

PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2020

State Form 47008 (R18 / 8-19) Indiana Election Division (IC 3-8-2.5; 3-6-12)

(CAN-34)

COUNTY;

INSTRUCTIONS: This petition is used to nominate candidates for school board office. This petition must be filed with the appropriate county voter registration office not earlier than July 22, 2020 and not later than noon, August 21, 2020. Petitioners are not required to provide precinct and ward information. Except in cases of disability, the petitioner must complete the 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. The county voter registration office will complete this information and determine if the
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office to be held on November 3, 2020 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 and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board (See Consent on reverse of form for candidate name requirements.) monde SIGNATURE D Some Co KI and Candidate Name EUR#X Cheryl Sybrina >) ONG DAUID aren SUMP Kenner mide \$ AMES K First PRINTED NAME GROSEN BARROX 321118 Jarron クススク つりからん D (If different from residence, include mailing address, Petition Carrier Certification 3-7.149 1891-81-01 7/93/1952 3/9/44 10/05/1969 MM/DD/YYYY 101127 AS 3025 Pracion Complete Candidate Address نجي 126/45 388 CV: mbox 14 26 Delmar Avenue Z Z RESIDENCE ADDRESS (No P.O. Boxes) TYCHO ITALANG KN. TYPS STEX OR 7 405 SHEADR 6509 BRONDWA 6509 Greadway 150 S. Sonntag spowke 47712 Apartment Eunsulle EUAUSUME YMA P-E Wanswille EVEC Setion ansonella Ewansh E Vansoing 4774 diansonlle BUMNSUILE 47725 Evansville 49912 EVANGUILE HAN. CITY or TOWN & ZIP CODE Include election distnct name or number. 47710 47720 47725 Office Sought FEER S SCO. 533 Z Precinct Ward Office Use Only SON OF THE PROPERTY OF THE PRO Registered 2 Voter

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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 FULL ADDRESS

INCLUDING ZIP CODE

and street, city, state, and ZIP code)

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idersigned, am a candidate for the office of school board member of <u>Evansville Vanderturah</u> School Osp.	CONSENT OF CANDIDATE NOWINALED BY PETITION

Names of Petitioners Assisted by me: petition and certify the above number to be registered voters of the indicated County certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this 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: OPTIONAL INFORMATION: Candidate's e-mail address: (1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school board candidate. appropriate county election board after the first of the following occurs: l am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the 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.) I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 3, 2020 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving. ASSISTER'S SIGNATURE l agree to comply with the provisions of IC 3-9. If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. ☐ Yes I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. 🗌 Yes 📋 No (Check one) (if no, skip next line.) I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration office for any My Commission expires (applies only to Notary Public): 6 6 30 34 l certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office , the ur Subscribed and sworn to before me this 17 Fig. day of 1 COUNTY OF 19 in dev buyer STATE OF votary Public or Other Official Administering Oath according to IC 33-42-9 County Name: NOTE: If the name of more than one candidate is included on the petition, each candidate may attach a copy of the executed consent form above when the petition of nomination is filed money' Witness my/our hand and seal this 17th day of July ander by rest 5 ASSISTER'S PRINTED NAME ☐ Clerk of the Circuit Court or Member of the Board of Registration Number of Valid Signatures: indiana Affidavit of Assistance Provided to Petitioner(s) County Voter Registration Office Certification \mathcal{O} □ No (Check one) Campaign website address: Date signed (MM/DD/YY) ASSISTER'S ADDRESS (number and street, city, state, and ZIP code) County of Residence: Lander bucc Insert name of school copporation, including any election district designation 17-2020 Name: County SEAL Resident of Vanderburgh County, IN Commission Expires: June 6, 2026 COUNTY SEAL HERE DONNA C. MARTIN Commission # 71415 DATE ASSISTANCE PROVIDED (month, day, year) Number of Valid Signatures 8-585-84A



PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2020 🔄

State Form 47008 (R18 / 8-19) Indiana Election Division (IC 3-8-2.5; 3-6-12)

(CAN-34)

