

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 pominee (IC 20-23-7-8.1) In a community special or the position must be signed within the second video of the position must be signed within the second video of the position must be signed within the position of the position must be signed within the position of the position must be signed within the position of the position must be signed within the position of the position must be signed within the position of the position must be signed within the position of the position must be signed within the position of the posi
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 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.

_	CANDIDATE NA	ME			TE CANDIDATE AD om residence, include mailir		OFFICE SOUGHT			er)
1	1 KAREN SOSBE 1715 S				· · ·	70700	Kokomo Scho			
2							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		716-10-1	<u> </u>
3										
4							<u> </u>			
		PRINTED NAME		DATE OF						Jse Only
	SIGNATURE	First Last	t	BIRTH MM/DD/YYYY	RESIDENCE ADDRE Number Stree		CITY or TOWN and ZIP	CODE	REG (Y/N)	PCT/ WARD
1	Michy	Tammy Tick	fer	9/24/05	2109 Justic	e Lane	Kokonio	02	Y	405
2	Cynthic Ergens	CYNthia Eva	ns	11/18/57	2925 Whitel		Kokomo	26	Y	405
3	Ryan Contract	Ryan Gill	bert	05/03/80	1804 5.7	Indiana Are		02	Y	406
4	arot	Lawra Sthe	_		2004 Aubassadi	7	Kokuno	02	Y	401
5	July Goal	Jannifer God	ad	(2/6/80	3411 Judson	KokoKo	Kokomo	01	Y	CENTER
6	Rachel Patton	Rachel Pa	Hon	5/475	2028 JUS	we bane	Kokomo	02	Y	401
7 (Javon Spear	Jason Spe	w	7/11/77	2028 Jus	ne lane	Kukomo	02	Ÿ	401
8	Musesber	Nex Sosbe		11/17/05	1730 g. Cour	Hand	Kohomo o	2	Ÿ	403
9	42	Chris R. Go	له	5/24/79	3411 Judes	n Rd		01	Y	CENTER
10	Made V Sole 1	CHAPLES W. 5056		3/9/1950	1715 5. COURTE		KUKOMO 46902	2	Y	403
1 - (5)	under the penalties for periury that I have no	PETITION CARRIE)			

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 PRINTED NAME

1715 S. COUDT AND AVE KOKOM TWO 46902

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

46902 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.

DATE SIGNED BY CARRIER (month, day, year)

