



LOCAL OFFICE PETITION OF NOMINATION IN 2022 GENERAL ELECTION

State Form 56760 (R2 / 5-21)

Indiana Election Division (IC 3-8-6-5; IC 3-8-6-6(b); IC 3-6-12)

(CAN-21)

COUNTY: _____

INSTRUCTIONS: This petition is used to nominate independent candidates or candidates of a minor political party. Petitioners are not required to provide precinct and ward information. Except in cases of disability, the petitioner must complete this information in the petitioner's own handwriting. If assistance is provided due to disability, the assister must complete the affidavit on the reverse of this form. This petition must be filed with the appropriate county voter registration office for processing no earlier than January 5, 2022 and no later than NOON, June 30, 2022. Each candidate must also file a statement of economic interest (CAN-12 form) at the time the CAN-21 is filed with county voter registration office for review. Not later than NOON, July 15, 2022, the certified petitions from the county voter registration office and the Candidate's Consent form (CAN-20), must be filed with the appropriate county election board. Candidates for: Federal, State, State Legislative Offices, county-level judge, or prosecuting attorney should use a CAN-19 form, not this form. School Board Candidates should use a CAN-34 form, not this form.

TO THE COUNTY CIRCUIT COURT CLERK OF _____ COUNTY:

Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature at the time this petition will be processed; 2) the individual is a duly qualified registered voter in Indiana; and 3) the individual desires to be able to vote for the candidates listed below on the November 8, 2022 General Election Ballot as (check only one box) an independent candidate (only one (1) independent candidate allowed per petition) OR a candidate on the _____ Party ticket.

Candidate Name (As established on CAN-20 form)	Complete Candidate Address (if different from residence, include mailing address.)		Office Sought	File with petition any political party device to be printed on the ballot under IC 3-8-7-11
	Street	Apartment		
1				
2				
3				
4				

SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)		CITY or TOWN and ZIP CODE	Office Use Only	
	First	Last		Number	Street		REG (Y/N)	PCT/ WARD
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

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 _____ CARRIER'S PRINTED NAME _____ CARRIER'S DATE OF BIRTH (month, day, year) _____ DATE SIGNED BY CARRIER (month, day, year) _____ 20

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

County #1 Voter Registration Office Certification		County #2 Voter Registration Office Certification, if applicable	
County:	Number of Valid Signatures:	County:	Number of Valid Signatures:
I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.		I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.	
Witness my/our hand and seal this _____ day of _____, 2022, at _____, Indiana.		Witness my/our hand and seal this _____ day of _____, 2022, at _____, Indiana.	
COUNTY SEAL HERE	COUNTY SEAL HERE	COUNTY SEAL HERE	COUNTY SEAL HERE
Signature 1	<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)	Signature 1	<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)
Signature 2	<input type="checkbox"/> Member of the Board of Registration (R)	Signature 2	<input type="checkbox"/> Member of the Board of Registration (R)
Affidavit of Assistance Provided to Petitioner(s)			
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) _____, 20____	
ASSISTER'S SIGNATURE _____		ASSISTER'S ADDRESS (number and street, city, state, and ZIP code) _____	



**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 _____

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

20__

NOTE: Insert "Not Applicable" where appropriate.

I, _____ 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 _____ (Include district, if applicable.)

(2) The name of my spouse was _____

(3) The name of my employer and the nature of its business was _____

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

(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was _____

(6) If I operated a professional practice, the name of the professional practice and the nature of its business was _____

(7) If I was a member of a partnership, the name of the partnership and the nature of its business was _____

(8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was _____

(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 _____

(10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was _____

(11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was _____

(12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was _____

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 _____ day of _____, 20__;

Signature

Printed Name

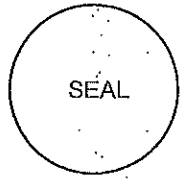
STATE OF _____)
COUNTY OF _____)

Subscribed and affirmed to before me this _____ day of _____, 20__.

Notary Public or Other Official Administering Oath

My Commission expires (*applies only to Notary Public*): _____

County of Residence: _____





CONSENT OF INDEPENDENT OR MINOR POLITICAL PARTY CANDIDATE NOMINATED BY PETITION FOR ELECTION IN 2022

(CAN-20)

State Form 46419 (R18 / 8-21)
Indiana Election Division (IC 3-8-5-17; IC 3-8-6-3; IC 3-8-6-12; IC 3-10-2-15; IC 3-10-6-12)

INSTRUCTIONS: This consent must be filed no later than noon, July 15, 2022 (the deadline for filing the CAN-19 petition of nomination form certified by the county voter registration office). This form is used by an independent candidate or a candidate of a political party nominated by petition. This form is not used by Democratic, Libertarian, or Republican Party candidates. SEE IMPORTANT INFORMATION ON BACK OF FORM.

