



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2026

State Form 47008 (R22 / 7-25)
Indiana Election Division (IC 3-8-2.5; 3-6-12)

(CAN-34)

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 19, 2026 and not later than noon, June 18, 2026.

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;

CANDIDATE NAME INFORMATION

OFFICE SOUGHT

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

Kokomo School Board @ Kokomo School Corporation Large

First Designation

Second Designation

Third Designation

Fourth Designation

Suffix

Name of School Corporation and District, if Applicable

Issac White

PARTY AFFILIATION

Instructions for completing the Candidate's Ballot Name Designation are found on the reverse of this form. 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.

See reverse side of form for party affiliation affirmations. If an Independent candidate, write "Independent" above. If you choose not to affiliate with a party or as an Independent, this box remains blank.

Table with 10 rows of candidate information including Signature, Printed Name, Date of Birth, Residence Address, City or Town and ZIP Code, and Office Use Only (REG Y/N, PCT/WARD).

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 Signature: Issac White

Carrier's Printed Name: Issac White

Carrier's Date of Birth: 12/23/1967

Date Signed by Carrier: June 16, 2026

Carrier's Full Address: 189 Gulf Shore Blvd

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 18, 2026, or the petition is rejected.

**CANDIDATE'S CONSENT**

I, the undersigned, am a candidate for the office of school board member of Kokomo School Corporation  
Insert name of school corporation, including any election district designation.

My residence address is 879 Gulf Shore Blvd., Kokomo, IN 46902  
Street Number and Address City or Town Zip Code

I am affiliated with the (check one)  Democratic Party,  Libertarian Party,  Republican Party, or  (insert political party name) \_\_\_\_\_ Party; or  
 I am an Independent candidate; or  I elect not to disclose any affiliation with a political party, or (i) am not affiliated with a political party; and (ii) do not identify as an independent candidate.

If 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.)

I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 3, 2026, designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election.  Yes  No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies.  Yes  No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs: (1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate. I agree to comply with the provisions of IC 3-9.

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

**FILED**

<u>Issac C. White</u>	<u>6-4-26</u>	Subscribed and sworn to before this <u>16</u> day of <u>June</u> , 2026.	
Signature	Date Signed		
<u>(765) 860-7898</u>	<u>issacwhite2367@yahoo.com</u>	<u>Debbie Stewart MM</u>	<b>DEBBIE STEWART</b> Clerk Howard Cir. Court
Telephone	Email (optional)	Signature of Notary Public or Other Official Administering Oath according to IC 3-9-4-2	
Website (optional):		My Commission Expires (applies only to Notary Public): <u>12-31-26</u>	
<b>NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.</b>		County of Residence: <u>Howard</u>	

**AFFIDAVIT OF ASSISTANCE PROVIDED TO PETITIONER(S) WITH DISABILITIES**

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: \_\_\_\_\_, 20\_\_\_\_, DATE ASSISTANCE PROVIDED (month, day, year)

ASSISTER'S SIGNATURE \_\_\_\_\_ ASSISTER'S PRINTED NAME \_\_\_\_\_ ASSISTER'S ADDRESS (number and street, city, state, and ZIP code) \_\_\_\_\_

**COUNTY VOTER REGISTRATION OFFICE CERTIFICATION**

County Name: <u>Howard</u>	Number of Valid Signatures: <u>7</u>	County Name: _____	Number of Valid Signatures: _____	County Name: _____	Number of Valid Signatures: _____
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I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County. In the case of a school corporation that covers more than one county, the county voter registration official of the containing the greatest percentage of the population of the school corporation certifies petitioners and records the number of valid signatures. Please use the space above to indicate the number of certified signatures for each county in a multi-county jurisdiction, if applicable.