		CANDIDATE NA			<u> </u>		
I request that my name appear on the general	election ballot in the following manner as o	described in IC 3-5-7. I also requ	uest that my name	on my voter registration	on record be the sa	me as the name o	on this declaration of candidacy. (IC 3-8-2-7(c)).
KAREN	÷	SOSRE					If a candidate's name does not comply with IC 3-5-7, the declaration may be challenged
First Designation	Tilliu Designa			Fourth Desi	gnation	Suffix	under Indiana Code 3-8-1-2. A candidate
This can be: The candidate's legal given name. The initial of the candidate's legal given name. The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname.	This can be: The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname. The candidate's legal surname.	If not used in the first or secondesignation, this can be: The candidate's nicknam The candidate's legal sur	ond ie.	If not used in the third designation, this can be: The candidate's nickname. The candidate's legal surname		Examples: • Jr. or III CANNOT be a title or degree like	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. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE: John R. (Jack) Doe
		CANDIDATE	E'S CONSE	NT		1	peronaloses. Excivil EE. Bollit R. (Jack) Doe
I, the undersigned, am a candidate for the of give my written consent under IC 3-8-2.5-candidate for this office. I meet all qualificat I have been a candidate for a state, legislate If yes, I have filed reports required by IC 3-1 am aware of the provisions of IC 3-9 regard the appropriate county election board after board candidate. I agree to comply with the	7 to the circulation and filing of a petions for this office, including reside ive, local office, or school board of 9-5-10 for all previous candidacies, rding campaign finance and the regions of the first of the following occurs: (1)	etition under IC 3-8-2.5 to ency requirements and do fice in a previous primary of the last of the control of the last of the control of the last of t	place my name not have a crin or general elec- one)	tion. Yes N	e general electi t would prevent o (Check one)	on to be held N me from servi	November 5, 2024, designated as a ng. xt line.)
							e triair \$500 in experiorares as a school
I certify that the information in this I		18 Jun 24 Date Signed	Subscribed a	and sworn to before	e this	this office. —————— _ day of	SEAL
15,860,7404 SOShak Telephone Email (options	aren@gmail, c.	om	Signature of	Notary Public or O	Lie St	uur A	A according to IC 33-42-9-7
Website (optional):				ion Expires (applie			
NOTE: If the name of more than <u>one</u> can attach a copy of the executed consent fo	rm above when the petition of n	omination is filed.	County of Re	sidence:	10110	NOT-	ELLED
l affirm under the penalties for perjury that I ass	AFFIDAVIT OF ASSI	disability in writing the netiti	inner's signature	orinted name and	H DISABILI	FIES	ILLU
Names of Petitioners Assisted by me:	-						JUN 1 28 2024 ANCE PROVIDED (month, day, year)
ASSISTER'S SIGNATURE	ASSISTER'S PRINTE	D NAME	ASSISTER	'S ADDRESS (nun	nber and stree	t city state a	DEBBIE STEWART and ZIP code, Howard Cir. Court
	COUNTY	VOTER REGISTRAT	TION OFFIC	E CERTIFICA	TION	-,,,,,	Clerk Howard Cir. Court
Name: (() / () ()	umber of Valid County		Numb	er of Valid	County	<u></u>	Number of Valid
certify that, in accordance with IC 3-8-2.5-5, I have report to the county, the county voter registration official of the certified signatures for each county in a multi-county judy.	eviewed the registration records of the peti	itioners on this petition and certi population of the school corpora	E. Ale L		Name: ers of the indicated number of valid sign	County. In the ca	Signatures: se of a school corporation that covers more than se the space above to indicate the number of
Witness my/our hand and seal this of, 2024,	18th day COUNT	Signature 1 Signature 2 if appl	Sul	in henned	y		☐ Clerk of the Circuit Court or ☐ Member of the Board of Registration (D)
at Kokomo, Ind	iana.	Oignature 2, if appl	khlia &	Heun	- CLEX	K_	☐ Member of the Board of Registration (R)
	•		,,,,	/			



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

COUNTY: HOWARD

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

(CAN-34)

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 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

CANDIDATE NA	ME			TE CANDIDATE ADDRESS om residence, include mailing address.)	OFFICE SOUG		er-)-
KAREN SOSBE		1715 5		AND AVE, KOKOMO IN 469			
3		ļ					
		<u> </u>		·	The second secon		
	PRINTED NAME		DATE OF				Use Only
SIGNATURE	First Las	st	BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes) Number Street Apartment	CITY or TOWN and ZIP CODE	REG (Y/N)	PCT/ WARD
1 hamil base	Lewis H	الما	09/02/1950	1527 N. Waugh	Kokomo, 46901	Y	109
2 Marsha Bowling	Marsha Bou				Ko Komo 46901	Y	201
Dan M. Books	DON M. BOW		, ,	,	150100MO 46961	Y	201
Muchal Jane	Michelle Gle	ave 5	09/06/1960	7. •	Kokowo IN 46001	Y	Conte
Lee W. Merson	Lee M Gour	e5	09/07/9947	3405 Budson Rd	KOKONO IN YES	Ϋ́	CENTER
Evely Dupire	Evelyn Dupine		12/11/1989	2400 Baxtee Rd Apt 2	Kokomo IN 46902	1 7	305
Christopher Dufice	Christopher D	ufice	12/27/1978	6.49 Boxter Ex. Apt. 2	Kokomo IN 46902	_	NRA
Minghoe	Amy Roe		3/5/199	5700 Princeton Ct	Kokrmo IN 46902	A	5 ve 2
12.20VI	Ruleigh Sos	xbe	3-15-04	3623 BRIARWICK DR. APTB	KOKOKONO, IA466	POZN	
· Chris Dela	Ch13 506,	be	2-2-77	1730 5- Coud land, Lokon		57	403
ffirm under the penalties for perjury that I have r	PETITION CARRIE	R CERTII	FICATION (Mu	st be completed on each petition submitted for filin	ig.)		

