



**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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →   |  |                              |                          |   |   |   |
| <b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>   |  |                              |                          |   |   |   |
| 2. Last Name<br><b>Rahe</b>  |  | First Name<br><b>Debra</b>   |                          | Middle Name<br><b>Jayne</b>   | Nickname                                    | 3. Type of Committee (Check one)<br><input checked="" type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |
| 4. Mailing Address (number and street, city, state, and ZIP code)<br><b>4130 Villas Dr North</b>   |  |                              |                          | 5. FAX (Optional)<br>( )  |   | 6. E-mail Address (Optional)  |
| 7. City<br><b>Kokomo</b>   |  | State<br><b>IN</b>           | ZIP Code<br><b>46901</b> | 8. County<br><b>Howard</b>  | 9. Telephone (Day)<br><b>(207) 493-1234</b> | 10. Telephone (Evening)<br><b>(207) 493-1234</b>  |
| 11. Party Affiliation<br><input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other  |  |                              |                          | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)   |   |   |
| <b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>   |  |                              |                          |   |   |   |
| 13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name.<br><b>Committee to Elect Debra J. Rahe</b>  |  |                              |                          |   |   |   |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.<br><b>4130 Villas Dr. North</b>  |  |                              |                          | 15. FAX (Optional)<br>( )   |   | 16. E-mail Address (Optional)   |
| 17. City<br><b>Kokomo</b>  |  | State<br><b>IN</b>           | ZIP Code<br><b>46901</b> | 18. County<br><b>Howard</b>   | 19. Telephone<br><b>(207) 493-1234</b>      | 20. Committee Organization Date (mm/dd/yy)<br><b>01-07-26</b>   |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.<br><b>Same As Above</b>  |  |                              |                          |   |   |   |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.  |  |                              |                          | 23. FAX (Optional)<br>( )   |   | 24. E-mail Address (Optional)   |
| 25. City   |  | State                        | ZIP Code                 | 26. County  | 27. Telephone (Day)                         | 28. Telephone (Evening)   |
| 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.)  |  |                              |                          |   |   |   |
| 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |
| <b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>   |  |                              |                          |   |   |   |
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.<br><b>Debra J. Rahe</b>  |  |                              |                          | Signature of the Committee Chairperson<br>  |   |   |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.   |  |                              |                          |   |   |   |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.<br><b>Same As Above</b>  |  |                              |                          | 35. FAX (Optional)<br>( )   |   | 36. E-mail Address (Optional)   |
| 37. City   |  | State                        | ZIP Code                 | 38. County  | 39. Telephone (Day)                         | 40. Telephone (Evening)   |
| <b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>  |  |                              |                          |   |   |   |
| 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<br>   |   |   |
| <b>SECTION E. CERTIFICATION OF STATEMENT</b>   |  |                              |                          |   |   |   |
| 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<br><b>Debra J. Rahe</b>   |  | Signature of Chairperson<br> |                          | Date (mm/dd/yy)<br><b>01-07-26</b>  |   |   |
| 43. Typed or Printed Name of Candidate<br><b>Debra J. Rahe</b>   |  | Signature of Candidate<br>   |                          | Date (mm/dd/yy)<br><b>01-07-26</b>  |   |   |
| <b>Warning:</b> 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**

JAN 07 2026

**DEBBIE STEWART**  
Clerk Howard Cir. Court



# DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION IN 2026

(CAN-2)

State Form 46439 (R22/ 6-25)

Indiana Election Division (IC 3-8-2-7, IC 3-5-7-5)

**INSTRUCTIONS:** This form is used by an individual who is seeking the Democratic or Republican party nomination to an elected office in a primary election. A declaration of candidacy must be filed not earlier than January 7, 2026, and not later than NOON, February 6, 2026. Please print or type all information on this form except all signatures. **SEE IMPORTANT INFORMATION ON BACK OF FORM.** Except for candidates seeking federal office, all candidates seeking a primary nomination must attached the required statement of economic interests forms. See the 2026 Candidate Guide for more information regarding the statement of economic interests applicable to your office.

