

# Starke County Clerk's Office

**Bernadette Manuel, Clerk**

53 East Washington Street, PO Box 395, Knox, Indiana 46534

Phone: 574-772-9128

May 18, 2026

Dear Candidate,

**Congratulations** on your decision to become a candidate for School Board!

Please review and print the enclosed materials included in your electronic packet. Our goal is to provide you with all the required forms and information necessary to run a successful campaign and make your experience both positive and rewarding. However, it is the **candidate's sole responsibility** to ensure that all required documents are completed and filed correctly. We also recommend familiarizing yourself with the Indiana Election Division website at <https://secure.in.gov/sos/elections/>

Please take note of the laws and regulations regarding campaign finance enforcement and penalties.

"A person who fails to file a required statement or report is subject to a civil penalty of up to \$1,000.00, to be assessed by the County Election Board for the delinquent report. The penalty is \$50.00 per day beginning the afternoon of the deadline date, counting as the first day."

All candidate information is available through:

**Starke County website** at <https://starke.in.gov/homepage/departments/election/> or the

**State Election Division website** at <https://secure.in.gov/sos/elections/>

The Clerk and Voter Registration Clerk are available to answer general questions; however, we are not permitted to complete your forms for you. Most answers to common questions can be found directly on the forms themselves. For additional assistance, please contact:

- **Starke County Election Office:** 574-772-9160
- **State Election Division:** 800-622-4941

When completing your forms, many will ask for a file number. **Please note that your file number will be your last name.**

Once again, congratulations and best of luck with your campaign!

*Bernadette Manuel Starke County Clerk*

Bernadette Welter-Manuel

Starke County Clerk / Election Board Secretary

# SCHOOL BOARD CANDIDATE PACKET GUIDE (2026 COUNTY ELECTION)

In this packet you will find the forms, Calendars and web sites needed to help you file for office

## STEP 1:

### **CAN-34:** PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2026

- This form is for selecting the office you are running for
- Fill out all fields and any boxes that apply
- The "Candidate Name Information" section is how you would like your name to appear on the ballot. (Read fine print for requirements
  - Make sure you get signatures and all the information that goes with that. Good idea to get them turned in early if there are problems with any.
- On the second page, initial all lines that apply to you, sign, date and provide a phone number
- The second page must be signed in person with a notary or at the time of filing
- File in person at the Clerk's office

### **CAN-12:** STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

- Fill out all fields and any boxes that apply
- This is for the calendar year before the date of this filing
- If the questions do not apply, put N/A
- The second page must be signed in person with a notary or at the time of filing
- File in person at the Clerk's office

### **CFA-1:** CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL

#### COMMITTEE OR EXPLORATORY COMMITTEE.

- If the office you seek makes more than \$5,000/year and you receive or spend \$100.00 you MUST fill out this form to create a committee
- If the office you seek makes less than \$5,000/year and you receive or spend \$500.00 you MUST fill this form to create a committee
- May be turned in at the time of filing but MUST be turned in by NOON, 10 days after a committee is created

## → STEP 2:

### **CFA-4:** REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

- If you filed a CFA-1 report you will use this form to report your contributions and expenditures for your committee.
- See the calendar for filing dates!! Do not be late, penalties will apply!!
- A printed copy of the CFA-4 report will need to be submitted for the Pre-Primary, the Pre-Election and the Annual report, unless you disband your committee with the Election Board. Reference your calendar for reporting

periods and filing dates as you are solely responsible for your own filings.  
For detailed candidate information visit

**<https://www.in.gov/sos/elections/candidate-information/>**



# PETITION OF NOMINATION AND CONSENT FOR SCHOOL BOARD OFFICE ELECTED IN 2026

(CAN-34)

State Form 47008 (R22 / 7-25)

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

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 May 19, 2026 and not later than noon, June 18, 2026. 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. Each candidate must complete the Candidate's Consent on the reverse of this form and file a Statement of Economic Interests (CAN-12 form) with this petition. In a metropolitan school corporation, this petition must be signed by ten (10) registered voters residing in the same board member district as the nominee. (IC 20-23-7-8.1) In a community school corporation, this petition must be signed by ten (10) registered voters residing within the boundaries of the school corporation. (IC 20-23-4-29.1) Additional petition requirements apply in some school corporations. **Consult your attorney to be advised of your rights and responsibilities.**

TO THE \_\_\_\_\_ COUNTY CIRCUIT COURT CLERK (OR THE LAKE, PORTER, OR TIPPECANOE COUNTY BOARDS OF ELECTION AND REGISTRATION):  
 Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature as of the date this petition is processed by the county voter registration officials; 2) the individual is a duly qualified registered voter in Indiana; 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 the legally qualified candidates for a school board office on the November 3, 2026 General Election Ballot. If the school district is comprised of more than one county, the petition is to be filed with the county containing the greatest percentage of the population of the school corporation.

### CANDIDATE NAME INFORMATION

### OFFICE SOUGHT

I request that my name appear on the general election ballot in the following manner as described in IC 3-5-7.

I also request that my name on my voter registration record be the same as the name on this declaration 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 AFFILIATION

Instructions for completing the Candidate's Ballot Name Designation are found on the reverse of this form. If a candidate's name does not comply with IC 3-5-7, 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. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE: John R. (Jack) Doe.

