



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2022

(CAN-34)

State Form 47008 (R19 / 5-21)
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 July 27, 2022 and not later than noon, August 26, 2022. Petitioners are not required to provide precinct and ward information. Except in cases of disability, the petitioner must complete the 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. The county voter registration office will complete this information and determine if the voter is registered after the petition is filed. Each candidate must complete the Candidate's Consent on the reverse of this form and file a Statement of Economic Interests (CAN-12 form). In a metropolitan school corporation, this petition must be signed by ten (10) registered voters residing in the same board member district as the nominee. (IC 20-23-7-8) In a community school corporation, this petition must be signed by ten (10) registered voters residing within the boundaries of the school corporation. (IC 20-23-4-29.1) Additional petition requirements apply in some school corporations. **Consult your attorney to be advised of your rights and responsibilities.**

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 offices; 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; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board office to be held on **November 8, 2022**. If the school district is comprised of more than one county, the petition is to be filed with the county containing the greatest percentage of population of the school corporation.

	Candidate Name <i>(See Consent on reverse of form for candidate name requirements.)</i>	Complete Candidate Address <i>(If different from residence, include mailing address.)</i>	Office Sought <i>(Include election district name or number.)</i>
1			
2			
3			
4			

							Office Use Only		
	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	Precinct / Ward	Voter Registered
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) _____, 20____ DATE SIGNED BY CARRIER (month, day, year) _____

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

CONSENT OF CANDIDATE NOMINATED BY PETITION

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 8, 2022 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 request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change. (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. EXAMPLE: John R. (Jack) Doe. A candidate may not use a title or degree as a designation or a designation that implies a title or degree.)

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.

OPTIONAL INFORMATION: Candidate's e-mail address: _____ Campaign website address: _____

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/YY)	Telephone ()
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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 My Commission expires (applies only to Notary Public) County of Residence

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioner(s), 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)

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 Voter Registration Office Certification

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 _____ day of _____, 2022,
 at _____, Indiana.

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 2, if applicable	<input type="checkbox"/> Member of the Board of Registration (R)
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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 _____

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 Filing 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

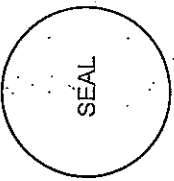
STATE OF _____ }
COUNTY OF _____ }

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: _____





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? <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	Nickname
3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	6. E-mail Address (Optional)
4. Mailing Address: (number and street, city, state, and ZIP code)	5. FAX (Optional)
7. City	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	
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.	
12. Office Sought (include district number, if any. Not required for an exploratory committee.)	
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
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
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.) <input type="checkbox"/> 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 Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee.	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
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 Signature of Person Accepting Appointment Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	
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)
FOR OFFICE USE ONLY	
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).	

**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)