Reset Form

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19)
Indiana Election Division (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? ☐ Yes ☒ No *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)
Davenport	Alisha	Renae		☐ Candidate's Principal Committee ☑ Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code)	5. FAX (Optional)	6. E-mail Address (Optional)
1886 W. Carter St. Kokomo, IN 46901	( )	adavenport4trustee@gmail.com

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Kokomo	IN	46901	Howard	(765) 437-8350	(765) 437-8350

11. Party Affiliation ☑ Democratic ☐ Libertarian ☐ Republican ☐ Other _____

12. Office Sought *(Include district number, if any. Not required for an exploratory committee.)* Center Township Trustee

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.
Citizens to Elect Alisha R. Davenport

14. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	15. FAX (Optional)	16. E-mail Address (Optional)
1886 W. Carter St. Kokomo, IN 46901	( )	adavenport4trustee@gmail.com

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
Kokomo	IN	46901	Howard	(765) 437-8350	07/16/26

21. Chairperson's Full Name ☐ Designate Candidate as Chairperson. ☑ Check if this is a new chairperson.
Darla K. Pugh

22. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	23. FAX (Optional)	24. E-mail Address (Optional)
938 E. Mulberry St.	( )	dkpugh1963@gmail.com

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Kokomo	IN	46901	Howard	(765) 461-0511	(765) 461-0511

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.)*
yet to be determined

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.)* ☐ Yes ☑ No
Candidate vacancy for Center Township Trustee	

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
	Andrew Durham	Darla K Pugh

33. Treasurer's Full Name ☐ Designate candidate as treasurer. ☑ Check if this is a new treasurer.
Andrew Durham

34. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	35. FAX (Optional)	36. E-mail Address (Optional)
1800 Executive DR Kokomo, IN 46902	( )	ajdurham2788@gmail.com

37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
Kokomo	IN	46902	Howard	(765) 210-6697	( )

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)
Darla K. Pugh	Darla K Pugh	7/17/26
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date (mm/dd/yy)**
Alisha R. Davenport	Alisha R. Davenport	7/17/26

Warning: State law requires that any change in this information be reported **within ten (10) days** of the change *(IC 3-9-1-10)*. A person who knowingly files a fraudulent report commits a Level 6 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

JUL 17 2026

DEBBIE STEWART
Clerk Howard Cir. Court

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19)
Indiana Election Division (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? ☑ Yes ☐ No *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)
Davenport	Alisha	R		☑ Candidate's Principal Committee ☐ Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code)	5. FAX (Optional)	6. E-mail Address (Optional)
1886 W. Carter St Kokomo, IN 46901	( )	

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Kokomo	IN	46901	Howard	(765) 437-8350	( ) SAME

11. Party Affiliation ☑ Democratic ☐ Libertarian ☐ Republican ☐ Other _____

12. Office Sought *(Include district number, if any. Not required for an exploratory committee.)* Center Township Trustee

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.
Citizens to Elect Alisha R. Davenport

14. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	15. FAX (Optional)	16. E-mail Address (Optional)
1886 W. Carter St.	( )	adavenport4trustee@gmail.com

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
Kokomo	IN	46901	Howard	(765) 437-8350	

21. Chairperson's Full Name ☐ Designate Candidate as Chairperson. ☑ Check if this is a new chairperson.
Tonya Stephenson

22. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	23. FAX (Optional)	24. E-mail Address (Optional)
132 Conradt Ave, Kokomo, IN 46901	( )	bobtonteam@gmail.com

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Kokomo	IN	46901	Howard	(765) 513-0198	(765) 513-0198

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.)*
Indiana Heartland FCU

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.)* ☐ Yes ☑ No

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
	Andrew Durham	Tonya Stephenson

33. Treasurer's Full Name ☐ Designate candidate as treasurer. ☑ Check if this is a new treasurer.
Andrew Durham

34. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address.	35. FAX (Optional)	36. E-mail Address (Optional)
1800 Executive DR	( )	ajdurham8838@gmail.com

37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
Kokomo	IN	46902	Howard	(765) 210-6697	( )

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)
Tonya Stephenson	Tonya Stephenson	8/2/2026
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date (mm/dd/yy)**

Warning: State law requires that any change in this information be reported **within ten (10) days** of the change *(IC 3-9-1-10)*. A person who knowingly files a fraudulent report commits a Level 6 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

AUG 03 2026

DEBBIE STEWART
Clerk Howard Cir. Court

CERTIFICATE OF CANDIDATE SELECTION TO FILL AN EARLY BALLOT VACANCY FOR A LOCAL OFFICE IN 2026

State Form 47011 (R18 / 7-25)
Indiana Election Division (IC 3-8-9-5; 3-13-1-12; 3-13-1-13; 3-13-1-15)

