



CONSENT OF INDEPENDENT OR MINOR POLITICAL PARTY
CANDIDATE NOMINATED BY PETITION

(CAN-20)

State Form 46419 (R10/10-09)

Indiana Election Commission (IC 3-8-5-17; IC 3-8-6-3; IC 3-8-6-12; IC 3-10-2-15; IC 3-10-6-12)

INSTRUCTIONS: This consent must be filed with the certified CAN-19 petition of nomination form by an independent candidate or a candidate of a political party nominated by petition. This form is not used by Democratic, Libertarian, or Republican Party candidates. SEE IMPORTANT INFORMATION ON BACK OF FORM.

STATE OF INDIANA

COUNTY OF _____

GENERAL INFORMATION

I, _____ the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct _____ of the Township of _____,
(or of Ward _____ of the City or Town of _____), County of _____, State of Indiana.

(2) I am a candidate for the office of _____, District _____ (if any).

(3) I give my written consent under IC 3-8-6-12 to the circulation and filing of a petition under IC 3-8-6 to place my name on the ballot for the general election to be held on November 2, 2010, designated as an independent candidate or a candidate of the Party stated on the petition of nomination (CAN-19 form) attached to this consent.

(Note: If you claim affiliation with a political party, the name of the party may not be identical with or result in voter confusion due to its similarity with that of a party guaranteed ballot access under Indiana law or which has already filed a petition for ballot placement. (IC 3-8-6-5.5))

(4) (This paragraph does not apply to an independent candidate.) I am [] OR am not [] (check one box) affiliated with the same political party as any other candidate or group of candidates that has filed or will be filing a petition of nomination with the county voter registration office. (You may attach additional information concerning your affiliation with specific candidates of the same political party.)

(5) (This paragraph does not apply to a candidate for federal office.) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office (including any applicable residency requirements). I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

RESIDENCY INFORMATION

(6) My residence address is:

_____ , Indiana _____
Complete Residence Address Must Be Inserted City ZIP Code

(7) My mailing address is (if different from residence address):

_____ , Indiana _____
Mailing Address (Write "SAME" if both addresses are identical or leave blank) City ZIP Code

CANDIDATE NAME INFORMATION

I request that my name appear on the general election ballot in the following manner:

(*Include any Nickname and/or Suffix, Jr. Sr. II III IV)

I also request that my name on my voter registration record be the same as the name on this 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 consent 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.

CERTIFICATION

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

_____ / / () ()
Signature Date Signed (MM/DD/YY) Telephone (Day) Telephone (Evening)

↓ Please complete reverse of form ↓

