



TOWN OFFICE DECLARATION OF CANDIDACY BY A DEMOCRATIC, LIBERTARIAN, OR REPUBLICAN PARTY CANDIDATE WHEN NO TOWN PRIMARY IS CONDUCTED IN 2019

State Form 46422 (R20 / 12-18) Indiana Election Division (IC 3-8-5-10.5)

INSTRUCTIONS: This form must be filed with the circuit court clerk of the county in which most of the town's population is located no earlier than **January 9**, **2019** and no later than **NOON**, **August 1**, **2019** before an election.

This form is to be used by a Democratic Party, Libertarian Party, or Republican Party candidate for a town office in a town that has a population of less than 3,500 in which no town primary will be conducted.

A candidate of any other political party (or an independent candidate) must use the CAN-44 and CAN-45 forms.

STATE OF INDIANA				
COUNTY OF				
GENERAL INFORMATION				
I, First Name of Candidate Middle Name of Candidate			the undersigned,	
First Name of Candidate Middle Name of Candidate		Last Name of Candidate		
certify the following:				
(1) I am a registered voter of Precinct of the				
(or of Ward, if applicable, of the City or Town of), Cour	ity of	, State of Indiana.	
(2) I am a member of the <i>(check one box)</i> Democratic Party L	ibertarian Party OR [☐ Republican Party		
(3) I am claiming affiliation with the Democratic, Libertarian, or Rep which party I voted for in the last primary election in Indiana in which I we must obtain and file with this declaration a certificate from the appropriate political party.	oted. I understand tha	t if I cannot meet this party	affiliation requirement I	
I meet the requirement to be affiliated with the political party indicated by The most recent primary election in Indiana in which I voted was the The county chairman of the county in which I reside, and of the political party. (I have attached a copy of the county chairman of the political party).	e primary held by the pa	laim affiliation above, has		
(4) I am a candidate for the nomination to the office of		_, District	(if any) in the	
(5) I comply with all requirements under the laws of the State of Indiarequirement), and I am not ineligible to be a candidate due to a criminal				
CANDIDATE ADDR	RESS INFORMATION	I		
(6) My complete residence address is:				
		, Indiana		
Complete Residence Address Must Be Inserted	City	, maiana	ZIP Code	
(7) My mailing address is (if different from residence address):				
, and the second se		, Indiana		
Mailing Address (Write "SAME" if both addresses are identical)	City	, maiana	ZIP Code	

↓ Please complete reverse of form **↓**

(8) I request that my name appear on the municipal election ballot in the following manner: (*Include any Nickname and/or Suffix, Jr. Sr. || || || |V) I also request that my name on my voter registration record be the same as the name on this declaration of candidacy, 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.

CANDIDATE CERTIFICATION					
(9) By initialing, I acknowledge that I have attache appropriate circuit court clerk, or a receipt or pho (initial here)					
(10) By initialing, I acknowledge that I might be requir	ed to file a surety bond before	e serving in office. (initial here)			
(11) By initialing, I acknowledge that I might be requir	ed to complete training or hav	ve attained certification related to	service in office. (initial here)		
(12) By initialing, I acknowledge that I: am aware of the contributions and expenditures, and agree to comply			orting of campaign finance		
I, the undersigned, 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 <i>(Day)</i>	() Telephone (Evening)		
OPTIONAL INFORMATION: Candidate e-mail address:	Campaign website:				
COUNTY OF)				
Subscribed and sworn to before me this	_ day of	, 2019.	SEAL		
Notary Public or Other Official Administering Oat	h according to IC 33-42-9				
My Commission expires (applies only to Notary Pub	lic):				

CAMPAIGN FINANCE NOTICE

County of Residence:

A candidate's committee must file a pre-election campaign finance report no later than **NOON**, **October 18**, **2019**, with the appropriate county election board.

The candidate's committee must also file a pre-election supplemental report no later than forty-eight (48) hours after the committee receives contributions from a person that total \$1,000 or more during the period beginning **October 12, 2019**, **and ending at 6 a.m. November 3, 2019**, with the appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

A person who fails to file a report with the county election board is subject to a civil penalty of \$50 for each day the report is late, with the afternoon of the final date for filing the report being calculated as the first day, for a maximum penalty of not more than \$1,000, plus any investigative costs incurred and documented by the county election board.