Indiana Election Divis	sion (IC 3-8-5-17; 3-8-7-10; 3-10-2-1	15; 3-10-6-12; 3-13-1-20)			
the chairman and secretary of the Liber	tarian Party (or the chairman and secret	ary of a convention of the party) must	ing this form. In towns with a population c certify each candidate nominated at a to they wish the name to appear on the	wn convention to	
TO THE COUNTY ELECTION BOARD OF			COUNTY:		
In accordance with Indiana Co	ode 3-10-2-15, 3-10-6-12, 3-8-5-	-17, or 3-13-1-20, I certify that	(check one):		
at a convention of the Libe	ertarian Party, conducted on the	of	, 2026; OR		
in order to fill a vacancy or	n the general election ballot, the	e following candidate was nom	inated for the indicated office:		
		, Dist	rict	(if any).	
Name of Office	CANDIDAT	E NAME INFORMATION			
(1) I request that r			wing manner as described in	IC 3-5-7:	
First Designation This can be: • The candidate's legal given name. • The initial of the candidate's legal given name. • The candidate's legal middle name. • The initial of the candidate's legal middle name. • The candidate's nickname.	Second Designation This can be: • The candidate's legal middle name. • The initial of the candidate's legal middle name. • The candidate's nickname. • The candidate's legal surname.	 Third Designation If not used in the first or second designation, this can be: The candidate's nickname. The candidate's legal surname. 	Fourth Designation If not used in the first or second designation, this can be: • The candidate's nickname. • The candidate's legal surname.	Suffix Examples: • Jr. or III CANNOT be a title or degree such as MD, JD	
only if the nickname is a name	by which the candidate is commonly k t implies a title or degree. Nicknames	known and does not exceed 20 char are required to be printed on the ba	e 3-8-1-2. A candidate may use a nickr acters. A candidate may not use a title Ilot using parentheses. EXAMPLE: Jo	e or degree as a	
(2) My complete residence a		ESIDENCY INFORMATIO	N		
			, IN (amend if other state)		
Complete residence addres	s must be included	City	, in (amena il culler state) ZIP C	ode	
(3) My mailing address is: Write address if mailing addre	ess is different from residence addre	ess; write "SAME" if both address	es are identical		
			, IN (amend if other state) ZIP C		
Mailing address		City	ZIP C	ode	
	CANDID	ATE CERTIFICATION			
statement of economic	<u>t</u> apply to federal offices.) By ini	itialing, I acknowledge that I h by the office required to recei	ave attached a copy of the appli ve the statement, or a receipt or nere)		
	<u>t</u> apply to a candidate for federa ety bond before serving in office		ce) By initialing, I acknowledge	that I might	
			e <i>gislative office.)</i> By initialing, I a ervice in office. <i>(initial here)</i>		
the Indiana Campaign F		ampaign finance and the repo	wledge that I am aware of the p orting of campaign finance contri		
	for state, state legislative, or lo] No If <i>the answer to this questi</i>		y, municipal, special, or general d proceed to paragraph 10.	election:	

2026 PARTY CHAIRMAN CERTIFICATION OF LIBERTARIAN PARTY NOMINEES FOR

State Form 49025 (R22 / 6-25)

COUNTY AND LARGE TOWN OFFICES AND CANDIDATE'S CONSENT TO NOMINATION

(CAN-22)

PLEASE COMPLETE REVERSE OF FORM

⁽⁹⁾ I have filed all reports required by IC 3-9-5-10 for all previous candidacies: (check one) Ves No

