



**PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2024**  
 State Form 47008 (R21 / 8-23)  
 Indiana Election Division (IC 3-8-2-5; 3-6-12)

(CAN-34)

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. 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. Each candidate must complete the Candidates Consent on the reverse of this form and file a Statement of Economic Interests (CAN-12 form) with this petition. 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, 1) 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 officials; 2) the individual is a duly qualified registered voter in Indiana; 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 the legally qualified candidates for a school board office on the November 5, 2024 General Election Ballot. 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.

1 2 3 4	CANDIDATE NAME	COMPLETE CANDIDATE ADDRESS <i>(If different from residence, include mailing address.)</i>		OFFICE SOUGHT <i>(Include election district name or number.)</i>	Office Use Only		
		RESIDENCE ADDRESS (No P.O. Boxes) Number Street Apartment	CITY or TOWN and ZIP CODE		REG (Y/N)	PCT/ WARD	
1	SIGNATURE	First	DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes) Number Street Apartment	CITY or TOWN and ZIP CODE	REG (Y/N)	PCT/ WARD
2		Last					
3							
4							
1							
2							
3							
4							
5							
6							
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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.

CARRIERS SIGNATURE \_\_\_\_\_ CARRIERS PRINTED NAME \_\_\_\_\_ DATE SIGNED BY CARRIER *(month, day, year)* 20 \_\_\_\_\_

CARRIERS 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 20, 2024, or the petition is rejected.

**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)).

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

**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 \_\_\_\_\_ Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, 2024. 

Telephone \_\_\_\_\_ Email (optional) \_\_\_\_\_ Signature of Notary Public or Other Official Administering Oath according to IC 33-42-9-7 \_\_\_\_\_ My Commission Expires (applies only to Notary Public): \_\_\_\_\_

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: \_\_\_\_\_ DATE ASSISTANCE PROVIDED (month, day, year) \_\_\_\_\_, 20\_\_\_\_

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: _____
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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 \_\_\_\_\_, 2024, at \_\_\_\_\_, Indiana.

Signature 1 \_\_\_\_\_ Signature 2, if applicable \_\_\_\_\_

COUNTY SEAL \_\_\_\_\_

Clerk of the Circuit Court or  Member of the Board of Registration (D)  Member of the Board of Registration (R)



**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: \_\_\_\_\_

