



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

(CAN-34)

State Form 47008 (R22 / 7-25)
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 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 table with columns: First Designation, Second Designation, Third Designation, Fourth Designation, Suffix, OFFICE SOUGHT, PARTY AFFILIATION. Includes handwritten entry for Kathy Pemberton.

Table with columns: SIGNATURE, PRINTED NAME (First, Last), DATE OF BIRTH (MM/DD/YYYY), RESIDENCE ADDRESS (No P.O. Boxes), CITY or TOWN and ZIP CODE, Office Use Only (REG Y/N, PCT/WARD). Contains 10 rows of candidate data.

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.

**CANDIDATE'S CONSENT**

I, the undersigned, am a candidate for the office of school board member of Taylor Community School Corp. , At-large  
Insert name of school corporation, including any election district designation.

My residence address is 3110 Orleans Court, 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)**

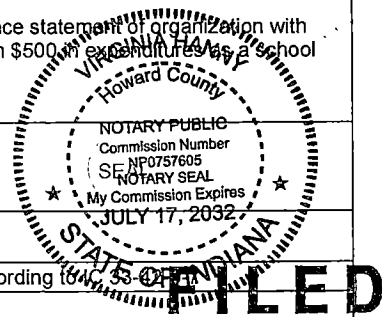
I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs: (1) I receive more 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.**

Signature: [Handwritten Signature] Date Signed: 6/4/26 Subscribed and sworn to before this 4 day of May June <sup>VH</sup>, 2026.

Telephone: 765-480-7077 Email (optional): Kathypem@sbcglobal.net Signature of Notary Public or Other Official Administering Oath according to IC 33-33-01: Virginia Hanny  
 Website (optional): \_\_\_\_\_ My Commission Expires (applies only to Notary Public): 7/17/32

**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.** County of Residence: Howard JUN 04 2026



**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: \_\_\_\_\_ DATE ASSISTANCE PROVIDED (month, day, year) DEBBIE STEWART Clerk Howard Cir. Court

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>9</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>4th</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)
		Signature 2, if applicable <u>Debbie Stewart</u>	<input type="checkbox"/> Clerk <input type="checkbox"/> Member of the Board of Registration (R)

**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.

**CANDIDATE'S CONSENT**

I, the undersigned, am a candidate for the office of school board member of Taylor Community School Corp. , At-large  
Insert name of school corporation, including any election district designation.

My residence address is 3110 Orleans Court, 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.)

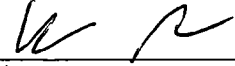
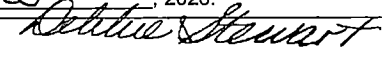
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**I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.**

**FILED**

**DEBBIE STEWART**  
 Clerk Howard Cir. Court

	6/4/26	Subscribed and sworn to before this <u>4</u> day of <u>June</u> , 2026.
Signature	Date Signed	
765-480-7077	Kathypem@sbcglobal.net	Signature of Notary Public or Other Official Administering Oath according to IC 33-42-9-7
Telephone	Email (optional)	My Commission Expires (applies only to Notary Public): <u>12-31-26</u>
Website (optional):		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:	Number of Valid Signatures:	County Name:	Number of Valid Signatures:	County Name:	Number of Valid Signatures:
<u>Howard</u>	<u>4</u>				

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>4<sup>th</sup></u> day of <u>June</u> , 2026, at <u>Kokomo</u> , Indiana.	COUNTY SEAL	Signature 1 <u>Susan Kennedy</u> Signature 2, if applicable <u>Debbie Stewart</u>	<input type="checkbox"/> Clerk of the Circuit Court or <input checked="" type="checkbox"/> Member of the Board of Registration (D) <input type="checkbox"/> Member of the Board of Registration (R)
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CANDIDATE NAME INFORMATION and OFFICE SOUGHT section. Includes fields for First Designation, Second Designation, Third Designation, Fourth Designation, Suffix, and Office Sought (Taylor Community School Corp. ; At-large).

Table with columns: SIGNATURE, PRINTED NAME (First, Last), DATE OF BIRTH (MM/DD/YYYY), RESIDENCE ADDRESS (No P.O. Boxes) (Number, Street, Apartment), CITY or TOWN and ZIP CODE, and Office Use Only (REG (Y/N), PCT/WARD).

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

CARRIER'S SIGNATURE, CARRIER'S PRINTED NAME (Kathy Pemberton), CARRIER'S DATE OF BIRTH (August 19, 1975), DATE SIGNED BY CARRIER (6-4, 2026). Includes full address and a note about Indiana state law requirements.



**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, Kathy Pemberton 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  
Taylor Community School Corporation Board Member, At-large. (Include district, if applicable.)
- (2) The name of my spouse was BJ Pemberton.
- (3) The name of my employer and the nature of its business was  
N/a-stay at home mom and wife.
- (4) The name of the employer of my spouse and the nature of its business was  
Stellantis-Automotive.
- (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.

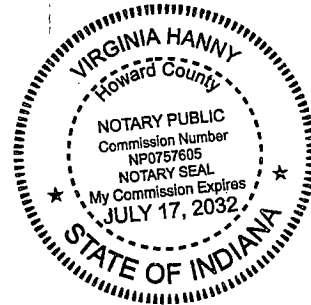
**COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.**

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

[Handwritten Signature]  
Signature

Kathy Pemberton  
Printed Name



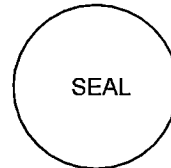
STATE OF Indiana )  
COUNTY OF Howard )

Subscribed and affirmed to before me this 4 day of June, 2026

Virginia Hanny  
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 7/17/32

County of Residence: Howard



**FILED**

JUN 04 2026

**DEBBIE STEWART**  
Clerk Howard Cir. Court