STATE OF INDIANA

COUNTY OF _____

GENERAL INFORMATION

I, _____, the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct _____ of the Township of _____
(or of Ward, if applicable, _____ of the City or Town of _____,) County of _____
State of Indiana.

(2) I am a candidate for the office of _____, District _____ (if any).

(3) I give my written consent under IC 3-8-6-12 to the circulation and filing of a petition under IC 3-8-6 to place my name on the ballot for the general election to be held on November 8, 2022, designated as an independent candidate OR a candidate of the Party stated on the petition of nomination (CAN-19 form) attached to this consent.

(Note: If you claim affiliation with a political party, the name of the party may not be identical with or result in voter confusion due to its similarity with that of a party guaranteed ballot access under Indiana law or which has already filed a petition for ballot placement. (IC 3-8-6-5.5))

(4) *(This paragraph does not apply to an independent candidate.) (check one)* I am OR am not affiliated with the same political party as any other candidate or group of candidates that has filed or will be filing a petition of nomination with the county voter registration office. You may attach additional information concerning your affiliation with specific candidates of the same political party.

(5) *(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 requirements). I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

RESIDENCY INFORMATION

(6) My complete residence address is:

_____, IN (amend if other state) _____
Complete residence address must be included City ZIP Code

(7) My mailing address is:

Write address if mailing address is different from residence address; write "SAME" if both addresses are identical

_____, IN (amend if other state) _____
Mailing address City ZIP Code

CANDIDATE NAME INFORMATION

I request that my name appear on the general election ballot in the following manner:

(Include any Nickname and/or Suffix, such as Jr., Sr., II, III, IV)

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))

The candidate's name must comply with the requirements in Indiana Code 3-5-7. If a candidate's name does not comply with this state law, 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 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) _____
(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) _____
(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) _____
(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) _____
(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) [X] 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) _____

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) _____

OPTIONAL INFORMATION:

Candidate's email: _____ Campaign website: _____

STATE OF _____)
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 2022.



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

My Commission expires (applies only to Notary Public): _____ County of Residence: _____

CAMPAIGN FINANCE NOTICE

- A candidate's committee of a petition candidate must file a nomination campaign finance report no later than NOON, August 5, 2022, 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).
A candidate's committee must file a pre-election campaign finance report no later than NOON, October 21, 2022, 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 any contribution of \$1,000 or more during the period beginning October 15, 2022 and ending at 6:00 a.m. on November 6, 2022, 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, 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 18, 2022, covering the period from January 1, 2022 through March 31, 2022.
(2) July 15, 2022, covering the period from April 1, 2022 through June 30, 2022.
(3) October 17, 2022, covering the period from July 1, 2022 through September 30, 2022.
(4) November 1, 2022, covering the period from October 1, 2022 through October 24, 2022.
(5) January 18, 2023, covering the period from October 25, 2022 through December 31, 2022.

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 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, 2022, through, NOON, April 18, 2022.
(2) Supplemental Reporting Period: July 1, 2022, through, NOON, July 15, 2022.
(3) Supplemental Reporting Period: October 1, 2022, through, NOON, October 17, 2022.
(4) Supplemental Reporting Period: October 25, 2022, through NOON, November 1, 2022.



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 type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>						
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) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code)				5. FAX (Optional) ()	6. E-mail Address (Optional)	
7. City		State IN	ZIP Code	8. County	9. Telephone (Day) ()	10. Telephone (Evening) ()
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.)		
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.						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				15. FAX (Optional) ()	16. E-mail Address (Optional)	
17. City		State	ZIP Code	18. County	19. Telephone ()	20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional) ()	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 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.			Person Appointed Treasurer		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.						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				35. FAX (Optional) ()	36. E-mail Address (Optional)	
37. City		State	ZIP Code	38. County	39. Telephone (Day) ()	40. Telephone (Evening) ()
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)	
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

INSTRUCTIONS FOR COMPLETING THIS FORM

This is a dual purpose form. The most common use of this form is to designate a candidate's principal committee in which the candidate is both the chairperson and treasurer. The form enables the candidate to organize and at the same time designate the candidate's principal committee as required by IC 3-9-1-3, IC 3-9-1-4 & IC 3-9-1-5.