18 JUN DATE SIGNED BY CARRIER (month, day, year)

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 NAM	ME INFORMATIO	N		
I request that my name appear on the general	election ballot in the following manner as d	escribed in IC 3-5-7. I also reque	est that my name on my vo	ter registration record be the sa	ame as the name of	on this declaration of candidacy. (IC 3-8-2-7(c)).
KAREN		SOSBE				If a candidate's name does not comply with IC 3-5-7, the declaration may be challenged
First Designation	Second Designation	Third Designati	on Fo	ourth 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 given name. The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname.	This can be: The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname. The candidate's legal surname.	If not used in the first or secon designation, this can be: The candidate's nickname The candidate's legal surn	If not used can be: The ca	If not used in the third designation, this		nickname is a name by which the candidate is commonly known and does not exceed 20 characters. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE: John R. (Jack) Doe
		CANDIDATE	'S CONSENT		- 	
I, the undersigned, am a candidate for the o		Ins	ert name of school corp	poration, including any elec-	tion district desig	gnation.
candidate for this office. I meet all qualificat	tions for this office, including resider	ncy requirements and do r	ot have a criminal co	rviction that would preven	it me from servi	inovember 5, 2024, designated as a
I have been a candidate for a state, legislat						
If yes, I have filed reports required by IC 3-				4	(,,	~
I am aware of the provisions of IC 3-9 regal the appropriate county election board after board candidate. I agree to comply with the	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 i	expenditures. I am a n contributions as a s	chool board candidate, or	(2) I spend mo	re than \$500 in expenditures as a school
I certify that the information in this I	Declaration of Candidacy is tr	ue and complete, and	that I meet the sp	ecific requirements o	of this office.	2. 1. 1
Kauen Saske Signature	- 4 -	18 Qun 24 Date Signed	Subscribed and swo	rn to before this	day of	SEAL
165,860,7404 Sosbeka Telephone Email (options	ren gingilicon	1	Deletie	Steurt	<u>(O</u>	th according to IC 33-42-9-7
Website (optional):	<u> </u>					
NOTE: If the name of more than one can	didate is included on the petition	, each candidate may	County of Residence	ires (applies only to Nota		ecember 31 2026
attach a copy of the executed consent for						FILED
I affirm under the penalties for perjury that I ass	AFFIDAVIT OF ASSI	disability in writing the notitie	TO PETITIONE	R(S) WITH DISABIL	ITIES	
Names of Petitioners Assisted by me:	notice the following pentioners, due to t	y and when are pead	oner's signature, printec	mame, and residence addit		JUN 1 8 2024
ASSISTER'S SIGNATURE	ASSISTER'S PRINTE	DNAME	ACCIOTEDIO ADD	7500 (TANCE PROVIDED (month day, year) DEBBIE STEWART
ACCIONENTO SICILATIONE			ASSISTER'S ADD	RESS (number and stre	et, city, state,	and ZIP Kerfeward Cir. Court
County 1/		VOTER REGISTRAT	ION OFFICE CE	RIFICATION	·	
Name: HOWARD I certify that, in accordance with IC 3-8-2.5-5, I have r	Signatures: Name:	ľ	Number of V	. Name	ad Carrate In the	Number of Valid Signatures:
one county, the county voter registration official of the certified signatures for each county in a multi-county in	containing the greatest percentage of the	population of the school corpora	y the above number to be ition certifies petitioners ar	nd records the number of valid s	signatures. Please	use the space above to indicate the number of
Witness my/our hand and seal this	18 day COUN	Signature 1	+)ana	ulsn:		☐ Clerk of the Circuit-Court or ☐ Member of the Board of Registration (D)
of <u>Tune</u> , 2024, at <u>Ko Ko mo</u> Inc	' eéal		Cable Och	lie Steuer	4	Member of the Board of Registration (R)



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2024 State Form 47008 (R21 / 8-23)