FILED (CAN-29)

AUG 03 2026

DEBBIE STEWART
Clerk Howard Cir. Court

INSTRUCTIONS: For use by major political parties in filling ballot vacancies for local office. This certificate must be filed with the circuit court clerk *(or the Indiana Election Division when filing a certificate for a candidate for judge of a circuit, superior, probate, or small claims court or prosecuting attorney)* not later than NOON 3 days *(excluding Saturdays and Sundays)* after selection of the candidate. **However, when a vacancy occurs because no candidate was nominated at the primary, the certificate must be filed no later than NOON, July 6, 2026. Candidates for non-judicial local office must attach to this form the candidate's statement of economic interests form (CAN-12). Note: Candidates for judicial office must attach to this form a receipt showing the statement of economic interests form prescribed by the Commission on Judicial Qualifications was filed if the judicial candidate was selected by direct appointment of the county chairman or officers of the county committee.**

TO THE Howard COUNTY CIRCUIT COURT CLERK OR INDIANA ELECTION DIVISION:

GENERAL INFORMATION

This is to certify the following:

(1) *(Check appropriate box)*:

☐ (A) Since fewer than two (2) precinct committeemen were eligible to participate in a caucus the county chairman directly appointed the candidate named below to fill the vacancy.

☐ (B) A duly called meeting of the *(check one)* ☐ Democratic Party **OR** the ☐ Republican Party Committee of the _____ County, Indiana was held on the _____ day of _____, 2026. The Chair of the Central Committee was authorized to certify the selection of the name of the candidate stated below;

☑ (C) If no meeting described in paragraph (B) was conducted, the County Committee has authorized the county chairman or the officers of the county committee to fill the ballot vacancy, and a copy of this authorization is attached.

(2) The candidate named in this certificate is a duly qualified and registered voter of the above-named county *(and the district or division the candidate seeks to represent)*, as the candidate for the office of Center Township Trustee District _____ *(if any)* to be voted on at the general election to be held on November 3, 2026, to fill a vacancy now existing on this Party ticket.

(3) The candidate named in this certificate is legally qualified to be a candidate for and to hold the office.

(4) This certificate is executed to request that this candidate's name be certified to the appropriate election officials so that it will appear on the general election ballot. **The written consent of this person to the nomination has previously been filed with this office or is attached *(CAN-31 form)*. The candidate's statement of economic interests is attached.**

CANDIDATE NAME INFORMATION

(5) I request that my name appear on the general election ballot in the following manner as described in IC 3-5-7:

First Designation	Second Designation	Third Designation	Fourth Designation	Suffix
Alisha	Davenport			
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 second designation, this can be: • The candidate's nickname. • The candidate's legal surname	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 such as MD, JD*

I also request that my name on my voter registration record be the same as the name on this certificate. (IC 3-8-2-7(c))

If a candidate's name does not comply with IC 3-5-7, the certificate 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. 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

RESIDENCY INFORMATION

(6) Candidate's residence address is:

1886 W. Carter St. (Complete Residence Address Must Be Inserted) Kokomo (City), Indiana 46901 (ZIP Code)

(7) Candidate's mailing address is *(if different from residence address)*:

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

PLEASE COMPLETE REVERSE OF FORM

CERTIFICATION OF COUNTY PARTY CHAIR OR CHAIR OF CAUCUS

I, the Chair of the above-named County Central Committee acting to fill a ballot vacancy for a local office or the Chair of the Caucus, certify that the information in this Certificate of Candidate Selection is true and complete.

Lisa Washington — Signature of Chair

Lisa Washington — Printed Name of Chair

08/01/2026 — Date Signed *(MM/DD/YY)*

STATE OF Indiana)
)
COUNTY OF Howard)

Subscribed and sworn to before me this 1st day of August, 2026

TONYA STEPHENSON
Notary Public, State of Indiana
Howard County
Commission Number NP0746871
My Commission Expires
February 14, 2031

NOTARY PUBLIC SEAL INDIANA

SEAL

Tonya Stephenson

Notary Public or Other Official Administering Oath according to IC 33-42-9

My Commission expires *(applies only to Notary Public)*: Feb. 14, 2031 County of Residence: Howard

DECLARATION OF CANDIDACY AND WRITTEN CONSENT TO FILL A BALLOT VACANCY IN 2026

State Form 47005 (R17 / 7-25)
Indiana Election Division (IC 3-13-1-10.5, IC 3-13-1-14)

FILED (CAN-31)

AUG 03 2026

DEBBIE STEWART
Clerk Howard Cir. Court

INSTRUCTIONS: A declaration of candidacy to fill a **ballot vacancy** must be filed no later than 72 hours before the caucus to fill the vacancy with the chair of the caucus and the official who receives the certificate of candidate selection under IC 3-13-1-15. For questions on where to file this form, contact the Indiana Election Division at 317-232-3939. Candidates for statewide, state legislative, and judicial offices, including prosecuting attorney, must attach to this form a file-stamped copy of their statement of economic interests or a receipt showing their statement of economic interests has been filed.

