

**Indiana Democratic Party**  
**DECLARATION OF CANDIDACY FOR INDIANA DEMOCRATIC STATE CONVENTION**

State of Indiana, County of Residence: \_\_\_\_\_

INSTRUCTIONS: This form is used by an individual who is seeking the Democratic Party's nomination for Presidential Elector. This form must be filed at the Indiana Democratic Party between June 1, 2024, and no later than Noon (EDT), July 1, 2024. Please print or type all information on this form except all signatures. Postmarks will not be accepted.

**GENERAL INFORMATION**

I, \_\_\_\_\_ the undersigned, certify the following:

(1) I am a registered Democratic voter of Precinct \_\_\_\_\_ of the Township of \_\_\_\_\_, (or of Ward \_\_\_\_\_ of the City or Town of \_\_\_\_\_), County of \_\_\_\_\_, State of Indiana.

(2) I request that my name be placed on the official convention ballot of the Indiana Democratic Party's State Convention for the office of:

- |  |  |
|--|--|
| <input type="checkbox"/> Presidential Elector (Congressional District)           | <input type="checkbox"/> Presidential Elector At-Large           |
| <input type="checkbox"/> Presidential Elector Alternate (Congressional District) | <input type="checkbox"/> Presidential Elector At-Large Alternate |

to be voted on at the State Convention on Saturday, July 13, 2024.

(3) I understand that I must be affiliated with the Democratic Party to be eligible for nomination as a candidate at the State Convention. I understand that my party affiliation is determined by which party I voted for in the last primary election in which I voted, or if I have not voted in an Indiana primary election, by my own affirmation. I understand that if I cannot meet the party affiliation requirement by either of those tests, I must obtain and file a certificate from the appropriate county chairman of the party indicating I am a member of Democratic Party. I meet the requirement to be affiliated with the Democratic Party because (check one):

- The most recent primary election in which I voted was the Democratic Party Primary.
- The county chairman of the county in which I reside, and of the Democratic Party, has certified that I am a member of the Democratic Party. (I have attached a copy of the county chairman's certification to this form.)

(4) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office including any applicable residency requirement. I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

**RESIDENCY INFORMATION**

(5) My complete residence address is \_\_\_\_\_  
\_\_\_\_\_ complete residence address  
\_\_\_\_\_ city \_\_\_\_\_ zip code

(6) My mailing address is (if different from residence address):  
\_\_\_\_\_ Indiana \_\_\_\_\_  
complete mailing address (write "SAME" if both addresses are identical) city zip code

**CANDIDATE NAME INFORMATION**

I request that my name appear on the Democratic State Convention ballot in the following manner:

(include any nickname and/or suffix, Jr., Sr., II, III, IV)

The candidate's name must comply with the requirements in Indiana Code 3-5-7. If a candidate's name does not comply with this state law, 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. EXAMPLE: John R. (Jack) Doe. A candidate may not use a title or degree as a designation or a designation that implies a title or degree.

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 telephone (day) telephone (evening)

↓ Please complete reverse of form ↓

**CAMPAIGN INFORMATION**

(7) I have been a candidate for state or local office in Indiana in a previous election:

Yes

No

(check one)

Signature	Date signed (mm/dd/yy)	Telephone (    )
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STATE OF:

\_\_\_\_\_ )

COUNTY OF:

\_\_\_\_\_ )

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public):

\_\_\_\_\_

County of Residence:

\_\_\_\_\_

SEAL

