



INDIANA PETITION FOR PRIMARY BALLOT PLACEMENT AS A CANDIDATE FOR GOVERNOR IN 2024

State Form 54518 (R4 / 6-23)
Indiana Election Division (IC 3-8-2-8, IC 3-6-12)

(CAN-25)

COUNTY: _____

INSTRUCTIONS: This petition is used to request a candidate be placed on the May 7, 2024 Democratic or Republican Primary Election Ballot for the office of Governor. Petitioners are not required to provide precinct/ward or Congressional district 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. Each candidate must also complete a Declaration of Candidacy for Primary Nomination form (CAN-2). **This petition must be filed with the appropriate county voter registration office for processing not earlier than January 10, 2024, and not later than NOON, February 6, 2024. All original, certified CAN-25 petitions, along with the CAN-2, and a file-stamped copy of the statement of economic interests filed with the Inspector General must be filed with Secretary of State or Indiana Election Division no later than NOON, February 9, 2024.**

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 was 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; and 4) each of the undersigned requests you to place the following name of this candidate on the May 7, 2024 Primary Election Ballot as a candidate of the (check one box) Democratic Party **or** Republican Party.

CANDIDATE NAME <i>(Note: the candidate's <u>ballot</u> name is established on CAN-2 form)</i>	COMPLETE CANDIDATE ADDRESS <i>(Does not need to match the CAN-2 form.)</i>	OFFICE SOUGHT

							<i>For Office Use Only</i>				
1	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)			CITY or TOWN and ZIP CODE	REG (Y/N)	PCT/ WARD	CD
		First	Last		Number	Street	Apartment				
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)*

Note: Indiana state law does not require a petition carrier to be an Indiana resident or registered voter of Indiana to circulate or gather petition signatures for a candidate. All fields in this certification must be completed before filing with the county closes at noon, February 6, 2024, or the petition is rejected.

COUNTY #1 VOTER REGISTRATION OFFICE CERTIFICATION

I certify that, in accordance with IC 3-8-2-9, I have reviewed the registration records of the petitioners on this petition and certify the following total number to be registered voters of this County. I also certify the following Congressional District breakdown of petitioners on this petition who are registered voters.

County:		Total Number of Valid Signatures:	
Witness my/our hand and seal this ____ day of _____, 2024, at _____ Indiana.	COUNTY SEAL HERE	Congressional District	Number of Valid Signatures
Signature 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)	
Signature 2, if applicable		<input type="checkbox"/> Member of the Board of Registration (R)	

COUNTY #2 VOTER REGISTRATION OFFICE CERTIFICATION, IF APPLICABLE

I certify that, in accordance with IC 3-8-2-9, I have reviewed the registration records of the petitioners on this petition and certify the following total number to be registered voters of this County. I also certify the following Congressional District breakdown of petitioners on this petition who are registered voters.

County:		Total Number of Valid Signatures:	
Witness my/our hand and seal this ____ day of _____, 2024, at _____ Indiana.	COUNTY SEAL HERE	Congressional District	Number of Valid Signatures
Signature1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)	
Signature 2, if applicable		<input type="checkbox"/> Member of the Board of Registration (R)	

AFFIDAVIT OF ASSISTANCE PROVIDED TO PETITIONER(S) WITH DISABILITIES

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: _____

_____, 20____
 DATE ASSISTANCE PROVIDED (month, day, year)

ASSISTER'S SIGNATURE

ASSISTER'S PRINTED NAME

ASSISTER'S ADDRESS (number and street, city, state, and ZIP code)