TO THE ☑ Democratic Party or the ☐ Republican Party CHAIR, Howard COUNTY, STATE OF INDIANA:

GENERAL INFORMATION

I, Alisha R. Davenport, the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct 207 of the Township of Center,

(or of Ward, *if applicable,* _____ of the City or Town of Kokomo), County of Howard,
State of Indiana.

(2) I give my written consent for you to certify my name to the appropriate election official under IC 3-13-1-15 to be placed on the official general election ballot of the ***(check one)*** ☑ Democratic Party **OR** the ☐ Republican Party for the office of

Center Township Trustee, District _____ *(if any)*
Name of Office

to be voted on at the general election to be held on November 3, 2026, if I am chosen as the above-named party's candidate by its caucus or authorized committee under IC 3-13-1 *(or if I am appointed as the party's candidate when no caucus is required to be held)*.

(3) If I am a candidate for selection by a caucus of precinct committeemen or the state committee of the political party, I am also filing a copy of this declaration with the ***(check one)*** ☐ Indiana Election Division or the ☐ Circuit Court Clerk of the above county at least seventy-two (72) hours before the time fixed for the caucus or meeting of the state committee of the political party.

(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)*, 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:

1886 W. Carter St. (*Complete residence address must be included*) 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

(7) I request that my name appear on the general election ballot in the following manner as described in IC 3-5-7:

Alisha	Davenport			
First Designation 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.	**Second Designation** 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.	**Third Designation** If not used in the first or second designation, this can be: • The candidate's nickname. • The candidate's legal surname	**Fourth Designation** If not used in the third designation, this can be: • The candidate's nickname. • The candidate's legal surname	**Suffix** Examples: • Jr. or III *CANNOT be a title or degree such as MD, JD*

I also request that my name on my voter registration record be the same as the name on this declaration of candidacy. (IC 3-8-2-7(c))

If a candidate's name does not comply with IC 3-5-7, 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. 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

PLEASE COMPLETE REVERSE OF FORM

CANDIDATE CERTIFICATION

(8) *(This paragraph does not apply to federal offices.)* By initialing, I acknowledge that, if required, 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)*** ARD

(9) *(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)*** ARD

(10) *(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)*** ARD

(11) *(This paragraph does not apply to a candidate for federal office.)* By initialing, I acknowledge that I am aware of the provisions of the Indiana Campaign Finance Act (IC 3-9) regarding campaign finance and the reporting of campaign finance contributions and expenditures and I agree to comply with IC 3-9. ***(initial here)*** ARD

(12) I have been a candidate for state, state legislative, or local office in a previous primary, municipal, special, or general election: ***(check one)*** ☐ Yes ☑ No *If the answer to this question is no, skip paragraph 13 and proceed to paragraph 14.*

(13) I have filed all reports required by IC 3-9-5-10 for all previous candidacies: ***(check one)*** ☐ Yes ☐ No

(14) *(This paragraph only applies to a candidate for a local office, including judicial offices and prosecuting attorney, 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)*** ARD

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/YYYY)*	Telephone *(Day)*	Telephone *(Evening)*
Alisha R. Davenport	08/01/2026	(765) 437-8350	(765) 437-8350

OPTIONAL INFORMATION:

Candidate's email: adavenport4trustee@gmail.com Campaign website: _____

STATE OF Indiana)
COUNTY OF Howard)

Subscribed and sworn to before me this 1st day of August, 2026.

