Reset Form

2020 PRIMARY ELECTION CANDIDATE WITHDRAWAL (CAN-10)

State Form 46429 (R14 / 8-19)
Indiana Election Division (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 committeemen 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 10, 2020.** A *presidential primary candidate* may file this withdrawal with the Indiana Election Division not later than **NOON, February 20, 2020.**

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

CANDIDATE WITHDRAWAL

(1) I, _____ the undersigned,
Insert name on previously filed candidacy

withdraw as a candidate of the *(check one box)* ☐ Democratic Party **or** the ☐ Republican Party for *(check one box)*

☐ 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 5, 2020.

(2) My residence address is:

_____ _____, Indiana _____
Complete Residence Address Must Be Inserted 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/YY)* Telephone Number

CERTIFICATE OF ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

Before me, the undersigned, a notary public *(or other officer authorized to take acknowledgments)* in and for

_____ County and the State of Indiana, personally appeared

_____, the above-named candidate, and acknowledged the execution

of the above and foregoing instrument. Witness my hand and official seal this _____ day of _____, 2020.

_____

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

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

County of Residence: _____

SEAL