

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 election for Credentials Committee, Resolutions Committee or Rules Committee at the 2024 Indiana Democratic State Convention. This form must be filed with the Indiana Democratic Party between May 7, 2024, and Noon EST on 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:

Credentials Committee Resolutions Committee Rules Committee

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

_____, Indiana _____
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)

I also request that my name on my voter registration record be the same as the name on this declaration of candidacy, and that a copy of this form be forwarded to the county voter registration office for any necessary change.

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 FINANCE INFORMATION

(7) I have been a candidate for state or local office in Indiana in a previous election: Yes No (check one)
(if the answer to this question is no, skip paragraph 8.)

(8) I have filed all reports required by the Indiana Code for all previous candidacies: Yes No (check one)

(9) I am aware of the provisions of the Indiana Code regarding campaign finance and the reporting of contributions and expenditures. I agree to comply with the provisions of the Indiana Code.

Signature	Date signed (mm/dd/yy)	Telephone ()
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(10) I have filed a campaign finance statement of organization for my principal candidates' committee with the Indiana Election Division, the appropriate county election board, or both OR I am aware that I may be required to file the campaign finance statement of organization not later than noon, seven (7) days after the final date to file this declaration of candidacy.

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

