

2024 GENERAL ELECTION CANDIDATE WITHDRAWAL

State Form 46416 (R17 / 11-23) Indiana Election Division (IC 3-8-2-2.7, 3-8-2.5-4; 3-8-5-10.5, 3-8-5-14.5, 3-8-6-13.5, 3-8-7-17, 3-8-7-20, 3-8-7-21, 3-8-7-28)

INSTRUCTIONS: This form is used by a nominee chosen in a primary, nominated by petition, or chosen by a convention who wishes to remove the nominee's name from the general election ballot. This form is also used by a write-in candidate who wishes to withdraw.

DEADLINE: Except as otherwise provided by law, this withdrawal must be received by the official with whom the Declaration of Candidacy or Petition of Nomination was filed (*circuit court clerk or the Indiana Election Division*) by NOON, July 15, 2024, **if nominated at the primary election, party convention, or by petition of nomination**. A write-in candidate (for an office other than school board) must file this form by NOON, July 15, 2024.

For School Board offices: A school board candidate must file this form by NOON, July 15, 2024. A write-in candidate for school board office must file this form by NOON, August 26, 2024.

For Small Town offices: A candidate who files a declaration of candidacy for a town office in a town with a population of less than 3,500 may withdraw by filing this statement by NOON, August 1, 2024. A candidate nominated by a town convention must file this withdrawal with the circuit court clerk or town election board no later than NOON, three (3) days after the adjournment of the town convention. A candidate for city or town office in a municipal election year (such as 2027) uses CAN-46 form to withdraw.

CANDIDATE WITHDRAWAL

To the Clerk of _____ Circuit Court; the Lake, Porter, or Tippecanoe County Board of Elections and Registration; or the Indiana Election Division:

(1) I,			, the undersigned,	withdraw
(1) I,	imentation		-	
as a candidate of the	Party for not	mination to the offic	ce of	
		, District		(if any)
Name of Office				
to be voted on at the general election to be held on Nov	vember 5, 2024.			
(2) My residence address is:				
		, I	N (amend if other state	e)
Complete residence address must be included	City			ZIP Code
Signature	Date Si	//	_ () Telephone Number	
STATE OF) COUNTY OF)				
Subscribed and sworn to before me this d	ay of		, 2024.	
Notary Public or Other Official Administering Oath according	ng to IC 33-42-9-	7		\frown
My Commission expires (applies only to Notary Public	lic):			SEAL
County of Residence:				