



2024 NOTICE OF PRIMARY ELECTION CANDIDATE WITHDRAWAL

(CAN-10)

State Form 46429 (R16/ 11-23)
Indiana Election Division (IC 3-8-1-5; IC 3-8-2-20)

INSTRUCTIONS: This form is used by a candidate for nomination who wishes to remove the candidate's name from the primary election ballot. This form can also be used by a candidate for precinct committeeman or political party state convention delegate to be elected at the same time as the primary election. This withdrawal must be received by the official with whom the Declaration of Candidacy was filed not later than NOON, February 16, 2024. A candidate who has moved out of the election district, has been convicted of a felony or violating any other law that would prohibit the person from remaining a candidate, is on active duty in the U.S. Armed forces or subject to the Hatch Act or Little Hatch Act, and would violate federal law by remaining a candidate, or is a nonjudicial employee of a court who would violate the Indiana Code of Judicial Conduct by remaining a candidate may withdraw at any time.

CANDIDATE WITHDRAWAL

To the Clerk of _____ Circuit Court; the Lake, Porter, or Tippecanoe County Board of Elections and Registration; or the Indiana Election Division:

(1) I, _____, the undersigned, withdraw
Insert Candidate Name on previously filed Candidacy Documentation

as a candidate of the (check one) [] Democratic Party or the [] Republican Party for: (check one)

[] nomination to the office of _____, District _____ (if any)

[] election as a state convention delegate for Delegate District _____ OR At Large

[] election as a precinct committeeman for Precinct _____

to be voted on at the primary election to be held on May 7, 2024.

(2) My residence address is:

_____, IN (amend if other state) _____
Complete residence address must be included City ZIP Code

(3) I request that you act under IC 3-8-2-21 to notify each appropriate county election board that I do not wish my name to appear on the primary election ballot.

Signature _____ Date Signed (MM/DD/YYYY) _____ Telephone Number _____

STATE OF _____)
COUNTY OF _____)

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

_____,
Notary Public or Other Official Administering Oath according to IC 33-42-9-7

My Commission expires (applies only to Notary Public): _____

County of Residence: _____

