STATE OF ECONOMIC INTERESTS
FOR LOCAL AND SCHOOL BOARD OFFICES
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:

1. 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: ______________________________________________________