

INSTRUCTIONS: This form is to be used to certify candidates of the Democratic Party, Libertarian Party, or Republican 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 f	ollowing:			
 (1) A convention of the <i>(check one)</i> Democratic Party Libertarian Party OR Republican Party was duly held in the town on the day of August, 20, for the purpose of nominating candidates of the party for the election to be held on November, 20 (2) At the convention the following candidates were nominated for the respective offices and the residence address of each candidate is as follows: 				
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 register person is a candidate.	ed voter of the town and legally qualified to hold	the office for which the		
(5) The title of the party that the	candidates represent is the (check one):			
☐ Democratic ☐ Libertarian	OR Republican Party.			
(6) The candidate's name, as re	equested on the CAN-16, should be printed on the	e 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 <i>(check one)</i> Democratic Libertarian OR Republican Party.			
CERTIFIED THIS THE	DAY OF	, 2023:	
Signature of Town Party Chairman		Printed Name	
Residence address of Town Party Chairman (not)	umber and street, city, state, and ZIP code)		
Subscribed and sworn to before me this		SEAL	
County of Residence:	•	My Commission expires:	
Signature of Town Party Secretary		Printed Name	
4. Residence address of Town Party Secretary (number and street, city, state, and ZIP code)			
Subscribed and sworn to before me this		SEAL	
Notary Public or Other Official Administering Oath County of Residence:	•	My Commission expires:	