See reverse side of form for party affiliation affirmations. If an Independent candidate, write "Independent" above. If you choose not to affiliate with a party or as an Independent, this box remains blank.

	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes) Number Street Apartment	CITY or TOWN and ZIP CODE	Office Use Only	
		First	Last				REG (Y/N)	PCT/ WARD
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

### 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)

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE (number and street, city, state, and ZIP code)

Note: Indiana state law does not require a petition carrier to be an Indiana resident or registered voter 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.

**CANDIDATE'S CONSENT**

I, the undersigned, am a candidate for the office of school board member of \_\_\_\_\_  
Insert name of school corporation, including any election district designation.

My residence address is \_\_\_\_\_, \_\_\_\_\_, IN \_\_\_\_\_  
Street Number and Address City or Town Zip Code

I am affiliated with the **(check one)**  Democratic Party,  Libertarian Party,  Republican Party, or  (insert political party name) \_\_\_\_\_ Party; or  
 I am an Independent candidate; or  I elect not to disclose any affiliation with a political party, or (i) am not affiliated with a political party; and (ii) do not identify as an independent candidate.

**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 two primary elections held 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 two most recent primary elections held in Indiana in which I voted were the primaries 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.)


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, 2026, 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 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)**

I 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 appropriate county election board after the first of the following occurs: (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. I agree to comply with the provisions of IC 3-9.

**I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.**

		Subscribed and sworn to before this _____ day of _____, 2026.	
Signature	Date Signed		
Telephone	Email (optional)	Signature of Notary Public or Other Official Administering Oath according to IC 33-42-9-7	
Website (optional):		My Commission Expires (applies only to Notary Public):	
<b>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.</b>		County of Residence:	

**AFFIDAVIT OF ASSISTANCE PROVIDED TO PETITIONER(S) WITH DISABILITIES**

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:

Names of Petitioners Assisted by me: \_\_\_\_\_, 20\_\_\_\_\_  
DATE ASSISTANCE PROVIDED (month, day, year)

ASSISTER'S SIGNATURE \_\_\_\_\_ ASSISTER'S PRINTED NAME \_\_\_\_\_ ASSISTER'S ADDRESS (number and street, city, state, and ZIP code) \_\_\_\_\_

**COUNTY VOTER REGISTRATION OFFICE CERTIFICATION**

County Name:	Number of Valid Signatures:	County Name:	Number of Valid Signatures:	County Name:	Number of Valid Signatures:
I certify that, in accordance with IC 3-8-2.5-5, I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of the indicated County. In the case of a school corporation that covers more than one county, the county voter registration official of the containing the greatest percentage of the population of the school corporation certifies petitioners and records the number of valid signatures. Please use the space above to indicate the number of certified signatures for each county in a multi-county jurisdiction, if applicable.					
Witness my/our hand and seal this ____ day of _____, 2026, at _____, Indiana.		COUNTY SEAL	Signature 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)
			Signature 2, if applicable		

**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 candidate's legal middle name, the initial of the candidate's legal middle name, or the candidate's nickname. The SECOND DESIGNATION can be one of the following: the candidate's legal middle name, the initial of the candidate's legal middle name, the candidate's nickname, or the candidate's legal surname. The THIRD DESIGNATION can be the candidate's nickname or the candidate's legal surname, if not used in the first or second designation. The FOURTH DESIGNATION can be the candidate's nickname or 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.



**STATEMENT OF ECONOMIC INTERESTS  
FOR LOCAL AND SCHOOL BOARD OFFICES**

**(CAN-12)**

State Form 55128 (R / 8-19)  
Indiana Election Division (IC 3-8-9)

**INSTRUCTIONS:** This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office. **NOTE:** A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with the office described in IC 3-8-2-6.

STATE OF INDIANA

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

**INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:**

20\_\_\_\_

**NOTE: Insert "Not Applicable" where appropriate.**

I, \_\_\_\_\_ the undersigned, certify the following:  
Name of Candidate or Person Filling Vacant Office

(1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is \_\_\_\_\_ (Include district, if applicable.)

(2) The name of my spouse was \_\_\_\_\_

(3) The name of my employer and the nature of its business was \_\_\_\_\_

(4) The name of the employer of my spouse and the nature of its business was \_\_\_\_\_

(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was \_\_\_\_\_

(6) If I operated a professional practice, the name of the professional practice and the nature of its business was \_\_\_\_\_

(7) If I was a member of a partnership, the name of the partnership and the nature of its business was \_\_\_\_\_

(8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was \_\_\_\_\_

(9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was \_\_\_\_\_

(10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was \_\_\_\_\_

(11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was \_\_\_\_\_

(12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was \_\_\_\_\_

**COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.**

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_:

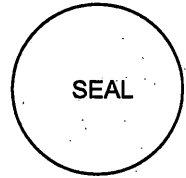
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

STATE OF \_\_\_\_\_ )

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

Subscribed and affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.



\_\_\_\_\_  
Notary Public or Other Official Administering Oath

My Commission expires (*applies only to Notary Public*): \_\_\_\_\_

County of Residence: \_\_\_\_\_