INDIANA PETITION FOR PRESIDENTIAL PRIMARY BALLOT PLACEMENT IN 2024 (CAN-8)

State Form 46435 (R12 / 6-23)
Indiana Election Division (IC 3-8-3-2, IC 3-6-12)

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 President of the United States. 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 Request for Presidential Primary Ballot Placement form (CAN-7). **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, January 30, 2024. All original, certified, CAN-8 petitions, along with the CAN-7, must be filed with the Indiana Election Division not later than NOON, February 9, 2024.**

TO 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 by county voter registration officials; 2) the individual is a duly qualified registered voter in Indiana; 3) the individual desires to be able to vote for the candidate listed below; and 4) each of the undersigned respectfully requests you to place the following name of the legally qualified candidate for President of the United States on the May 7, 2024 Primary Election Ballot as a candidate of the (check only one box) ☐ Democratic Party *or* ☐ Republican Party.

CANDIDATE NAME (*Note: The candidate's ballot name is established on CAN-7 form*)	STATE WHERE CANDIDATE RESIDES

	SIGNATURE	PRINTED NAME First / Last	DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes) Number / Street / Apartment	CITY or TOWN and ZIP CODE	REG (Y/N)	PCT/ WARD	CD
						For Office Use Only		
1								
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, January 30, 2024, or the petition is rejected.

COUNTY #1 VOTER REGISTRATION OFFICE CERTIFICATION

I certify that, in accordance with IC 3-8-3-3, 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	☐ Clerk of the Circuit Court or ☐ Member of the Board of Registration (D)
Signature 2, *if applicable*	☐ Member of the Board of Registration (R)

COUNTY #2 VOTER REGISTRATION OFFICE CERTIFICATION, IF APPLICABLE

I certify that, in accordance with IC 3-8-3-3, 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	☐ Clerk of the Circuit Court or ☐ Member of the Board of Registration (D)
Signature 2, *if applicable*	☐ 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 the voter's 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)*