



**TOWN OFFICE DECLARATION OF CANDIDACY BY A  
DEMOCRATIC, LIBERTARIAN, OR REPUBLICAN PARTY CANDIDATE  
WHEN NO TOWN PRIMARY IS CONDUCTED IN 2019**

**(CAN-16)**

State Form 46422 (R20 / 12-18)  
Indiana Election Division (IC 3-8-5-10.5)

**INSTRUCTIONS:** This form must be filed with the circuit court clerk of the county in which most of the town's population is located no earlier than **January 9, 2019** and no later than **NOON, August 1, 2019** before an election.  
**This form is to be used by a Democratic Party, Libertarian Party, or Republican Party candidate for a town office in a town that has a population of less than 3,500 in which no town primary will be conducted.**  
A candidate of any other political party (*or an independent candidate*) must use the CAN-44 and CAN-45 forms.

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

**GENERAL INFORMATION**

I, \_\_\_\_\_ the undersigned,  
First Name of Candidate                      Middle Name of Candidate                      Last Name of Candidate

certify the following:

(1) I am a registered voter of Precinct \_\_\_\_\_ of the Township of \_\_\_\_\_,  
 (or of *Ward, if applicable*, \_\_\_\_\_ of the City or Town of \_\_\_\_\_), County of \_\_\_\_\_, State of Indiana.

(2) I am a member of the (*check one box*)     Democratic Party     Libertarian Party    OR     Republican Party

(3) **I am claiming affiliation with the Democratic, Libertarian, or Republican Party.** I understand that my party affiliation is determined by which party I voted for in the last primary election in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration 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 Indiana in which I voted was the primary held by the party with which I claim affiliation 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.)

(4) I am a candidate for the nomination to the office of \_\_\_\_\_, District \_\_\_\_\_ (if any) in the Town of \_\_\_\_\_.

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

**CANDIDATE ADDRESS INFORMATION**

(6) My complete 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)                      City                      ZIP Code

↓ **Please complete reverse of form** ↓