Witness my/our hand and seal this <u>16<sup>th</sup></u> day of <u>June</u> , 2026, at <u>Kokomo</u> , Indiana.	COUNTY SEAL	Signature 1 <u>Susan Kennedy</u>	<input type="checkbox"/> Clerk of the Circuit Court or <input checked="" type="checkbox"/> Member of the Board of Registration (D) <u>Clerk</u> <input checked="" type="checkbox"/> Member of the Board of Registration (R)
		Signature 2, if applicable <u>Debbie Stewart</u>	

**Instructions on Completing Candidate's Ballot Name Designation.** The FIRST DESIGNATION can be one of the following: 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, or the candidate's nickname. The SECOND DESIGNATION can be one of the following: the candidate's legal middle name, the initial of the candidate's legal middle name, the candidate's nickname, or the candidate's legal surname. The THIRD DESIGNATION can be the candidate's nickname or the candidate's legal surname, if not used in the first or second designation. The FOURTH DESIGNATION can be the candidate's nickname or the candidate's legal surname, if not used in the third designation. Examples for the SUFFIX include Jr., Sr., or III, but it cannot indicate a title or degree such as MD or JD.



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: \_\_\_\_\_

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.

TO THE 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;

Table with 3 columns: CANDIDATE NAME, COMPLETE CANDIDATE ADDRESS, OFFICE SOUGHT. Row 1: Kokomo School Board At-Large.

Table with 7 columns: SIGNATURE, PRINTED NAME, DATE OF BIRTH, RESIDENCE ADDRESS, CITY or TOWN and ZIP CODE, REG (Y/N), PCT/ WARD. Rows 1-3 contain handwritten entries for Susan Kennedy, Kimberly Storey, and Charles Storey.

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 SIGNATURE: Isaac White
CARRIER'S PRINTED NAME: Isaac White
CARRIER'S DATE OF BIRTH: 12/23/1967
DATE SIGNED BY CARRIER: June 16, 2026

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE (number and street, city, state, and ZIP code): 879 Gulf Shore Blvd.
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.

**CANDIDATE NAME INFORMATION**

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

First Designation	Second Designation	Third Designation	Fourth Designation	Suffix	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
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 like MD, JD	

**CANDIDATE'S CONSENT**

I, the undersigned, am a candidate for the office of school board member of \_\_\_\_\_  
*Insert name of school corporation, including any election district designation.*

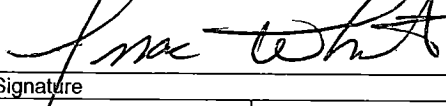
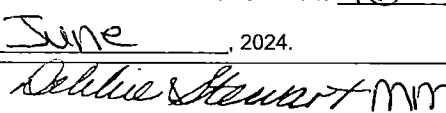
I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 5, 2024, designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election.  Yes  No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies.  Yes  No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs: (1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate. I agree to comply with the provisions of IC 3-9.

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 June 16, 2026	Subscribed and sworn to before this <u>16</u> day of <u>June</u> , 2024.  Signature of Notary Public or Other Official Administering Oath according to IC 33-42-9-7	JUN 16 2026 DEBBIE STEWART Clerk Howard Cir. Court
Telephone	Email (optional)	My Commission Expires (applies only to Notary Public): <u>12-31-26</u>		
Website (optional):		County of Residence: <u>Howard</u>		

**NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.**

**AFFIDAVIT OF ASSISTANCE PROVIDED TO PETITIONER(S) WITH DISABILITIES**

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: \_\_\_\_\_, 20\_\_\_\_\_,  
 DATE ASSISTANCE PROVIDED (month, day, year)

ASSISTER'S SIGNATURE \_\_\_\_\_ ASSISTER'S PRINTED NAME \_\_\_\_\_ ASSISTER'S ADDRESS (number and street, city, state, and ZIP code) \_\_\_\_\_

**COUNTY VOTER REGISTRATION OFFICE CERTIFICATION**

County Name: <u>Howard</u>	Number of Valid Signatures: <u>3</u>	County Name: _____	Number of Valid Signatures: _____	County Name: _____	Number of Valid Signatures: _____
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I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County. In the case of a school corporation that covers more than one county, the county voter registration official of the containing the greatest percentage of the population of the school corporation certifies petitioners and records the number of valid signatures. Please use the space above to indicate the number of certified signatures for each county in a multi-county jurisdiction, if applicable.