CANDIDATE	CERTIFICATION, CO	NTINUED				
(10) (This paragraph only applies to a candidate for a local receives compensation of at least \$5,000 per year, o but the candidate raises or spends more than \$500.) candidate's committee with the appropriate county ele finance statement of organization not later than noon, (initial here)	<i>r to a local office if the lo</i> I have filed a campaign ection board OR I am aw	cal office receives con finance statement of c vare that I may be requ	<i>mpensation of less than \$5,000</i> organization for my principal uired to file the campaign			
I certify that the information in this Certification of Nomination is true and complete, and that I meet the specific requirements of this office.						
	1 1	()	()			
Signature	// Date Signed (<i>MM/DD/YYYY</i>)	Telephone (Day)	Telephone (Evening)			
OPTIONAL INFORMATION:						
Candidate's email:Campaign website:						
	•••••••••••••••••••••••••••••••					
CAMP	AIGN FINANCE NOT	CE				
If a candidate becomes a candidate more than twenty-five (25) days befor later than noon eighteen (18) days before the convention with the appropr the convention, the candidate must file a post-convention campaign finance board. A candidate's committee must file a pre-election campaign finance r	iate county election board. If a c report not later than noon twe	candidate becomes a candid nty (20) days after the conve	date less than twenty-five (25) days before ention with the appropriate county election			
The candidate's committee must also file a pre-election supplemental report person that total \$1,000 or more during the period beginning October 10 , contribution is received and accepted, the candidate's committee is not req	2026 and ending 6 a.m. Nove	mber 1, 2026, with the app				
A person who fails to file a report with the appropriate county election board for filing the report being calculated as the first day, for a maximum penalty o board.						
LIBERTARIAN PARTY CHA	AIRMAN AND SECRE	TARY CERTIFICA	TION			
M/a the undersigned aways or offirms under the news	lties for periury that th	e candidate named				
We, the undersigned, swear or affirm under the pena the county or town convention of this Party.			above was nominated at			
the county or town convention of this Party.						
the county or town convention of this Party. CERTIFIED THIS THE 1. Signature of Libertarian Party Chairman	DAY OF	Printed Name				
the county or town convention of this Party. CERTIFIED THIS THE	DAY OF	Printed Name				
the county or town convention of this Party. CERTIFIED THIS THE 1. Signature of Libertarian Party Chairman	DAY OF	Printed Name				
the county or town convention of this Party. CERTIFIED THIS THE	DAY OF	Printed Name				
the county or town convention of this Party. CERTIFIED THIS THE	DAY OF	Printed Name	, 2026:			
the county or town convention of this Party. CERTIFIED THIS THE 1. Signature of Libertarian Party Chairman 2. Residence address of Libertarian Party Chairman (number and Subscribed and sworn to before me this day of	DAY OF	Printed Name	, 2026:			
the county or town convention of this Party. CERTIFIED THIS THE 1. Signature of Libertarian Party Chairman 2. Residence address of Libertarian Party Chairman (number and Subscribed and sworn to before me this day of	DAY OF	Printed Name	, 2026:			
the county or town convention of this Party. CERTIFIED THIS THE 1. Signature of Libertarian Party Chairman 2. Residence address of Libertarian Party Chairman (number and Subscribed and sworn to before me this day of Notary Public or Other Official Administering Oath according to I County of Residence:	DAY OF	Printed Name	, 2026:			
the county or town convention of this Party. CERTIFIED THIS THE	DAY OF	Printed Name	, 2026:			
the county or town convention of this Party. CERTIFIED THIS THE 1. Signature of Libertarian Party Chairman 2. Residence address of Libertarian Party Chairman (number and Subscribed and sworn to before me this day of Notary Public or Other Official Administering Oath according to I County of Residence:	DAY OF	Printed Name Printed Name My Commission ex applies only to Notary Pu Printed Name	, 2026:			
the county or town convention of this Party. CERTIFIED THIS THE 1. Signature of Libertarian Party Chairman 2. Residence address of Libertarian Party Chairman (number and Subscribed and sworn to before me this day of Notary Public or Other Official Administering Oath according to I County of Residence: 3. Signature of Libertarian Party Secretary	DAY OF	Printed Name Printed Name My Commission ex applies only to Notary Pu Printed Name	, 2026:			
the county or town convention of this Party. CERTIFIED THIS THE 1. Signature of Libertarian Party Chairman 2. Residence address of Libertarian Party Chairman (number and Subscribed and sworn to before me this day of Notary Public or Other Official Administering Oath according to I County of Residence: 3. Signature of Libertarian Party Secretary	DAY OF	Printed Name Printed Name My Commission ex applies only to Notary Pu Printed Name	, 2026:			
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