

CONSENT OF CANDIDATE NOMINATED BY PETITION

I, the undersigned, am a candidate for the office of school board member of _____
Insert name of school corporation, including any election district designation.

I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 6, 2018 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change. (The candidate's name must comply with the requirements in Indiana Code 3-5-7. If a candidate's name does not comply with this state law, the declaration 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. EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.)

I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. Yes No (Check one) (If no, skip next line.)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. Yes No (Check one)

I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the appropriate county election board after the first of the following occurs:

(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate.

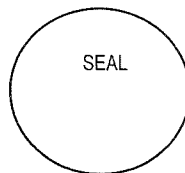
I agree to comply with the provisions of IC 3-9.

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Signature	Date signed (MM/DD/YY)	Telephone ()
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STATE OF _____
 COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 2018.



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

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

County of Residence: _____

Affidavit of Assistance Provided to Petitioner(s)

I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioners Assisted by me: _____, 20____
DATE ASSISTANCE PROVIDED

ASSISTER'S SIGNATURE _____ ASSISTER'S PRINTED NAME _____ ASSISTER'S ADDRESS _____

NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed.

County Voter Registration Office Certification

County Name:	Number of Valid Signatures:	County Name:	Number of Valid Signatures:
I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.		COUNTY SEAL HERE	
Witness my/our hand and seal this ____ day of _____, 2018, at _____, Indiana.		COUNTY SEAL HERE	
Signature 1	<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration	Signature 2 (if a Member of Board of Registration)	



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2018

State Form 47008 (R17 / 7-17)
Indiana Election Division (IC 3-8-2.5; 3-6-12)

(CAN-34)

COUNTY: _____

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than July 25, 2018 and not later than noon, August 24, 2018. Petitioners are not required to provide precinct and ward information. Except in cases of disability, the petitioner must complete the information in the petitioner's own handwriting. If assistance is provided due to disability, the assister must complete the affidavit on the reverse of this form. The county voter registration office will complete this information and determine if the voter is registered after the petition is filed. Each candidate must complete the Candidate's Consent on the reverse of this form and file a Statement of Economic Interests (CAN-12 form). In a metropolitan school corporation, this petition must be signed by ten (10) registered voters residing in the same board member district as the nominee. (IC 20-23-7-8) In a community school corporation, this petition must be signed by ten (10) registered voters residing within the boundaries of the school corporation. (IC 20-23-4-29.1) Additional petition requirements apply in some school corporations. Consult your attorney to be advised of your rights and responsibilities.

TO THE _____ COUNTY CIRCUIT COURT CLERK (OR THE LAKE OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION):
Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board office to be held on **November 6, 2018**.

Candidate Name <i>(See Consent on reverse of form for candidate name requirements.)</i>	Complete Candidate Address <i>(If different from residence, include mailing address.)</i>	Office Sought <i>(Include election district name or number.)</i>
1		
2		
3		
4		

	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)			CITY or TOWN & ZIP CODE	Office Use Only	
		First	Last		Number	Street	Apartment		Precinct / Ward	Voter Registered
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Petition Carrier Certification

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

CARRIER'S SIGNATURE _____ CARRIER'S PRINTED NAME _____ CARRIER'S DATE OF BIRTH _____, 20 ____
DATE SIGNED BY CARRIER

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE _____