DECLARATION OF CANDIDACY FOR PRECINCT COMMITTEEMAN OR STATE CONVENTION DELEGATE IN 2026 (CAN-37)

State Form 47417 (R16 / 7-25)
Indiana Election Division (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic candidates for Precinct Committeeman in 2026 (Republicans elect their Precinct Committeemen in 2028) and use by Democratic and Republican candidates for 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 7, 2026, and no later than noon, February 6, 2026.** ***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 5, 2026 primary ballot of the party with which I am affiliated:

(check one) ☐ Democratic Party or ☐ Republican Party for the office of ***(check only <u>one</u> 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 This can be: • 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.	**Second Designation** This can be: • The candidate's legal middle name. • The initial of the candidate's legal middle name. • The candidate's nickname. • The candidate's legal surname.	**Third Designation** If not used in the first or second designation, this can be: • The candidate's nickname. • The candidate's legal surname	**Fourth Designation** If not used in the third designation, this can be: • The candidate's nickname. • The candidate's legal surname	**Suffix** Examples: • 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 _____)

SEAL

Subscribed and sworn to before me this _____ day of _____, 2026.

_____
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: _____