INSTRUCTIONS: This form is to be used to certify candidates of the Libertarian Party who are nominated by a town convention to the circuit court clerk of the county having the greatest percentage of population of the town. After receiving this certification, the circuit court clerk (or Lake County or Porter County Election Director) must forward a copy of this certificate to the appropriate town clerk-treasurer.

O THE COUNTY CIRCUIT COURT CLERK or LAKE OR PORTER COUNTY ELECTION DIRECTOR):			
he undersigned certify all of the follow	ving:		
` ,	Party was duly held in the town on the candidates of the party for the election to b		
(2) At the convention the following carresidence address of each candidate	andidates were nominated for the respective is as follows:	e offices and the	

Candidate Name	Residence Address	Office Sought

- (3) If the town has council districts, each candidate for town council resides in the district for which the person is a candidate.
- (4) Each candidate is a registered voter of the town and legally qualified to hold the office for which the person is a candidate.
- (5) The candidate's name, as requested on the CAN-16, should be printed on the ballot.

PLEASE COMPLETE REVERSE OF FORM

CERTIFICATION OF PRESIDING OFFICER AND SECRETARY OF TOWN CONVENTION We, the undersigned, swear or affirm under the penalties for perjury that the candidate named above was nominated at the town convention of the Libertarian Party. CERTIFIED THIS THE _____ DAY OF ____ , 2026: Printed Name Signature of Town Party Chairman Residence address of Town Party Chairman (number and street, city, state, and ZIP code) Subscribed and sworn to before me this ______ day of ______, 2026, 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: _____ Signature of Town Party Secretary Printed Name Residence address of Town Party Secretary (number and street, city, state, and ZIP code) Subscribed and sworn to before me this ______ day of ______, 2026, SEAL

My Commission expires: _

applies only to Notary Public

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

County of Residence: