



INDIANA PETITION OF NOMINATION FOR FEDERAL, STATE, STATE LEGISLATURE OR LOCAL OFFICE IN 2018

(CAN-19)

State Form 36186 (R19 / 5-17)

Indiana Election Division (IC 3-8-6-5; IC 3-8-6-6(b); IC 3-6-12-7)

COUNTY: _____

INSTRUCTIONS: This petition is used to nominate independent candidates or candidates of a minor political party not already entitled to have its candidates placed on the ballot. Petitioners are not required to provide precinct and ward information. The county voter registration office will complete this information after the petition is filed. Except in cases of disability, the petitioner must complete this 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. Each candidate must also complete a Candidate's Consent form (CAN-20). This petition must be filed with the appropriate county voter registration office for processing no earlier than January 10, 2018 and no later than NOON, July 2, 2018. School Board Candidates should use a CAN-34 form, not this form. Presidential Candidates must complete the certification of presidential elector candidates on the reverse of this form. Consult your attorney to be advised of your rights and responsibilities.

TO THE SECRETARY OF STATE OF INDIANA OR THE INDIANA ELECTION DIVISION OR THE _____ COUNTY CIRCUIT COURT CLERK:

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; 3) the individual desires to be able to vote for the candidates listed below, and each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the November 6, 2018 General Election Ballot as (check only one box please) an independent candidate or independent ticket for Pres./Vice President or Governor/Lt. Governor as candidates on the _____ Green _____ Party ticket.

Table with 4 columns: Candidate Name, Complete Candidate Address, Office Sought, and Insert here any political party device to be printed on the ballot under IC 3-8-7-11. Row 1: George William Wolfe, 3304 West Ethel Avenue, Muncie, IN 47304, Secretary of State.

Table with 7 columns: SIGNATURE, PRINTED NAME (First, Last), DATE OF BIRTH (MM/DD/YYYY), RESIDENCE ADDRESS (No P.O. Boxes) (Number, Street, Apartment), CITY or TOWN & ZIP CODE, Office Use Only (Precinct/Ward). Rows 1-10.

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 (month, day, year)

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE (number and street, city, state, and ZIP code) _____

County Voter Registration Office Certification				County Voter Registration Office Certification			
County:		Number of Valid Signatures:		County:		Number of Valid Signatures:	
I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.				I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.			
Witness my/our hand and seal this _____ day of _____, 2018, at _____, Indiana.		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 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration	
Signature 2		<input type="checkbox"/> Member of the Board of Registration		Signature 2		<input type="checkbox"/> Member of the Board of Registration	

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 (<i>month, day, year</i>)						
<table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;">_____</td> <td style="width:33%; border:none;">_____</td> <td style="width:33%; border:none;">_____</td> </tr> <tr> <td style="border:none;">ASSISTER'S SIGNATURE</td> <td style="border:none;">ASSISTER'S PRINTED NAME</td> <td style="border:none;">ASSISTER'S ADDRESS (<i>number and street, city, state, and ZIP code</i>)</td> </tr> </table>		_____	_____	_____	ASSISTER'S SIGNATURE	ASSISTER'S PRINTED NAME	ASSISTER'S ADDRESS (<i>number and street, city, state, and ZIP code</i>)
_____	_____	_____					
ASSISTER'S SIGNATURE	ASSISTER'S PRINTED NAME	ASSISTER'S ADDRESS (<i>number and street, city, state, and ZIP code</i>)					