COUNTY: Vander burch

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TO THE VAN DESCRIPTION AND REGISTRATION:

COUNTY CIRCUIT COURT CLERK (OR THE LAKE, PORTER, OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION):

Each of the undersigned represents (Bat: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be able to vote for the candidates listed below; and (4) each of the undersigned respectfully requests you to place the following names of legally qualified candidates on the General Election Ballot for a school board

= 00 7 ယ N ₩. ဖ G Ċ 4 w N office to be held on November 3, 2020. (See Consent on reverse of form for candidate name requirements.) SIGNATURE Candidate Name PRINTED NAME **ル**タかて 2% 300 Hahns Lane, Evansville, IN 47712 If different from residence, include mailing address, DATE OF BIRTH
MM/DD/YYYY JAK. Complete Candidate Address 9-62 503 Christ Rd. C82 1255 3303 Forest AVE EVANSUITE 475 7605 Schmuck Rd RESIDENCE ADDRESS (No P.O. Boxes)
Number Street Apartmen FURNSVILL EVSC tyansville CITY or TOWN & ZIP CODE School Board (Include election distnct name or number, 47717 144 Office Sought 5000S ンタン Precinct / Ward Office Use Only Registered Voter.

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CARRIER'S FULL ADDRESS

INCLUDING ZIP CODE (number and street, city, state, and ZIP code)

CARRIER'S PRINTED NAME

CARRIER'S DATE OF BIRTH (month, day, year)

CARRIER (month, day, year)

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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

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I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 3, 2020 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.

I request that the name on my voter registration record be the same as the name on this petition of nomination and 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 declaration may be challenged under tridiana 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 designation or a designation that implies a title or degree,)

If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. \square Yes l have been a candidate for a state, legislative, tocal office, or school board office in a previous primary or general election. 🗌 Yes 🛮 🗹 No (Check one) (If no, skip next line.) □ No (Check one)

appropriate county election board after the first of the following occurs: am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of the requirement to file a campaign finance statement of organization with the

Signature'2 (If a Member of Board of Registration)	Signature'2 (if a Member	☐ Clerk of the Circuit Court or Member of the Board of Registration	Signature 1
THE PART OF THE PA)	Switch and of July 2020, Switch and Indiana.	witness my/our hand and seal this 11 day of at \tau\co\Sw\\c, Indiana.
COHNTY SEAL HERE		betilion and certify the above number to be registered voters of the indicated County.	petition and certify the above number to be registered voters of the indicated County.
Signatures:	Name:	Y) Signatures:	Name: VX XX 1 XXX
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. 20			Names of Petitioners Assisted by me:
nd residence address on this petition:	ner's signature, printed name, and	l 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.	I affirm under the penalties for perjury that I assiste
	County of Residence:		wy Commission expires (applies only to Notary Public):
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		Merca Joone 1 STROG prily	Notary Public or Official Administering With according to IC 33-42-9
	(SEAL)	day of July 2020	nd sworn to before me this 29
)	0	COUNTY OF WANDER BURGH
Telephone (812) 449-2852	My 17, 2020	Date signed	Just & Saire
requirements of this office.	that I meet the specific r	I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.	I certify that the information in this De
- Contraction of the contraction	address:	ress: Campaign website address:	I agree to comply with the provisions of IC 3-9. OPTIONAL INFORMATION: Candidate's e-mail address:
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PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2020

Indiana Election Division (IC 3-8-2.5; 3-6-12)

CAN-34)

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COUNTY:_

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Each of the undersigned represents tight: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana and 3) the individual desires to be See Consent on reverse of form for candidate name requirements. Maria 2 SCER VILLED CHANN 12056 SIGNATURE **Candidate Name** Sycson Co. AN WAR MAYIAN Thompson スムンスッペブ Matting» からかり PRINTED NAME YN COOK Last (If different from residence, include mailing address. MO Xame 09-07-87 8-6-58 8-19.43 10-7-89 DATE OF BIRTH Complete Candidate Address $\widetilde{\mathscr{S}}$ 104 CUB GUE 5345 w. 27457 EVAMSIALLE RESIDENCE ADDRESS (No P.O. Boxes) -Mind vive in DI Everynound 7 とつつつつ ARCAMONT AVE Frank I'm R NX VO 81745 OF Aparlment Cilias VIII CU AUSUIL できるいいので Evansu, ile EVANSIL CITY or TOWN & ZIP CODE ヤイシン 15/3 BVARSUILLE Include election district name or number. Office Sought Precinct S. Alexander \sim Ward Office Use Only KALICA STANS ST FO Registered

