(PRE-6)



AFFIDAVIT TO CHALLENGE A PERSON/ AFFIDAVIT OF A PERSON CHALLENGED AT A PRIMARY ELECTION DUE TO PARTY AFFILIATION

State Form 42130 (R8/12-05) Indiana Election Commission (IC 3-10-1-9)

INSTRUCTIONS: A voter in a precinct may challenge a person on the grounds of party affiliation, but the challenger must be a member of the **same political party** for whose candidates a person is now offering to vote at a primary election. The challenged person may not vote unless the challenged person: (1) is a registered voter in that precinct or is otherwise qualified to vote in the precinct; and (2) completes the affidavit on the reverse side of this form. If the challenged voter completes the reverse side of this form, the challenged voter is entitled to cast an official ballot of that political party in the primary election. Do not give the voter a provisional ballot in this case.

STATE OF INDIANA			
COUNTY OF			
	GENERAL	INFORMATION	
I, the undersigned, am a member of the	e (check one) 🔲 [Democratic Party OR	☐ Republican Party
and believe that		•	
	(Inse	ert name of voter)	,
now offering to vote in the primary of the reasons: <i>(check one box)</i>	e party of which I am	n a member, is not a le	gal voter in this primary, for the following
I believe that this voter, at the last of	general election, did	not vote for a majority	of the regular nominees of the party of
which I am a member; OR			
I believe that this voter did not vote	at the last general e	election and does not in	ntend to vote at the next election for a
majority of the regular nominees of	the party of which I	am a member.	
, , ,	, ,		
	CHALLENGE	R AFFIRMATION	
I swear <i>(or affirm)</i> that the foregoing sta	atements are true, to	the best of my knowle	edge and belief, and understand that
making a false statement on this affidav		•	<u> </u>
Signature of Challenger		Printed Name	
Precinct	Township or Ward		City or Town
	_		
STATE OF)) SS:		
COUNTY OF			
Subscribed and sworn to before me this	day of		, 20
Signature of Notary Public or Other Official A	dministering Oath		
Printed Name and Title			
My Commission expires (applies only to Notary Public):		County of Residence	

AFFIDAVIT OF A CHALLENGED VOTER

INSTRUCTIONS: When completed, put this form in the PRE-13 Envelope for Affidavits.

STATE OF INDIANA

COUNTY OF _____

GENERAL INFORMATION					
I, the undersigned, state the following:					
1. that I am duly registered and a qualified voter of this precinct (or I have executed a Request for Transfer Affidavit					
(VRG-4/12 form) under IC 3-10-11 or IC 3-10-12)					
that my present residence address is	s				
3. that either:					
A. At the last general election, I vote	d for a majority of t	he regular nominees o	of the <i>(check one)</i>		
☐ Democratic Party OR ☐ Ro	epublican Party at t	the next election; OR			
B. I did not vote at the last general election, but I intend to vote at the next election for a majority of the regular					
nominees of the <i>(check one)</i> Democratic Party OR Republican Party.					
	,		•		
CHALLENGED VOTER AFFIRMATION					
I swear <i>(or affirm)</i> that the foregoing statements are true, to the best of my knowledge and belief, and understand that making a false statement on this affidavit is punishable under the penalties of perjury.					
Signature of Challenged Voter		Printed Name			
Precinct	Township or Ward		City or Town		
STATE OF)) SS:				
COUNTY OF)				
Subscribed and sworn to before me this	day of		, 20		
Signature of Notary Public or Other Official Ad	ministering Oath				
Printed Name and Title					
My Commission expires (applies only to Notary Public): _		County of Residence): :		