2024 NOTICE OF PRIMARY ELECTION CANDIDATE WITHDRAWAL

State Form 46429 (R16/ 11-23) Indiana Election Division (IC 3-8-1-5; IC 3-8-2-20)

INSTRUCTIONS: This form is used by a candidate for nomination who wishes to remove the candidate's name from the primary election ballot. This form can also be used by a candidate for precinct committeeman or political party state convention delegate to be elected at the same time as the primary election. This withdrawal must be received by the official with whom the Declaration of Candidacy was filed not later than NOON, February 16, 2024. A candidate who has moved out of the election district, has been convicted of a felony or violating any other law that would prohibit the person from remaining a candidate, is on active duty in the U.S. Armed forces or subject to the Hatch Act or Little Hatch Act, and would violate federal law by remaining a candidate, or is a nonjudicial employee of a court who would violate the Indiana Code of Judicial Conduct by remaining a candidate may withdraw at

CANDIDATE WITHDRAWAL

	ANDIDATE WITHDIXAWAL	
To the Clerk of ^{seventh} of Elections and Registration; or the India	Circuit Court; the Lake, Porter, o	r Tippecange County Board
(1) I, Alexandria Workman		, the undersigned willing Court
(1) I, Alexandria Workman Insert Candidate Name on previously filed Candi	idacy Documentation	
as a candidate of the (check one) Democ	cratic Party or the Republican Party for: (check	k one)
nomination to the office of	, District	(if any)
election as a state convention delegate for	or Delegate District Nine	OR At Large
election as a precinct committeeman for F	Precinct Perry 8	
to be voted on at the primary election to be h	eld on May 7, 2024.	
(2) My residence address is:		
604 E Maxwell Ln	Bloomington	, IN (amend if other state)
Complete residence address must be included	City	ZIP Code
(3) I request that you act under IC 3-8-2-21 to not to appear on the primary election ballot.	otify each appropriate county, election board that I o	do not wish my name
Auxandria Workman Signature	02 /14 /2024 ((317) ,478-2885
Signature	Date Signed (MM/DD/YYYY) T	elephone Number
STATE OF <u>Indiana</u> COUNTY OF <u>Monroe</u>)))	
Subscribed and sworn to before methis		
My Commission expires (applies only to N County of Residence:	Notary Public):	MONROE +COUNTY+