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<u>a.</u> CARRIER'S FULL

ADDRESS, INCLUDING ZIP CODE (númber and street, city, state, and ZIP code)

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 DATE OF BIRTH (month, day, year)

SIGNED BY CARRIER (month, day, year)

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Petition Carrier Certification

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CONSENT OF CANDIDATE NOMINATED BY PETITION

Signature 1 Clerk of the Circuit Court or Management Charlember of the Board of Registration	Witness my/our hand and seal this 17 day of July 2020, at <u>FWansulle</u> , Indiana.	I certify that, in accordance with IC \$-8-2.5-5) have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County.	Name: VandarharGk Signatures:	County Voter Regist	ASSISTER'S SIGNATURE ASSISTER'S PRINTED NAME ASSISTER'S ADDRESS (number and street) ASSISTER'S ADDRESS (number and street) ASSISTER'S ADDRESS (number and street) ASSISTER'S ADDRESS (number and street)	Names of Petitioners Assisted by me:	Affidavit of Assistance Provided to Petitione affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name,	My Commission expires (applies only to Notary Public):	STATE OF LINE OF WARDER BURCH COUNTY OF WARDER BURCH Subscribed and sworn to before me this 29 day of July Subscribed and sworn to be subscribed and sworn t	ANN & Bacy	I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific	(1) I receive more than \$500 in contributions as a school board candidate, or (2) I spend more than \$500 in expenditures as a school lagree to comply with the provisions of IC 3-9. OPTIONAL INFORMATION: Candidate's e-mail address: Campaign website address:	I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of contributions and expenditures. I am aware of appropriate county election board after the first of the following occurs:	I request that the name on my voter registration record be the same as the name on this petition of nomination and consent, and that a copy of this form be forwarded to the county voter registration 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 repeat of 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 tile or degree, I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. Yes No (Check one) (If no, skip next line.) If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. Yes No (Check one)	Insert name of school corporation, including any election district designation. Insert name of school corporation, including any election district designation. I give my written consent under IC 3-8-2.5-7 to the circulation and filing of a petition under IC 3-8-2.5 to place my name on the ballot at the general election to be held November 3, 2020 designated as a candidate for this office. I meet all qualifications for this office, including residency requirements and do not have a criminal conviction that would prevent me from serving.	I the indexioned am a condidate for the office of echnol hoard member of
Signature 2 (If at Member of Board of Registration)	COUNTY SEAL HERE		County Number of Valid Name: Signatures:	County Voter Registration Office Certification	ASSISTER'S ADDRESS (number and street, city, state, and ZIP code) ndidate may attach a copy of the executed consent form above when the petition of nomination is filed.	DATE ASSISTANCE PROVIDED (month, day, year)	Affidavit of Assistance Provided to Petitioner(s) ue to disability, in writing the pelitioner's signature, printed name, and residence address on this petition:	County of Residence:	SEAL	Date signed (MM/DD/YY) 7-29-20 (8)2) 449-284	nd that I meet the specific requirements of this office.	300 in expenditures as a school board candidate.	ind expenditures. I am aware of the requirement to file a campaign finance statement of organization with the	I request that the name on my voter registration record be the same as the name on this petition of nomination and 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 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 tile or degree.) I have been a candidate for a state, legislative, local office, or school board office in a previous primary or general election. Yes No (Check one) (If no, skip next line.) If yes, I have filed reports required by IC 3-9-5-10 for all previous candidacies. Yes No (Check one)	Insert name of school corporation, including any election district designation. o place my name on the ballot at the general election to be held November 3, 2020 designated as a o not have a criminal conviction that would prevent me from serving.	