Witness my/our hand and seal this <u>16th</u> day of <u>June</u> , 2024, at <u>Kokomo</u> , Indiana.	COUNTY SEAL	Signature 1 <u>Susan Kennedy</u>	<input type="checkbox"/> Clerk of the Circuit Court or <input checked="" type="checkbox"/> Member of the Board of Registration (D) Clerk <input checked="" type="checkbox"/> Member of the Board of Registration (R)
		Signature 2, if applicable <u>Debbie Stewart</u>	



**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, Issac C. White 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  
Kokomo School Board (Include district, if applicable.)

(2) The name of my spouse was Terri White

(3) The name of my employer and the nature of its business was  
stellantis / Chrysler

(4) The name of the employer of my spouse and the nature of its business was  
Teacher

(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 4 day of June, 2026

Issac C. White  
Signature

Issac C. White  
Printed Name

STATE OF Indiana )  
COUNTY OF Howard )

Subscribed and affirmed to before me this 16 day of June, 2026

Debbie Stewart mm  
Notary Public or Other Official Administering Oath

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

County of Residence: Howard

**FILED**

JUN 16 2026 SEAL

**DEBBIE STEWART**  
Clerk Howard Cir. Court



**CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
 State Form 4604 (R15 / 5-19)  
 Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**(CFA-1)**

**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 <i>White</i>		First Name <i>Issac</i>		Middle Name <i>Charles</i>		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) <i>879 Gulf Shore Blvd</i>				5. FAX (Optional)		6. E-mail Address (Optional) <i>issacwhite2367@yahoo.com</i>			
7. City <i>Kokomo</i>		State <i>IN</i>	ZIP Code <i>46902</i>	8. County <i>Howard</i>		9. Telephone (Day) <i>(765) 860-7898</i>		10. Telephone (Evening) <i>Same</i>	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <i>Kokomo School Board At Large</i>					

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. <i>Committee to Elect Issac White</i>									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>879 Gulf Shore Blvd</i>						15. FAX (Optional)		16. E-mail Address (Optional)	
17. City <i>Kokomo</i>		State <i>IN</i>	ZIP Code <i>46902</i>	18. County <i>Howard</i>		19. Telephone <i>(765) 860-7898</i>		20. Committee Organization Date (mm/dd/yy) <i>1-30-2026</i>	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <i>Issac White</i>									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>879 Gulf Shore Blvd</i>						23. FAX (Optional)		24. E-mail Address (Optional) <i>issacwhite2367@yahoo.com</i>	
25. City <i>Kokomo</i>		State <i>IN</i>	ZIP Code <i>46902</i>	26. County <i>Howard</i>		27. Telephone (Day) <i>(765) 860-7898</i>		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.) <i>PNC Bank</i>									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) <i>To receive &amp; expend funds to explore opportunities for the elected office</i>					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 type="checkbox"/> 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. <i>Debra S Newby</i>				Person Appointed Treasurer <i>Debra S Newby</i>						Signature of the Committee Chairperson	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <i>Debra Suzanne Newby</i>											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>2204 Canterbury Dr</i>						35. FAX (Optional)		36. E-mail Address (Optional)			
37. City <i>Kokomo</i>		State <i>IN</i>	ZIP Code <i>46902</i>	38. County <i>Howard</i>		39. Telephone (Day) <i>(765) 4550378</i>		40. Telephone (Evening) <i>(765) 4550378</i>			

**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 <i>Debra Suzanne Newby</i>					
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**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 <i>Issac C. White</i>		Signature of Chairperson <i>Issac White</i>		Date (mm/dd/yy) <i>1-30-2026</i>	
43. Typed or Printed Name of Candidate		Signature of Candidate		Date (mm/dd/yy)	

**FOR OFFICE USE ONLY**

**FILED**

FEB 02 2026

DEBBIE STEWART  
Clerk Howard Cir. Court

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).