



INDIANA PETITION OF NOMINATION FOR SPECIAL ELECTION TO FILL A CONGRESSIONAL VACANCY

(CAN-58)

(8-22)

Indiana Election Division (IC 3-8-6-5; IC 3-8-6-6(b); IC 3-6-12; IC 3-8-6-13; IC 3-10-8-5(b))

COUNTY: _____

INSTRUCTIONS: This petition is used to nominate independent candidates or candidates of a minor political party for placement on the ballot for the special election to fill a congressional vacancy. Petitioners are not required to provide precinct and ward information. Except in cases of disability, the petitioner must complete this 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. **This petition must be filed with the appropriate county voter registration office for processing.** Each candidate must also file a Candidate's Consent form and the certified petitions the Indiana Secretary of State or Indiana Election Division not later than **NOON, seventy-four (74) days before the date of the special election (August 26, 2022).** Consult your attorney to be advised of your rights.

TO THE SECRETARY OF STATE OF INDIANA OR THE INDIANA ELECTION DIVISION: Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature at the time this petition will be processed; 2) the individual is a duly qualified registered voter in Indiana; and 3) the individual desires to be able to vote for the candidate listed below on the Special Election Ballot to fill the elected office vacancy for United States Representative, Second Congressional District as *(check only one box)* :

an independent candidate OR as candidates on the _____ Party ticket.

Candidate Name <i>(As established on Candidate Consent form)</i>	Complete Candidate Address <i>(If different from residence, include mailing address.)</i>	<i>File with petition any political party device to be printed on the ballot under IC 3-8-7-11</i>

	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)			CITY or TOWN and ZIP CODE	Office Use Only	
		First	Last		Number	Street	Apartment		REG (Y/N)	PCT/ WARD
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Petition Carrier Certification *(Must be completed on each petition submitted for filing.)*

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.

_____, 20____
CARRIER'S SIGNATURE CARRIER'S PRINTED NAME CARRIER'S DATE OF BIRTH (month, day, year) DATE SIGNED BY CARRIER (month, day, year)

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE (number and street, city, state, and ZIP code): _____

County #1 Voter Registration Office Certification				County #2 Voter Registration Office Certification, if applicable			
County:		Number of Valid Signatures:		County:		Number of Valid Signatures:	
I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.				I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.			
Witness my/our hand and seal this _____ day of _____, 2022, at _____, Indiana.		COUNTY SEAL HERE		Witness my/our hand and seal this _____ day of _____, 2022, at _____, Indiana.		COUNTY SEAL HERE	
Signature 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)		Signature 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)	
Signature 2		<input type="checkbox"/> Member of the Board of Registration (R)		Signature 2		<input type="checkbox"/> Member of the Board of Registration (R)	
Affidavit of Assistance Provided to Petitioner(s)							
I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:							
Names of Petitioners Assisted by me: _____						DATE ASSISTANCE PROVIDED (month, day, year) _____, 20____	
_____ ASSISTER'S SIGNATURE		_____ ASSISTER'S PRINTED NAME		_____ ASSISTER'S ADDRESS (number and street, city, state, and ZIP code)			