



CERTIFICATE OF CANDIDATE SELECTION TO FILL AN EARLY BALLOT VACANCY FOR A STATE LEGISLATIVE OFFICE IN 2022

State Form 47009 (R16 / 11-23) Indiana Election Division (IC 3-13-1-5, 3-13-1-15)

INSTRUCTIONS: For use by major political parties in filling ballot vacancies for state legislative office. This certificate must be filed with the Indiana Election Division not later than NOON 3 days (excluding Saturdays and Sundays) after selection of the candidate. However, when a vacancy occurs because no candidate was nominated at the primary election, the certificate must be filed no later than NOON, July 3, 2024. See also IC 3-13-1-14 concerning the requirement to attach a file-stamped copy of the appropriate statement of economic interests.

TO THE INDIANA ELECTION DIVISION:

GENERAL INFORMATION This is to certify the following:							
(1) A duly called meeting of th	(1) A duly called meeting of the <i>(check one)</i> Democratic Party OR the Republican Party of Indiana was held on the day						
of, 2024, by the precinct committeemen of the Senate or House District stated below. The Chair of the meeting was authorized to certify the name of the candidate stated below, a duly qualified and registered voter of							
County and the district the candidate seeks to represent, as the candidate for the office of							
, District to be voted on at the general election to be held on November 5, 2024, to fill a vacancy now existing on this Party ticket.							
(2) The candidate named in this certificate is legally qualified to be a candidate for and to hold the office and has complied with IC 3-13-1-14.							
(3) This certificate is executed to request that this candidate's name be certified to the appropriate election officials so that it will appear on the general election ballot. The written consent of this person to the nomination has previously been filed with the Indiana Election Division or is attached (CAN-31 form).							
CANDIDATE NAME INFORMATION							
(4) I request that my name appear on the general election ballot in the following manner as described in IC 3-5-7:							
First Designation This can be: 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.	Second Designation This can be: The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname. The candidate's legal surname.	Third Designation If not used in the first or second designation, this can be: The candidate's nickname. The candidate's legal surname	Fourth Designation If not used in the third designation, this can be: The candidate's nickname. The candidate's legal surname	Suffix Examples: • Jr. or III CANNOT be a title or degree such as MD, JD			
I also request that my name on my voter registration record be the same as the name on this certificate. (IC 3-8-2-7(c))							

If a candidate's name does not comply with IC 3-5-7, the certificate may be challenged under Indiana Code 3-8-1-2. A candidate may use a nickname on the ballot only if the nickname is a name by which the candidate is commonly known and does not exceed 20 characters. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE: John R. (Jack) Doe

RESIDENCY INFORMATION						
(5) Candidate's residence address is:						
		, Indiana				
Complete Residence Address Must Be Inserted	City		ZIP Code			
(6) Candidate's mailing address is (if different from residence address):						
		, Indiana				
Mailing Address (Write "SAME" if both addresses are identical or leave blank.)	City		ZIP Code			
OPTIONAL INFORMATION: Candidate's e-mail address:	Campaign website address:					

	CERTIFICATION OF THE CHAIR OF THE CA	ucus
I, the Chair of the Caucus of precinct co this Certificate of Candidate Selection is	mmitteemen acting to fill a ballot vacancy in a state lastrue and complete.	legislative office, certify that the information in
Signature of Chair	Printed Name of Chair	// Date Signed (MM/DD/YY)
STATE OF COUNTY OF Subscribed and sworn to before me this) day of, 2024.	SEAL
Notary Public or Other Official Administering C My Commission expires (applies only to Notar	eath according to IC 33-42-9 y Public):County of Residence:	