



DECLARATION OF CANDIDACY FOR PRECINCT COMMITTEEMAN OR STATE CONVENTION DELEGATE IN 2024

(CAN-37)

State Form 47417 (R15 / 11-23)
Indiana Election Division (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic and Republican Party candidates for Precinct Committeeman and State Convention Delegate. A declaration of candidacy for election as a precinct committeeman or state convention delegate must be filed with the county election board or Lake, Porter, or Tippecanoe County boards of elections and registration no earlier than January 10, 2024 and no later than noon, February 9, 2024. If running for BOTH precinct committeeman and state convention delegate, complete a separate copy of the CAN-37 for each office.

STATE OF INDIANA)
)
COUNTY OF _____)

GENERAL INFORMATION

I, _____ the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct _____ of the Township of _____,
(or of Ward, if applicable, _____ of the City or Town of _____), County of _____, State of Indiana.

(2) I reside in the _____ Congressional district.

(3) I request that my name be placed on the May 7, 2024 primary ballot of the party with which I am affiliated:

(check one) Democratic Party or Republican Party for the office of **(check only one office on this copy)**

Precinct Committeeman, _____ OR State Convention Delegate, At Large OR District _____
Name of Precinct *Name of District, if any*

(4) I comply with all requirements under the laws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office. If required by my political party's rules, I have attached a statement by the county chairman of the county in which I reside that I am a member of the political party with which I claim affiliation.

RESIDENCY INFORMATION

(5) My complete residence address is:

_____, IN _____
Complete residence address must be included *City* *ZIP Code*

(6) My mailing address is:

Write address if mailing address is different from residence address; write "SAME" if both addresses are identical

_____, IN _____
Mailing address *City* *ZIP Code*

CANDIDATE NAME INFORMATION

(7) I request that my name appear on the primary election ballot in the following manner as described in IC 3-5-7:

| First Designation | Second Designation | Third Designation | Fourth Designation | Suffix |
|--|---|---|---|--|
| This can be: <ul style="list-style-type: none"> 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. The candidate's nickname. | This can be: <ul style="list-style-type: none"> The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname. The candidate's legal surname. | If not used in the first or second designation, this can be: <ul style="list-style-type: none"> The candidate's nickname. The candidate's legal surname | If not used in the third designation, this can be: <ul style="list-style-type: none"> The candidate's nickname. The candidate's legal surname | Examples: <ul style="list-style-type: none"> Jr. or III CANNOT be a title or degree such as MD, JD |

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))

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

PLEASE COMPLETE REVERSE OF FORM

CERTIFICATION

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

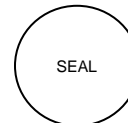
_____/_____/_____(_____)_____(_____)_____
Signature *Date signed (MM/DD/YYYY)* *Telephone (Day)* *Telephone (Evening)*

Candidate's e-mail address: _____

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 2024.



Notary Public or Other Official Administering Oath according to IC 33-42-9-7

My Commission expires (*applies only to Notary Public*): _____ County of Residence: _____