



REQUEST FOR PRESIDENTIAL PRIMARY BALLOT PLACEMENT IN 2024

(CAN-7)

State Form 46431 (R11 / 6-23)
Indiana Election Division (IC 3-8-3-1)

INSTRUCTIONS: A candidate for the nomination of a major political party for the office of President of the United States shall file this request not earlier than **January 10, 2024**, and no later than **NOON, February 9, 2024**. This request must be filed with the Indiana Election Division and accompanied by a certified petition (CAN-8 form).

GENERAL INFORMATION

I, _____ the undersigned, request that you place my name on the presidential primary election ballot of the (*check one box*) Democratic Party or the Republican Party for the office of President of the United States to be voted on at the primary election to be held May 7, 2024. This request is accompanied by the petition required under IC 3-8-3-2.

CANDIDATE NAME INFORMATION

I request that my name appear on the primary election ballot in the following manner:

First Designation	Second Designation	Third Designation	Fourth Designation	Suffix
This can be: <ul style="list-style-type: none"> 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. 	This can be: <ul style="list-style-type: none"> The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname. The candidate's legal surname. 	If not used in the first or second designation, this can be: <ul style="list-style-type: none"> The candidate's nickname. The candidate's legal surname 	If not used in the third designation, this can be: <ul style="list-style-type: none"> The candidate's nickname. The candidate's legal surname 	Examples: <ul style="list-style-type: none"> Jr. or III CANNOT <i>be a title or degree such as MD, JD</i>

CANDIDATE CONTACT INFORMATION AND SIGNATURE

I request that the Election Division send all notices or other correspondence regarding this request to the following mailing address:

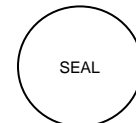
Mailing Address _____ City _____ State _____ ZIP Code _____

Telephone Number _____ Campaign Website (*optional*) _____

E-mail Address (*optional*) _____ Candidate's Signature _____

STATE OF _____)
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 2024.



Notary Public or Other Official Administering Oath

Printed Name: _____

My Commission expires (*applies only to Notary Public*): _____ County of Residence: _____