The form also allows a person exploring opportunities for seeking a political office but who has not definitely decided to be a candidate for a particular office to organize an exploratory committee. If the candidate is not yet a candidate for a specific office, check "exploratory committee" under Section A 3. When the candidate does become a candidate for a specific office, an amended CFA-1 must be filed.

The preparer should **type or print legibly in black ink** all information on this form. If more space is needed please attach additional sheets. All versions of State Form 4604 prior to revision (R10/10-01) are obsolete and cannot be used (IC 3-5-4-8). State law requires that any changes on this form must be reported **WITHIN TEN (10) DAYS OF THE CHANGE**.

ITEM 1. IS THIS AN AMENDMENT? Check the appropriate box. If "YES" is checked, enter the file number in the file number box and go on to Section A. If "NO" is checked, proceed directly to Section A.

SECTION A. CANDIDATE INFORMATION: Enter the name of the candidate, as set forth in the candidate's voter registration record and any nickname the candidate uses.

TYPE OF COMMITTEE. See second paragraph above. Be sure to enter the full and current address and the ZIP Code+4, if known. Under party affiliation, enter the party the candidate supports. If no party is supported, enter "Independent." A "Write-In" candidate should follow the same procedure; do not write "Write-In."

OFFICE BEING SOUGHT. Enter the full name of that office. For example, "Indiana State Senator, District ____." ***This box is not required to be completed by an exploratory committee.***

SECTION B. COMMITTEE INFORMATION: Do not use any abbreviations in the committee name. Check the new name box if this is a new name. Be sure to enter the full and current mailing address. All correspondence with the committee relative to filings under the Campaign Finance Act will be mailed to this address, unless specified otherwise.

Check the new address if appropriate. Enter the ZIP Code+4, if known, in all boxes calling for the ZIP Code. The date the committee was organized may be the date the candidate publicly announced, filed a declaration of candidacy, solicited or accepted contributions, or made an expenditure. (IC 3-5-2-6)

ITEM 16. COMMITTEES FILING WITH THE INDIANA ELECTION DIVISION ONLY: Committees that file campaign finance reports with the Indiana Election Division and wish to file these reports electronically may contact the Election Division at (800) 622-4941 or at the e-mail address campaignfinance@iec.in.gov for further information.

ITEM 21. Chairperson. This may be the candidate. However, the chairperson may not be the treasurer of any other campaign finance committee except in the case of the candidate's committee. Check if this is a new chairperson or new information.

ITEM 29. Bank or Other Depositories. If a candidate's committee accepts contributions or makes expenditures on an aggregate amount of more than two hundred dollars (\$200) in a year, all funds of a committee must be segregated from, and may not be commingled with, the personal funds of officers, members or associates of the committee. (IC 3-9-2-9)

ITEM 30. Exploratory Committee. Enter a brief statement explaining the purpose of this committee. Example: "To receive and expend funds to explore the opportunities for elected office."

ITEM 31. Salaries and Reimbursements. Pursuant to Indiana Election Commission Advisory Opinion 2001-01, attach a copy of any contract between the committee and the candidate permitting salary and reimbursement payments.

SECTION C. APPOINTMENT OF TREASURER:

ITEM 32. Treasurer. The treasurer must be a U.S. citizen and may not be the chairperson of any other campaign finance committee except in the case of a candidate's committee. The treasurer's duties and responsibilities are discussed in detail in the Instruction Manual for the Indiana Campaign Finance Act (*current edition*). Check if this is a new treasurer or new information. This section must be completed in its entirety by the committee chairperson.

SECTION D. ACCEPTANCE OF APPOINTMENT: The treasurer must provide the treasurer's written signature verifying acceptance of the duties and responsibilities as committee treasurer.

SECTION E. CERTIFICATION OF STATEMENT: The chairperson and candidate must enter their typed or printed names, written signatures and date signed in this section. **Note:** If the candidate and the chairperson are the same only one signature is necessary.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES AND STATE LEGISLATIVE CANDIDATES

This form must be filed **electronically** with the Election Division. Contact 1-800-622-4941 for more information. *If you are opening a committee for the first time, or amending your current CFA-1 due to a change in treasurer or chair,* a signed copy of the CFA-1 (with original signatures) must also be emailed or faxed to the Election Division.

WARNING: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4 and IC 3-9-1-12)