

## PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2018

(CAN-34)

State Form 47008 (R17 / 7-17)	
ndiana Election Division (IC 3-8-2.5; 3-6-12)	COUNTY:

	1818	,								
not nan vote sch sigr adv TO Eac	TRUCTIONS: This petition is used to nom later than noon, August 24, 2018. Petitio dwriting. If assistance is provided due to dier is registered after the petition is filed. Ea col corporation, this petition must be signed by ten (10) registered voters residing wised of your rights and responsibilities.  THE  th of the undersigned represents that: 1) the	ners are not required sability, the assister rich candidate must cold by ten (10) registere ithin the boundaries of COUNTY CIRC e individual resides a	If to provide precing the provide the complete the Cand ed voters residing of the school corputation to CUIT COURT CLE to the address after the address after the complete the country of the country of the country of the provided the country of th	ct and ward informatio a affidavit on the revers idate's Consent on the in the same board m oration. (IC 20-23-4-29 ERK (OR THE LAKE O r the individual's signat	n. Except in ce of this form reverse of the ember district.  1) Additional R TIPPECAN ture; 2) the in	cases of disabilition. The county vois form and file county to the count	ty, the petitioner ter registration of a Statement of Eee. (IC 20-23-7-ements apply in BOARDS OF ELy qualified regist	must complete the information office will complete this informat conomic Interests (CAN-12 for 8) In a community school corporations. Consequence of the complete composition of the complete co	in the petitione ion and determ m). In a metro ration, this pet nsult your atto	r's own ine if the politan ition must be irney to be
	e to vote for the candidates listed below; an	d (4) each of the und	lersigned respectf	ully requests you to pla	ace the follow	ing names of le	gally qualified ca	andidates on the General Electi	on Ballot for a	school board
Offic	te to be held on <b>November 6, 2018.</b>			Complete Co.		ducas		Office		
Candidate Name (See Consent on reverse of form for candidate name requirements.)		ame requirements.)	Complete Candidate Address (If different from residence, include mailing address.)				Office Sought (Include election district name or number.)			
1										
2										
3										
4									0("1	l 0l-
	CIONATURE	PRINTE	D NAME	NAME DATE OF BIRTH RESIDENCE ADDRESS (N		CE ADDRESS (No	o P.O. Boxes)	Office U		Voter
	SIGNATURE	First	Last	MM/DD/YYYY	Number	Street	Apartment	CITY or TOWN & ZIP CODE	Ward	Registered
1										
2										
3										
4										
-										
5										
6										
7										
8										
9										
10										
10				Petition Carrier	Cartificat	ion				
aff	irm under the penalties for periury that I have n	no reason to believe that	at any individual wh				this petition or did	not properly complete and sign th	is page.	
	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	RRIER'S SIGNATURE	CARRIER'S PRINT	FD NAMF	 CARRIFR'S I	DATE OF BIR	, TH	 DA1	, 20 _ [E SIGNED BY CARRIER	<del></del>	
J, 11		J. H. H. L. H.	IW WILL	J. HARLEN J	D. 11 E OI DII1		D/()	L S. SILES DT STRUCK		
	RRIER'S FULL ADDRESS, INCLUDING ZIP CO	ODF								
<b>∵</b> , ≀!	SEL ADDITEOU, INVOLUDING EII O	~~-								

	CONSENT OF C	ANDIDATE NOMINAT	ED BY PETITION					
I, the undersigned, am a candidate for the office of so	shool board mambar of							
i, the undersigned, and a candidate for the office of sc		Insert name of school	corporation, including any election d	istrict designation.	·			
I give my written consent under IC 3-8-2.5-7 to the circandidate for this office. I meet all qualifications for the					designated as a			
I request that the name on my voter registration reconnecessary change. (The candidate's name must comply with the ballot only if the nickname is a name by which the candidate is common likely been a candidate for a state, legislative, local of the second likely likel	ne requirements in Indiana Code 3-5-7. If a coonly known and does not exceed 20 charact office, or school board office in a pu	andidate's name does not comply with this st ers. EXAMPLE: John R. (Jack) Doe A cand revious primary or general election	tate law, the declaration may be challenged unidate may not use a title or degree as a desig	inder Indiana Code 3-8-1-2. Á candic gnation or a designation that implies a	date may use a nickname on the			
I am aware of the provisions of IC 3-9 regarding cam appropriate county election board after the first of the		contributions and expenditures. I a	m aware of the requirement to file	a campaign finance stateme	nt of organization with the			
(1) I receive more than \$500 in contributions as a sch	ool board candidate, or (2) I spend	d more than \$500 in expenditures a	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)	Telepho	one				
			(	)				
STATE OFCOUNTY OF								
Subscribed and sworn to before me this day of _		_, 2018. / SEAL						
Notary Public or Other Official Administering Oath according to IC 33-42-9								
My Commission expires (applies only to Notary Public):	My Commission expires (applies only to Notary Public): County of Residence:							
		f Assistance Provided to	· /					
I affirm under the penalties for perjury that I assisted the for	ollowing petitioners, due to disability,	in writing the petitioner's signature, pr	inted name, and residence address of	n this petition:				
Names of Petitioners Assisted by me:					. 20			
,	DATE ASSISTANCE PROVIDED							
ASSISTER'S SIGNATURE ASSISTER'S PRINTED NAME ASSISTER'S 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	Number of Valid	County	T	Number of Valid				
Name:	Signatures:	Name:		Signatures:				
I certify that, in accordance with IC 3-8-2.5-5, I have revie petition and certify the above number to be registered vot-		didoners on this						
Witness my/our hand and seal this	s day of, 2	2018,	COUNT	TY SEAL HERE				
at	, Indiana.							
Signature 1	☐ Clerk of the Circuit Court or ☐ Member of the Board of Regi	"	2 (if a Member of Board of Registra	ation)				