



DECLARATION OF INTENT TO BE A WRITE-IN CANDIDATE

(CAN-3)

State Form 46438 (R14 / 7-11)
Indiana Election Commission (IC 3-8-2-2.5; 3-8-2-4(b))

INSTRUCTIONS: A declaration of intent to be a write-in candidate in the general election must be filed no earlier than **January 11, 2012** and no later than **NOON, July 3, 2012**. Please print or type all information on this form except all signatures. **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 (check one box and enter name of party)

affiliated with the _____ Party; **OR**

an independent candidate ((not affiliated with any party)

(3) I declare my intention to be a write-in candidate for the office of _____, District _____ (if any) to be voted on at the general election to be held on November 6, 2012.

(4) **(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 residence requirements, and I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

(5) **If I am claiming affiliation with the Democratic or Republican Party**, I understand that my party affiliation is determined by which party I voted for in the last primary election in which I voted, or if I have not voted in a primary election, by my own affirmation. I understand that if I cannot meet the party affiliation requirement by either of those tests, I must obtain and file a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because (check one)

___ The most recent primary election in which I voted was the primary held by the party with which I claim affiliation above.

___ I have never voted in a primary election, and claim affiliation with the party indicated above.

___ The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)

(6) **(This paragraph applies to a candidate for President or Vice-President of the United States.)** I have attached a statement declaring the names of the individuals who have consented and are eligible to be my candidates for presidential electors.

RESIDENCY INFORMATION

(7) My complete residence address is:

_____ , Indiana _____
Complete residence address must be inserted City Zip Code

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

_____ , Indiana _____
Mailing address (Write "SAME" if both addresses are identical) City Zip Code

CANDIDATE NAME INFORMATION

I request that my name as set forth above appear on the certified list of write-in candidates. I also request that the name on my voter registration record be the same as the name on this declaration of candidacy 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.

CERTIFICATION

I, the undersigned, 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 (Day) Telephone (Evening)

Please complete reverse of form

