

# Application for Nomination at the Annual Convention of The Libertarian Party of Indiana

Please complete this form and return it to the Executive Director by March 17, 2012. You may also use this form if this deadline has passed and you are applying for a ballot vacancy appointment by our State Chairman.

Please email the typed or scanned form to [lpinhq@lpin.org](mailto:lpinhq@lpin.org). Forms can also be mailed to: The Libertarian Party of Indiana, 156 E. Market Street, Suite 405 Indianapolis, IN 46204. Please call 317-920-1994 if you have any questions. This information is for vetting and for internal party purposes use, unless otherwise specified. All information submitted will be treated as confidential.

Any candidate seeking a Federal, Statewide, State Legislative or other office through the State convention, or through the ballot vacancy procedure must provide this completed form to be considered. (R) indicates required information.

## Biographical Information

Legal Name (R): \_\_\_\_\_

Full Address (R): \_\_\_\_\_

Preferred Email (R): \_\_\_\_\_

Preferred Phone (R): \_\_\_\_\_

Public Address, Email, and Phone, (if different from above) (R): \_\_\_\_\_

\_\_\_\_\_

Employer and Occupation (R): \_\_\_\_\_

Birth date (R): \_\_\_\_\_

Hometown (R): \_\_\_\_\_

- Last Educational Institution and Special Achievements: \_\_\_\_\_

\_\_\_\_\_

- Previous Political Experience (Have you ever run for office before? Have you ever been an active member of another party or worked on any campaigns?) \_\_\_\_\_

\_\_\_\_\_

- Have you ever been accused or convicted of a crime (other than minor traffic violations)? (R):

\_\_\_\_\_

- Is there anything in your past that may embarrass yourself, your family, your employer, or the Libertarian Party if it were to come out in a campaign? (R): \_\_\_\_\_

\_\_\_\_\_

Political Information

- What office will you be seeking? (R): \_\_\_\_\_

- If you fail to receive our nomination at convention, would you be willing to seek another office on the LP ballot? If so, what would be your second choice? \_\_\_\_\_

- What would be your main platform points when seeking this office? What issues will you put at the forefront of your campaign? (R): \_\_\_\_\_

- Have you filed any paperwork with the Federal Election Commission, the Indiana Election Division, or your county clerk? *For Federal campaigns, you must file a FEC 1 and FEC 2. Please see [www.fec.gov](http://www.fec.gov) for their candidate's guide. For Statewide and State Legislative campaigns, you must file a statement of economic interest, a CFA 1, and if nominated at convention, be prepared to fill out a CFA 4 that weekend. Local races must file a CFA 1 and CFA 4 the Monday after the convention with the local election boards. Please visit <http://lpin.org/resources/> for these documents.* \_\_\_\_\_

- A short biography and headshot must be provided to LPIN Executive Director Chris Spangle at [lpinhq@lpin.org](mailto:lpinhq@lpin.org) before June 20th for placement on the ballot Please attach. (R)

- Do you have a Campaign Chair and a treasurer? Do you have a campaign manager or other designated volunteers? \_\_\_\_\_

- Do you have a website? If so, what is the address? All candidates must commit to developing a website by June 20th to be placed on the ballot. Executive Director Chris Spangle can help build a basic site. \_\_\_\_\_

- Do you have a way for contributors to donate to your campaign? \_\_\_\_\_

- Who will be nominating you at the LPIN state convention? \_\_\_\_\_

**All candidates must have this form endorsed by two county chairs and/or State Central Committee Members to be considered at the State convention or through the ballot vacancy process. A list of elected leadership can be found at <http://lpin.org/contact/local-affiliate/>.**

LPIN Party Leader, Position and Printed Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

LPIN Party Leader, Position and Printed Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**By affixing your signature, you confirm that all the information you've provided in this form is accurate and true.**

**Applicant's Signature and Date:** \_\_\_\_\_

Vetting Information

**BRIEFLY** tell us your stance on the following issues :

State Sovereignty

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Gay Marriage

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Eminent Domain and/or Forced Annexation

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Property Taxes/Income Taxes/Sales Taxes

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Government Spending

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Gun Laws

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Public Education

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Social Security

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Healthcare/Medicare

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Welfare

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Local Township Consolidation and/or Fire Dept Consolidation

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Minimum Wage and/or Maximum Wage

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Business Regulations

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Smoking Bans

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Abortion

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Immigration

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Drug War

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Military/National Defense/Foreign Wars

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*The job of the Libertarian Party of Indiana headquarters is to serve you!  
We are available to answer your questions via phone or email. Please do  
not hesitate to contact us for assistance or consultation.*