



**DECLARATION OF INTENT TO BE A WRITE-IN CANDIDATE TO FILL A CONGRESSIONAL VACANCY**

**(CAN-55)**

(8-22)  
Indiana Election Division (IC 3-8-2-2.5; IC 3-8-7-15)

**INSTRUCTIONS:** A declaration of intent to be a write-in candidate in a special election to fill a congressional vacancy must be filed not later than **NOON, seventy-four (74) days before the special election (August 26, 2022)**. Please print or type all information on this form except all signatures.

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

**GENERAL INFORMATION**

I, \_\_\_\_\_ the undersigned, certify the following:  
*Name of Candidate*

(1) I am a registered voter of Precinct \_\_\_\_\_ of the Township of \_\_\_\_\_,  
(or of Ward, if applicable, \_\_\_\_\_ of the City or Town of \_\_\_\_\_), County of \_\_\_\_\_,  
State of Indiana (amend if other state).

(2) I am (check one box and enter name of any applicable party)  
 an independent candidate (not affiliated with any party); **OR**  
 affiliated with a party **OTHER THAN** the Democratic Party, Libertarian Party, or Republican Party, namely the  
\_\_\_\_\_ Party.

(3) I declare my intention to be a write-in candidate for the office of United States Representative, Second Congressional District to be voted on at the special election.

(4) I comply with all the requirements stated in the Constitution of the United States for this office.

**RESIDENCY INFORMATION**

(5) My complete residence address is:

\_\_\_\_\_, IN (amend if other state) \_\_\_\_\_  
*Complete residence address must be included* *City* *ZIP Code*

(6) My mailing address is:

*Write address if mailing address is different from residence address; write "SAME" if both addresses are identical*

\_\_\_\_\_, IN (amend if other state) \_\_\_\_\_  
*Mailing address* *City* *ZIP Code*

**CANDIDATE NAME INFORMATION**

I request that my name appear in the following manner:

\_\_\_\_\_  
*(Include any Nickname and/or Suffix, such as Jr., Sr., II, III, IV)*

I also request that my name on my voter registration record be the same as the name on this declaration of candidacy. (IC 3-8-2-7(c))

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. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE: John R. (Jack) Doe

**Please complete reverse of form**

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) Telephone (Day) Telephone (Evening)

**OPTIONAL INFORMATION:**

Candidate's e-mail: \_\_\_\_\_ Campaign website: \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022.



\_\_\_\_\_  
Notary Public or Other Official Administering Oath according to IC 33-42-9-7

My Commission expires (applies only to Notary Public): \_\_\_\_\_

County of Residence: \_\_\_\_\_