(CAN-34)

	Indiana Election Division (IC 3	-8-2.5; 3-6-12)				COUNTY: HOWARD		
handw and file district Addition	et than noon, June 20, 2024. Petitio riting. If assistance is provided due to a Statement of Economic Interests (at as the nominee. (IC 20-23-7-8.1) In nal petition requirements apply in sone HOWARD	disability, the assister must co CAN-12 form) with this petition a community school corporation ne school corporations. Const COUNTY CIRCUIT C	de precinct a complete the n. In a metro on, this petit ult your atto OURT CLEE	affidavit on the revopolitan school colion must be signed or must be signed or mey to be advis	ist be filed with the appropriate county voter report. Except in cases of disability, the petitioner musterse of this form. Each candidate must complete proration, this petition must be signed by ten (10) by ten (10) registered voters residing within the ed of your rights and responsibilities. E. PORTER, OR TIPPECANOE COUNTY BOARD inature as of the date this petition is processed by	st complete the information in the petiti the Candidate's Consent on the revers registered voters residing in the same boundaries of the school corporation.	oner's over of this board market for 20-23	wn form nember 3-4-29.1
the leg	y quaimed registered voter in indiana	; 3) the individual desires to be board office on the November	e able to vot 5. 2024 Ger	e for the candidate	es listed below; and 4) each of the undersigned report. If the school district is comprised of more than	espectfully requests you to place the fol	lowing na	ames of
	CANDIDATE NA	AME			TE CANDIDATE ADDRESS om residence, include mailing address.)	OFFICE SOUG		
1 2 3	KAREN SOSBE		17,55		NO AVE, KOKOMO, IN 4690	2 2 Kekamo School Bank		
4						The state of the s		
	SIGNATURE	PRINTED NAME First Las	≣ st .	DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes) Number Street Apartment	CITY or TOWN and ZIP CODE	REG (Y/N)	Use Only PCT/ WARI
1	July Cury	David Em	44	05/19/194	. 3002 Honey Ct.	Kokomo, 46902	Y	301
2 9	Ager C. GAliant	LISCI Ellis	o <u>n</u> (2137 Justici Lu	Koleon 46902	Y	405
3	you whit	Issac white		1 ' 11 1	879 Gulf Shore Blud.	Kokeno 46902	Y	406
4 /	Moth S/az	Mochael Say	et	, ,	2905 Randre ct.	Kulleno, 46902	Y	400
5							ļ	ļ
7								1
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10								
		PETITION CARRIE	R CERTI	FICATION (Mu	st be completed on each petition submitted for fili	na.)	<u> </u>	1
I affirm un	der the penalties for perjury that I have n	o reason to believe that any indi	vidual whose	signature appears	on this page is ineligible to sign this petition or did not	properly complete and sign this page.	,	
CARRIER	S SIGNATURE	KAREN S CARRIER'S PRINTER	D NAME		CARRIER'S DATE OF BIRTH (month, day, year)	18 Juni Date signed by carrie	, 20, R (month,	<i>Sef</i> day, year)
	5 S. COURTLAND F S FULL ADDRESS, INCLUDING ZIP CO	DDE (number and street, city, state, and	IND ZIP code)	469062	Note: Indiana state law does not require a petiti of Indiana to circulate or gather petition signature be completed before filing with the county close	res for a candidate. All fields in this certific	cation mus	st

