



INDIANA PETITION FOR PRIMARY BALLOT PLACEMENT AS A CANDIDATE FOR UNITED STATES SENATOR IN 2024

(CAN-4)

State Form 46434 (R15 / 6-23)
Indiana Election Division (IC 3-8-2-8, IC 3-8-2-9(a), IC 3-6-12)

COUNTY: _____

INSTRUCTIONS: This petition is used to request a candidate be placed on the May 7, 2024 Democratic or Republican Primary Election Ballot for the office of United States Senator. Petitioners are not required to provide precinct/ward or Congressional district information. Except in cases of disability, the petitioner must complete this 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 also complete a Declaration of Candidacy for Primary Nomination form (CAN-2). **This petition must be filed with the appropriate county voter registration office for processing not earlier than January 10, 2024, and not later than NOON, February 6, 2024. All original, certified CAN-4 petitions, along with the CAN-2, must be filed with the Secretary of State or Indiana Election Division not later than NOON, Feb. 9, 2024.**

TO THE SECRETARY OF STATE OF INDIANA OR THE INDIANA ELECTION DIVISION:

Each of the undersigned represents that 1) the individual resides at the address after the individual's signature at the time this petition was processed by county voter registration officials; 2) the individual is a duly qualified registered voter in Indiana, and 3) the individual desires to be able to vote for the candidate listed below; and 4) each of the undersigned respectfully requests you to place the following name of the legally qualified candidate for United States Senator on the May 7, 2024 Primary Election Ballot as a candidate of the Democratic Party or Republican Party.

CANDIDATE NAME <i>(Note: the candidate's ballot name is established on CAN-2 form)</i>	COMPLETE CANDIDATE ADDRESS <i>(Does not need to match the CAN-2 form.)</i>	OFFICE SOUGHT
Marshall Travis	54152 ash rd lot 150 Osceola Indiana 46561	US Senate

SIGNATURE	PRINTED NAME First Last	DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)		CITY or TOWN and ZIP CODE	REG (Y/N)	PCT/ WARD	CD
			Number	Street				
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) _____ 20

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, February 6, 2024, or the petition is rejected.