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SEA.	PETITION OF State Form 47008 (F Indiana Election Divi	N 2026	(CAN-34)							
not hand and dist	later than noon, June 18, 20 dwriting. If assistance is provide file a Statement of Economic rict as the nominee. (IC 20-23	26. Petitione ded due to dis Interests (CA 3-7-8.1) In a d	rs are not required to sability, the assister NN-12 form) with this community school co	o provide precinct ar must complete the a petition. In a metrop proration, this petition	nd ward informatio affidavit on the reve politan school corp on must be signed	n. Except in cases of disability, the p erse of this form. Each candidate mu oration, this petition must be signed	etitioner must o st complete the by ten (10) reg g within the bo	stration office not earlier than May complete the information in the petition candidate's Consent on the reverse stered voters residing in the same bundaries of the school corporation. (If	oner's own e of this for coard me	n orm e mber
Eacl is a the l	duly qualified registered voter	in Indiana, 3 a school bo	e individual resides a) the individual desir ard office on the Nov	it the address after t es to be able to vote rember 3, 2026 Gen	he individual's sign for the candidate	nature as of the date this petition is p s listed below; and 4) each of the un	rocessed by th dersigned resp	OF ELECTION AND REGISTRATIO e county voter registration officials; 2 ectfully requests you to place the follo e county, the petition is to be filed wit	?) the indi owing na	mes of
			CANDID	ATE NAME INFOR	MATION			OFFICE SOUGHT		
			name appear on the general name appear on the general name of the manual name of the			described in IC 3-5-7. tion of candidacy. (IC 3-8-2-7(c)).				
	First Designation	Second Designation		Third Designation		Fourth Designation	Suffix	Name of School Corporation and District, if Applicable		
								PARTY AFFILIATIO		
Indiana		ickname on the ba	allot only if the nickname is a	name by which the candida	ate is commonly known ar	comply with IC 3-5-7, the declaration may be chall d does not exceed 20 characters. A candidate ma IPLE: John R. (Jack) Doe.		See reverse side of form for party affiliation affirm Independent candidate, write "Independent" abov affiliate with a party or as an Independent, this bo	e. If you cho	ose not to
	SIGNATURE		PRINTED NAME First Last		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P. Number Street	O. Boxes) Apartment	CITY or TOWN and ZIP CODE	REG (Y/N)	PCT/ WARD
1										
2										
3										
4										
5										
5										
5										

PETITION CARRIER CERTIFICATION (Must be completed on each petition submitted for filing.)

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 (month, day, year) DATE SIGNED BY CARRIER (month, day, year) Note: Indiana state law does not require a petition carrier to be an Indiana resident or registered voter CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE (number and street, city, state, and ZIP code) of Indiana to circulate or gather petition signatures for a candidate. All fields in this certification must be completed before filing with the county closes at noon, June 18, 2026, or the petition is rejected.

			CANDIDA	TE'S CONSENT			
I, the undersigned, am a can	didate for the office of sch	nool board member of _	lacet series of cabacilears	ration, including any election district designa	otion		·
			insert name of school corpo				
My residence address is	et Number and Address		,,		_, IN		
I am affiliated with the (chec	k one) ☐ Democratic Par	rty, ☐ Libertarian Party disclose any affiliation	, ☐ Republican Party, o	rr		o not identify as a	Party; or n independent candidate.
voted. I understand that if I c this political party. I meet the The two most rece	annot meet this party affiling requirement to be affiliate that primary elections held tan of the county in which	iation requirement I mu ed with the political part in Indiana in which I vo	st obtain and file with thi by indicated because: (c ited were the primaries h	s declaration a certificate from th neck one) eld by the party with which I clair	e appropriate con affiliation abov	ounty chairman of a	ary elections held in Indiana in which I the party indicating that I am a member o cal party. (I have attached a copy of the
				o place my name on the ballot a o not have a criminal conviction			ovember 3, 2026, designated as a g.
I have been a candidate for a	a state, legislative, local of	ffice, or school board of	fice in a previous prima	y or general election. ☐ Yes ☐	No (Check one	e) (If no, skip nex	t line.)
If yes, I have filed reports red	quired by IC 3-9-5-10 for a	all previous candidacies	. 🗌 Yes 🔲 No (Chec	k one)			
I am aware of the provisions the appropriate county elections board candidate. I agree to co	on board after the first of t	the following occurs: (1	porting of contributions a) I receive more than \$5	and expenditures. I am aware of t 00 in contributions as a school bo	the requirement pard candidate, o	to file a campaign or (2) I spend more	finance statement of organization with e than \$500 in expenditures as a school
I certify that the informa	ation in this Declaration	on of Candidacy is	true and complete, a	nd that I meet the specific	requirements	of this office.	
				Subscribed and sworn to be	fore this	day of	SEAL
Signature			Date Signed		026.		
Telephone	Email (optional)			Signature of Notary Public o	r Other Official /	Administoring Oath	a according to IC 33 42 0.7
Website (optional):	Email (optional)			My Commission Expires (ap			raccording to 10 33-42-9-7
. , ,					plies offig to Not	lary Fublic).	
NOTE: If the name of more attach a copy of the execut	ted consent form above	when the petition of r	nomination is filed.	County of Residence.			
				ED TO PETITIONER(S) V			
I affirm under the penalties for	perjury that I assisted the fo	llowing petitioners, due to	disability, in writing the p	etitioner's signature, printed name, a	and residence add	dress on this petition	n:
Names of Petitioners Assiste	od by mo:						. 20
Names of Fellioners Assiste	ed by file					DATE ASSIST	ANCE PROVIDED (month, day, year)
ASSISTER'S SIGNATURE	· · · · · · · · · · · · · · · · · · ·	ASSISTER'S PRINT	ED NAME	ASSISTER'S ADDRESS (number and st	reet, city, state, a	and ZIP code)
		COUNTY	VOTER REGISTR	ATION OFFICE CERTIFIC	CATION	-	-
County	Number of	Valid Count	у	Number of Valid	County		Number of Valid
Name:	3-8-2 5-5 I have reviewed the	registration records of the no	:	Signatures:	Name:	ated County In the ca	Signatures: use of a school corporation that covers more than
	ration official of the containing t	he greatest percentage of th					use the space above to indicate the number of
			Signature 1				☐ Clerk of the Circuit Court or
•	nd and seal this day	COUN					☐ Member of the Board of Registration (D)
at	, 2026, , Indiana.	SEA	Signature 2, if	Signature 2, if applicable Member of the Board of Registration (R			
Instructions on Completing Cano	didate's Ballot Name Designa	tion. The FIRST DESIGNATIO	N can be one of the following: the	candidate's legal given name, the initial of the	e candidate's legal give	en name, the candidate's	legal middle name, the initial of the candidate's legal

Instructions on Completing Candidate's Ballot Name Designation. The FIRST DESIGNATION can be one of the following: the candidate's legal given name, the initial of the candidate's legal given name, the initial of the candidate's legal middle name, the initial of the candidate's legal middle name, or the candidate's legal middle name, or the candidate's legal surname. The SECOND DESIGNATION can be one of the following: the candidate's legal middle name, the initial of the candidate's legal middle name, or the candidate's legal surname. The THIRD DESIGNATION can be the candidate's legal surname, if not used in the first or second designation. The FOURTH DESIGNATION can be the candidate's legal surname, if not used in the third designation. Examples for the SUFFIX include Jr., Sr., or III, but it cannot indicate a title or degree such as MD or JD.