



DECLARATION OF CANDIDACY FOR PRECINCT COMMITTEEMAN AND STATE CONVENTION DELEGATE

(CAN-37)

State Form 47417 (R8 / 11-09)
Indiana Election Commission (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 or Tippecanoe County boards of elections and registration no later than noon, February 19, 2010, and no earlier than January 20, 2010. Please print or type all information on this form except for signature.

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 _____ 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 official primary ballot of the party with which I am affiliated (check one)

Democratic Party or the Republican Party for the office of Precinct Committeeman OR State Convention Delegate (check one)

District _____ (insert the precinct name or number OR the state convention delegate district name or number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 4, 2010.

(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.

RESIDENCY INFORMATION

(5) My complete residence address is:

_____, Indiana _____
Complete Residence Address Must Be Inserted City ZIP Code

(6) My mailing address is (if different from residence address):

_____, Indiana _____
Mailing Address (Write "SAME" if both addresses are identical or leave blank) City ZIP Code

CANDIDATE NAME INFORMATION

I request that my name appear on the primary election ballot in the following manner:

(Include any Nickname and/or Suffix, Jr. Sr. II III IV)

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/YY) Telephone (Day) Telephone (Evening)

STATE OF _____)
COUNTY OF _____) SS:

Subscribed and sworn to before me this _____ day of _____, 2010.

Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): _____

County of Residence: _____