Tonya Stephenson

Notary Public or Other Official Administering Oath according to IC 33-42-9-7

NOTARY PUBLIC SEAL INDIANA

TONYA STEPHENSON
Notary Public, State of Indiana
Howard County
Commission Number NP0746871
My Commission Expires
February 14, 2031

My Commission expires *(applies only to Notary Public)*: Feb. 14, 2031 County of Residence: Howard

CAMPAIGN FINANCE NOTICE

A candidate who fills a ballot vacancy thirty (30) days or more before the general election must file campaign finance reports in accordance with IC 3-9-5-8.5. A candidate who fills a ballot vacancy less than thirty (30) days before the general election must file campaign finance reports in accordance with IC 3-9-5-8.5 in addition to all other reports required by IC 3-9-5. A candidate's committee must file a pre-election campaign finance report no later than **NOON, October 16, 2026**, 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 and accepts any contribution of $1,000 or more during the period beginning **October 10, 2026 and ending at 6:00 a.m. November 1, 2026**, 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: State legislative candidates are required to file electronically with the Election Division.**

NOTE TO CANDIDATES FILLING A BALLOT VACANCY 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, 2026, covering the period from January 1, 2026, through March 31, 2026.
(2) July 15, 2026, covering the period from April 1, 2026, through June 30, 2026.
(3) October 15, 2026, covering the period from July 1, 2026, through September 30, 2026.
(4) October 27, 2026, covering the period from October 1, 2026, through October 19, 2026.
(5) January 20, 2027, covering the period from October 20, 2026, through December 31, 2026.

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 and accepts contributions from a person that total $1,000 or more during the reporting periods listed below. If no such contribution is received and accepted, the candidate's committee is not required to file a supplemental report.

(1) Supplemental Reporting Period: April 1, 2026, through NOON April 15, 2026.
(2) Supplemental Reporting Period: July 1, 2026, through NOON July 15, 2026.
(3) Supplemental Reporting Period: October 1, 2026, through NOON October 15, 2026.
(4) Supplemental Reporting Period: October 20, 2026, through NOON October 26, 2026.

STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

(CAN-12)

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

FILED
AUG 03 2026
DEBBIE STEWART
Clerk Howard Cir. Court

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:
2025

NOTE: Insert "Not Applicable" where appropriate.

I, Alisha R. Davenport (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 been appointed to fill a vacancy is Center Township Trustee. *(Include district, if applicable.)*

(2) The name of my spouse was N/A.

(3) The name of my employer and the nature of its business was Center Township of Howard County.

(4) The name of the employer of my spouse and the nature of its business was N/A.

(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was N/A.

(6) If I operated a professional practice, the name of the professional practice and the nature of its business was N/A.

(7) If I was a member of a partnership, the name of the partnership and the nature of its business was N/A.

(8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was N/A.

(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 N/A.

(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 N/A.

(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 N/A.

(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 N/A.

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 1 day of August, 2026

Alisha R. Davenport

Signature

Alisha R. Davenport

Printed Name

STATE OF Indiana)
COUNTY OF Howard)

Subscribed and affirmed to before me this 1st day of August, 2026

Tonya Stephenson

Notary Public or Other Official Administering Oath

My Commission expires *(applies only to Notary Public)*: Feb. 14, 2031

County of Residence: Howard

NOTARY PUBLIC SEAL INDIANA

TONYA STEPHENSON
Notary Public, State of Indiana
SEAL Howard County
Commission Number NP0746871
My Commission Expires
February 14, 2031

A resolution authorizing the Chair of the Howard County Democratic Party sole authority to fill early ballot vacancies for all local offices as allowed by Indiana State Code.

Whereas, IC 3-13-1 permits a County Chair of a political party whose county committee has authorized, by a majority vote, the County Chair's sole authority to fill ballot vacancies as defined by IC 3-13-1-1;

Whereas, the Howard County Democratic Committee Members have determined that the adoption of a resolution authorizing the Howard County Democratic Party Chair authority to fill ballot vacancies for local office, office of superior court judge, circuit court judge, or prosecuting attorney would be beneficial in the administration of elections in Howard County; and

Whereas, this resolution has received a majority vote of the membership of the Howard County Democratic Committee pursuant to IC 3-13-1-6;

Therefore, Be it Resolved, that pursuant to IC 3-13-1-6; the Howard County Democratic Committee hereby vests the authority to fill ballot vacancies in the Chair of the Howard County Democratic Party for all local offices, office of superior court judge, circuit court judge, or prosecuting attorney; This resolution will take effect immediately, and its term will expire on May 7, 2030.

Adopted this 8th day of July, 2026, by members of the Howard County Democratic Committee.

Lisa Washington
Chair
Howard County Democratic Party

Lisa Washington
Signature

Michelle E. Martin
Secretary
Howard County Democratic Party

Michelle E. Martin
Signature

State of Indiana
County of Howard

I certify that Lisa Washington and Michelle Martin personally appeared before me on the 8th day of July, 2026, and signed the foregoing document in my presence.

Witness my hand and official seal.

TONYA STEPHENSON
Notary Public, State of Indiana
Howard County
Commission Number NP0746871
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Notary Public Printed Name: Tonya Stephenson

Signature: Tonya Stephenson

County of Commission: Howard My Commission Expires: Feb. 14, 2031