

PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2016

(CAN-34)

Office Sought

(Include election district name or number.)

State Form 47008 (R16 / 9-15)

Candidate Name

(See Consent on reverse of form for candidate name requirements.)

Indiana Election Division (IC 3-8-2.5; 3-6-12) **COUNTY: Hamilton**

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, 2016 and not later than noon, August 26, 2016. 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 HAMILTON 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 8, 2016.

Complete Candidate Address

(If different from residence, include mailing address.)

2								
3								
4								
	1	1					Office U	Jse Only
	SIGNATURE	PRINTED First	D NAME 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								
1 0								
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.								
CAF	ARRIER'S SIGNATURE CARRIER'S PRINTED N		IAME CARRIER'S DATE OF BIRTH		DATE	DATE SIGNED BY CARRIER		
CAF	RRIER'S FULL ADDRESS, INCLUDING 2	ZIP CODE						

	CONSENT OF CAN	NDIDATE N	OMINATE	D BY PETITION	N			
I, the undersigned, am a candidate for the office of school	l board member of							
-		Insert na		orporation, including any		-		
I give my written consent under IC 3-8-2.5-7 to the circula candidate for this office. I meet all qualifications for this of	ition and filing of a petition under IC fice, including residency requireme	C 3-8-2.5 to place ents and do not ha	my name on thave a criminal of	he ballot at the general econviction that would pre	election to be he event me from s	eld November 8, 20 erving.	16 designated as a	
I request that the name on my voter registration record be necessary change. (The candidate's name must comply with A candidate may use a nickname on the ballot only if the nick degree as a designation or a designation that implies a title or	h the requirements in Indiana Code 3 name is a name by which the candid	3-5-7. If a candidate	's name does n	ot comply with this state la	aw, the declaration	on may be challenge	ed under Indiana Cod	de 3-8-1-2.
I have been a candidate for a state, legislative, local office	e, or school board office in a previo	ous primary or ger	neral election. [☐ Yes ☐ No (Check o	ne) (If no, skip	next line.)		
If yes, I have filed reports required by IC 3-9-5-10 for all p	revious candidacies. 🗌 Yes 🔲 N	lo (Check one)						
I am aware of the provisions of IC 3-9 regarding campaign appropriate county election board after the first of the follows:		ributions and expe	enditures. I am	aware of the requireme	nt to file a camp	oaign finance stater	nent of organization	າ with the
(1) I receive more than \$500 in contributions as a school be	board candidate, or (2) I spend mo	ore than \$500 in e	xpenditures as	s a school board candida	ate.			
I agree to comply with the provisions of IC 3-9.								
I certify that the information in this Declara	ation of Candidacy is true	and complet	e, and that	I meet the specif	ic requirem	ents of this of	fice.	
Signature		Date signed (MI		•	Telephone			٦
3 444 1			,		Total Control of the			
					()		_
STATE OF								
Subscribed and sworn to before me this da	ay of	, 20	016.	SEAL				
Notary Public or Other Official Administering Oath accord	ding to IC 33-42-4-1							
My Commission expires (applies only to Notary Public): County of Residence:								
	Affidavit of As							
I affirm under the penalties for perjury that I assisted	d the following petitioners, due	e to disability, in	writing the pe	etitioner's signature, p	rinted name, a	and residence ad	dress on this petit	tion:
Names of Petitioners Assisted by me:								
	, 20					D 4 3		
PROVIDED						DAT	TE ASSISTANCE	
ASSISTER'S SIGNATURE	ASSISTER'S PRINTED NAMI			R'S ADDRESS				
NOTE: If the name of more than <u>one</u> candidate is					nt form above v	when the petition	of nomination is fi	led.
County Voter Registration Office Certification								
County N	umber of Valid Signatures:		County Name:			mber of Valid Signatures:		
I certify that, in accordance with IC 3-8-2.5-5, I have		ords of the	11011101			J. J. M. C. 100.		
petitioners on this petition and certify the above nur County.								

Witness my/our hand and seal thi	s day of, 2016,	COUNTY SEAL HERE		
at	, Indiana.			
Signature 1	☐ Clerk of the Circuit Court or ☐ Member of the Board of Registration	Signature 2 (if a Member of Board of Registration)		