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The second secon	•	CANDIDATE	S CONSENT		
I, the undersigned, am a candidate for the		Ins	sert name of school corporation, in	cluding any election distric	et designation.
I give my written consent under IC 3-8-2.5-candidate for this office. I meet all qualificate	tions for this office, including resider	ncy requirements and do i	not have a criminal conviction that	at would prevent me fron	n serving.
I have been a candidate for a state, legislat	tive, local office, or school board offi	ice in a previous primary o	or general election. 🗌 Yes 📋 1	No (Check one) (If no, s	kip next line.)
If yes, I have filed reports required by IC 3-					·
the appropriate county election board after board candidate. I agree to comply with the	are modern are following accurs. In	orting of contributions and I receive more than \$500	l expenditures. I am aware of the in contributions as a school boar	e requirement to file a ca d candidate, or (2) I spe	mpaign finance statement of organization with nd more than \$500 in expenditures as a school
I certify that the information in this I	Declaration of Candidacy is tr	ue and complete, and	that I meet the specific re	quirements of this o	ffice.
Kareni Spolic	, ·	18 Gran 24 Date Signed	Subscribed and sworn to befor	re this 18 day of	
Signature		Date Signed /	, 2024	4. 	
765,860,7404 S05be kg Telephone Email (optional	aren Ogmail. com		Signature of Notary Public or C	CULT TO	ng Oath according to IC 33-42-9-7
Website (optional):			My Commission Expires (applied		
NOTE: If the name of more than <u>one</u> can attach a copy of the executed consent for	orm above when the petition of no	mination is filed.	V -	oward	FILED
Loffirm under the model that for a significant	AFFIDAVIT OF ASSIS	STANCE PROVIDED	TO PETITIONER(S) WIT	H DISABILITIES	1111 3 0 2021
I affirm under the penalties for perjury that I ass	isted the following petitioners, due to d	lisability, in writing the petition	oner's signature, printed name, and	residence address on this	petition: JUN 1 8 2024
Names of Petitioners Assisted by me:				DATE A	SSISTANCE PROVIDED (CIP. Coart year) Clerk Howard (CIP. Coart year)
ASSISTER'S SIGNATURE	ASSISTER'S PRINTEI	D NAME	ASSISTER'S ADDRESS (nu	mber and street, city, s	tate, and ZIP code)
County		OTER REGISTRAT	ION OFFICE CERTIFICA	TION	E 142
Name: 1700044	lumber of Valid County Signatures: Name:		Number of Valid Signatures:	County Name:	Number of Valid
I certify that, in accordance with IC 3-8-2.5-5, I have re one county, the county voter registration official of the certified signatures for each county in a multi-county ju	Containing the disatest percentage of the t	ioners on this petition and certifupopulation of the school corpora	y the shove number to be registered ve	tors of the indicated County	n the case of a school corporation that covers more than Please use the space above to indicate the number of
Witness my/our hand and seal this of _ しいし, 2024,	HI GUUNI	Signature 1	Susan Kenne Cable Stoumert	dy	☐ Clerk of the Circuit Court or Member of the Board of Registration (D)
at <u>Kokomo</u> , Ind		Signature 2, if apply	Chlic Strunt	- CLERK	☐ Member of the Board of Registration (R)

CANDIDATE NAME INFORMATION





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

COUNTY OF HOWARD
INFORMATION FOR THE CALENDAR YEAR <u>BEFORE</u> THE DATE OF THIS FILING: 2023
NOTE: Insert "Not Applicable" where appropriate.
I, KAREN SOSBE 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
KOKONO SCHOOL BOARD DIST
(2) The name of my spouse was CHARLES "CHUCK" SOSBE JR
(3) The name of my employer and the nature of its business was
- NOT APPLICABLE - RETIRED
(4) The name of the employer of my spouse and the nature of its business was
NOT APPLICABLE-RETIRED
(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was
NOT APPLICABLE
(6) If I operated a professional practice, the name of the professional practice and the nature of its business was
NOT APPLICABLE
(7) If I was a member of a partnership, the name of the partnership and the nature of its business was
WOT APPLICABLE
(8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was **MOT APPLICA BLE**
(9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was
NOT APPLICABLE
(10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was
(11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was
(12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of
its business was <u>NOT APPLICABLE</u>
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 18 day of 0000, 202.4
Konen Soshe
Signature
KAREN SOSBE
Printed Name
STATE OF Indiana COUNTY OF HOward
Subscribed and affirmed to before me this 18 day of 500 cm.
Notary Public or Other Official Administering Oath
My Commission expires (applies only to Notary Public): NOCOMBO 31, 2021
County of Residence: Howard
FILED

JUN 1 8 2024

DEBBIE STEWART Clerk Howard Cir. Court

La Marchaelle Commence