INDIANA DEMOCRATIC PARTY

DECLARATION OF CANDIDACY FOR DEMOCRATIC NATIONAL COMMITTEE

State of Indiana, County of Residence:_____

INSTRUCTIONS: This form is used by an individual who is seeking election to the Democratic National Committee. This form must be filed no later than 12:00 p.m. EDT, July 1, 2024. Please print or type all information on this form except all signatures.

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 candidate list for Indiana representative to the Democratic National Committee to be voted on at the State Central Committee meeting on Friday, June 12, 2020, for the following position (select one):

☐ North ☐ South ☐ Central

(3) I comply with all requirements under the Rules of the Indiana Democratic Party 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

(4) My complete residence address is _____
Complete residence address

_____, Indiana _____
City Zip code

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

_____, Indiana_____
complete mailing address (write "SAME" if both addresses are identical) city zip code

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)

STATE OF:_____)
SS:_____
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