



**PETITION FOR PRIMARY BALLOT PLACEMENT AS A
CANDIDATE FOR GOVERNOR IN 2020**

State Form 54518 (R3 / 5-19)
Indiana Election Division (IC 3-8-2-8)

(CAN-25)

COUNTY: _____

INSTRUCTIONS: This petition is used to nominate a candidate for placement on the May 5, 2020 Democratic or Republican Primary Election Ballot for the office of Governor. Petitioners are not required to provide precinct and congressional district information. The county voter registration office will complete this information after the petition is filed. 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 beginning January 8, 2020, and no later than NOON, February 4, 2020. Certified CAN-25 petitions, the CAN-2, and a statement of economic interests must be filed with Secretary of State or Indiana Election Division no later than NOON, February 7, 2020.**

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 each of the undersigned requests you to place the name of this candidate on the May 5, 2020 Primary Election Ballot as candidate of the (check only one box please) Democratic Party **or** Republican Party.

Candidate Name (as established on CAN-2 form)		Complete Candidate Address					Office Sought			
	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)			CITY or TOWN & ZIP CODE	Office Use Only Precinct/Ward	Office Use Only Congress District
		First	Last		Number	Street	Apartment			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Petition Carrier Certification

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.

CARRIER'S SIGNATURE

CARRIER'S PRINTED NAME

_____, ____
CARRIER'S DATE OF BIRTH (month, day, year)

_____, 20 ____
DATE SIGNED BY CARRIER (month, day, year)

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

County Voter Registration Office Certification

County:		Number of Valid Signatures:	
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 above 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:		Number of Voters	Congressional District
Witness my/our hand and seal this _____ day of _____, 2020, 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		
Signature 2	<input type="checkbox"/> Member of the Board of Registration		

County Voter Registration Office Certification

County:		Number of Valid Signatures:	
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 above number to be registered voters of this County.			
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Signature 1	<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration		
Signature 2	<input type="checkbox"/> Member of the Board of Registration		

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: _____

_____, 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)