## GENERAL INFORMATION

I, Debra J. Rahe, the undersigned, certify the following:  
Insert Name

(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 request that my name be placed on the official primary ballot of the (check one) ☐ Democratic Party or ☒ Republican Party  
with which I am affiliated to be voted on at the primary election to be held on May 5, 2026, for the office of  
Center Township Advisory Board District (or Judicial Circuit) \_\_\_\_\_ (if any).  
Name of Office

(3) I am claiming affiliation with the Democratic or Republican Party. I understand that my party affiliation is determined by which party I voted for in the last two primary elections held in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because: (check one)  
☒ The two most recent primary elections held in Indiana in which I voted were the primaries held by the party with which I claim affiliation above.  
☐ The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)

(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 requirement to be a registered voter in the election district I seek to represent. 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:  
4130 Villas Dr. North Kokomo, IN (amend if other state) 46901  
Complete residence address must be included City ZIP Code

(6) My mailing address is:  
Same \_\_\_\_\_, IN (amend if other state) \_\_\_\_\_  
Write address if mailing address is different from residence address; write "SAME" if both addresses are identical Mailing address City ZIP Code

## CANDIDATE NAME INFORMATION

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

| <u>Debra</u>   | <u>J.</u>  | <u>Rahe</u>  |  |   |
|--|--|--|--|---|
| First Designation  | Second Designation   | Third Designation  | Fourth Designation   | Suffix  |
| This can be: <ul style="list-style-type: none"><li>The candidate's legal given name.</li><li>The initial of the candidate's legal given name.</li><li>The candidate's legal middle name.</li><li>The initial of the candidate's legal middle name.</li><li>The candidate's nickname.</li></ul> | This can be: <ul style="list-style-type: none"><li>The candidate's legal middle name.</li><li>The initial of the candidate's legal middle name.</li><li>The candidate's nickname.</li><li>The candidate's legal surname.</li></ul> | If not used in the first or second designation, this can be: <ul style="list-style-type: none"><li>The candidate's nickname.</li><li>The candidate's legal surname</li></ul> | If not used in the third designation, this can be: <ul style="list-style-type: none"><li>The candidate's nickname.</li><li>The candidate's legal surname</li></ul> | Examples: <ul style="list-style-type: none"><li>Jr. or III</li><li>CANNOT be a title or degree such as MD, JD</li></ul> |

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

- (7) (This paragraph does not apply to federal offices.) By initialing, I acknowledge that 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 if applicable) \_\_\_\_\_
- (8) (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 if applicable) \_\_\_\_\_
- (9) (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 if applicable) \_\_\_\_\_
- (10) (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 if applicable) \_\_\_\_\_
- (11) 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 12 and proceed to paragraph 13.
- (12) I have filed all reports required by IC 3-9-5-10 for all previous candidacies: (check one) ☐ Yes ☐ No
- (13) (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 if applicable) MS

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]  
Signature

01/07/2026  
Date Signed (MM/DD/YYYY)

(207) 493-1234  
Telephone (Day)

(207) 493-1234  
Telephone (Evening)

#### OPTIONAL INFORMATION:

Candidate's email: N/A

Campaign website: N/A

STATE OF INDIANA

COUNTY OF HOWARD

Subscribed and sworn to before me this 7 day of January, 2026.

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

My Commission expires (applies only to Notary Public): 12/31/26

County of Residence: HOWARD

**FILED**

**JAN 07 2026**

**DEBBIE STEWART**  
Clerk Howard Cir. Court

### CAMPAIGN FINANCE NOTICE

- A candidate's committee must file a pre-primary campaign finance report no later than **NOON, April 17, 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 nominated in the primary).
- The candidate's committee must also file a pre-primary 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 **April 11, 2026 and ending at 6:00 a.m. on May 3, 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 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 FOR STATEWIDE OFFICE:

A candidate's committee must file "quarterly" campaign finance reports with the Indiana Election Division (IED), 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 IED for more 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, 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**

State Form 55128 (R / 8-19)  
Indiana Election Division (IC 3-8-9)

**(CAN-12)**

**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 BEFORE THE DATE OF THIS FILING:**

2025

**NOTE: Insert "Not Applicable" where appropriate.**

I, Debra J. Rahe 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  
Center Township Advisory Board. (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  
Howard County, Jail.
- (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 7 day of January, 2026

[Signature]

Signature

Debra J. Rahe

Printed Name

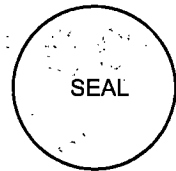
STATE OF INDIANA )  
COUNTY OF HOWARD )

Subscribed and affirmed to before me this 7 day of January, 2026  
Debbie Stewart

Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12/31/26

County of Residence: HOWARD



**FILED**  
JAN 07 2026  
DEBBIE STEWART  
Clerk Howard Cir. Court