



**PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2018**  
 State Form 47008 (R17/7-17)  
 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 July 25, 2018 and not later than noon, August 24, 2018. 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.

**COUNTY CIRCUIT COURT CLERK (OR THE LAKE 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; 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 6, 2018.**

	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 & ZIP CODE	Precinct / Ward	Voter Registered
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Petition Carrier Certification**

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 \_\_\_\_\_, 20\_\_

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE \_\_\_\_\_

DATE SIGNED BY CARRIER \_\_\_\_\_

# 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 6, 2018 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:

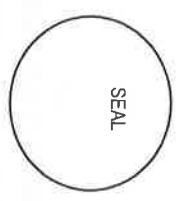
(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

I agree to comply with the provisions of IC 3-9.

**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)
STATE OF _____ COUNTY OF _____	Telephone _____

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018.



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 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 \_\_\_\_\_ 20\_\_\_\_

ASSISTERS SIGNATURE \_\_\_\_\_ ASSISTERS PRINTED NAME \_\_\_\_\_ ASSISTERS ADDRESS \_\_\_\_\_

**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:

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.

Witness my/our hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2018,  
 at \_\_\_\_\_, Indiana.

COUNTY SEAL HERE

Signature 1	Signature 2 (If a Member of Board of Registration)
<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration	



**STATEMENT OF ECONOMIC INTERESTS  
FOR LOCAL AND SCHOOL BOARD OFFICES**

**(CAN-12)**

State Form 55128 (11-12)  
Indiana Election Commission (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) petition of nomination as a school board candidate; (3) petition of nomination as a minor party or independent candidate; (4) declaration of intent to be a write-in candidate; or (5) 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.

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 is \_\_\_\_\_

(3) The name of my employer and the nature of its business is \_\_\_\_\_

(4) The name of the employer of my spouse and the nature of its business is \_\_\_\_\_

(5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is \_\_\_\_\_

(6) If I operate a professional practice, the name of the professional practice and the nature of its business is \_\_\_\_\_

(7) If I am a member of a partnership, the name of the partnership and the nature of its business is \_\_\_\_\_

(8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is \_\_\_\_\_

(9) If I am a member of a limited liability company, the name of the limited liability company and the nature of its business is \_\_\_\_\_

(10) If my spouse is a member of a limited liability company, the name of the limited liability company and the nature of its business is \_\_\_\_\_

(11) If I am an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is \_\_\_\_\_

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

**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

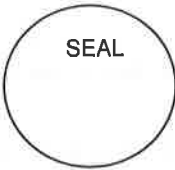
STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

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**

**(CFA-1)**

State Form 4604 (R14 / 10-17)

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?  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		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 <b>IN</b>	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				
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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		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](mailto: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

This form must be filed **electronically** with the Election Division. Contact 1-800-622-4941 for more information.

**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)