



**STATEMENT OF ECONOMIC INTERESTS  
FOR LOCAL AND SCHOOL BOARD OFFICES**

**(CAN-12)**

State Form 55128 (11-12)  
Indiana Election Commission (IC 3-8-9)

**INSTRUCTIONS:** This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) petition of nomination as a school board candidate; (3) petition of nomination as a minor party or independent candidate; (4) declaration of intent to be a write-in candidate; or (5) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office.

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

**INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:**

20\_\_

**NOTE: Insert "Not Applicable" where appropriate.**

I, \_\_\_\_\_ the undersigned, certify the following:  
Name of Candidate or Person Filling Vacant Office

(1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is \_\_\_\_\_ . (Include district, if applicable.)

(2) The name of my spouse is \_\_\_\_\_ .

(3) The name of my employer and the nature of its business is \_\_\_\_\_ .

(4) The name of the employer of my spouse and the nature of its business is \_\_\_\_\_ .

(5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is \_\_\_\_\_ .

(6) If I operate a professional practice, the name of the professional practice and the nature of its business is \_\_\_\_\_ .

(7) If I am a member of a partnership, the name of the partnership and the nature of its business is \_\_\_\_\_ .

(8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is \_\_\_\_\_ .

(9) If I am a member of a limited liability company, the name of the limited liability company and the nature of its business is \_\_\_\_\_ .

(10) If my spouse is a member of a limited liability company, the name of the limited liability company and the nature of its business is \_\_\_\_\_ .

(11) If I am an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is \_\_\_\_\_ .

(12) If my spouse is an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is \_\_\_\_\_ .

*COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.*

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_:

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Signature

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Printed Name

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

Subscribed and affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Notary Public or Other Official Administering Oath

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

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

