

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

(CAN-34)

ate Form 47008 (R16 / 9-15)	
diana Election Division (IC 3-8-2.5; 3-6-12)	COUNTY:

1	1816	,									
not nand vote scho sign advi	<b>TRUCTIONS:</b> This petition is used to nom later than noon, August 26, 2016. Petitio dwriting. If assistance is provided due to dis r is registered after the petition is filed. Ea nool corporation, this petition must be signed by ten (10) registered voters residing wissed of your rights and responsibilities.	ners are not required sability, the assister rech candidate must conside the first the first the first the boundaries of the first fir	I to provide precing to the complete the complete the Canded voters residing of the school corp	nct and ward information affidavit on the revers lidate's Consent on the principle in the same board mooration. (IC 20-23-4-29)	n. Except in one of this form reverse of the ember distription.	cases of disability. The county voice is form and file a ct as the nominal petition requir	ty, the petitioner ter registration of a Statement of E ee. (IC 20-23-7- ements apply in	must complete the information office will complete this information conomic Interests (CAN-12 for 8) In a community school corposome school corporations. <b>Co</b>	in the petitione tion and determ rm). In a metro pration, this pet nsult your atto	er's own nine if the politan ition must be	
IO Faci	THE	COUNTY CIRC	JUIT COURT CLI	ERK ( <i>OR THE LAKE</i> O	rre: 2) the in	NOE COUNTY E dividual is a dul	V qualified regist	ECTION AND REGISTRATION Pered voter in Indiana and 3) the	V): e individual des	ires to be	
able	to vote for the candidates listed below; an	d (4) each of the und	lersigned respect	fully requests you to pla	ace the follow	ing names of le	gally qualified ca	andidates on the General Elect	ion Ballot for a	school board	
offic	e to be held on <b>November 8, 2016.</b>	, ,				-					
	Candidate Name		Complete Candidate Address					Office Sought			
(Se	e Consent on reverse of form for candidate n	ame requirements.)		(If different from residen				(Include election district name or number.)			
1											
2											
3											
4											
			1				<u>"</u>		Office U	Jse Only	
	SIGNATURE	PRINTE: First	D NAME Last	DATE OF BIRTH MM/DD/YYYY	RESIDENO Number	CE ADDRESS (No Street	P.O. Boxes) Apartment	CITY or TOWN & ZIP CODE	Precinct / Ward	Voter Registered	
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				Petition Carrier	Certificat	ion					
affii	rm under the penalties for periury that I have n	o reason to believe tha	at any individual wh				this petition or did	not properly complete and sign t	his page.		
J	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.										
^ ^ D	DIED'S SIGNATURE	CARRIER'S PRINT	ГР НАМЕ			,		, 20 TE SIGNED BY CARRIER			
CARRIER'S SIGNATURE CARRIER'S PRINTI		EU NAME	CARRIER'S	DATE OF BIR	IH	DAI	E SIGNED BY CAKKIEK				
CAR	CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE										

CONSENT OF CANDIDATE NOMINATED BY PETITION								
I the undersigned am a candidate for the office of s	chool board member of							
i, the undersigned, and a candidate for the office of si	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 8, 2016 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 scl	nool board candidate, or (2) I sper	nd more than \$500 in expenditures	s 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)	Teleph	none				
			(	)				
STATE OF								
STATE OFCOUNTY OF								
Subscribed and sworn to before me this day of _		_, 2016.						
Notary Public or Other Official Administering Oath according to IC 33-42-4-1								
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	ollowing petitioners, due to disability,	in writing the petitioner's signature, p	printed name, and residence address of	on 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		Number of Valid				
Name: I certify that, in accordance with IC 3-8-2.5-5, I have revie	Signatures:	Name:		Signatures:				
petition and certify the above number to be registered vot		eudoners on this						
Witness my/our hand and seal this day of, 2016,		2016,	COUN	TY SEAL HERE				
at	, Indiana.							
Signature 1	☐ Clerk of the Circuit Court or ☐ Member of the Board of Reg	•	2 (if a Member of Board of Registra	ation)				