 ADOLLANDIN	imited liability company and the nature of its business was
(10) If my spouse was a member of a limited liability company, the nat	me of the limited liability company and the nature of its
<u>(</u> 11) If I was an officer or a director of a corporation (other than a churwas	ch), the name of the corporation and the nature of its business
(12) If my spouse was an officer or a director of a corporation (other the its business was	nan a church), the name of the corporation and the nature of
	COMPLETE THE AFFIRMATION ON REV	ERSE SIDE OF THIS FORM.

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and comp	olete.
Signed, this the 18 day of 10115, 2014	
Signature Signature	
Printed Name	
STATE OF Indiana COUNTY OF Howard	
Notary Public or Other Official Administering Oath My Commission expires (applies only to Notary Public): County of Residence: Aday of	SEAL LAURA A ISAAC Notary Fublic, State of Indiana Howard County Commission Number NP0749705 My Commission Expires
10.000	JUNE 21, 2031

FILED

JUN 1 8 2024

DEBBIE STEWART Clerk Howard Cir. Court