

## DECLARATION OF CANDIDACY FOR PRECINCT COMMITTEEMAN OR STATE CONVENTION DELEGATE IN 2024

(CAN-37)

State Form 47417 (R15 / 11-23)

Indiana Election Division (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, Porter, or Tippecanoe County boards of elections and registration no earlier than January 10, 2024 and no later than noon, February 9, 2024. 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 HOWAL	d			
_	GENER	RAL INFORMATION		
I, <u>Frieds Bowman</u> the undersigned, certify the following:				
(1) I am a registered voter of Pred	oinct 405 of the	Township of Centre	,	
(or of Ward, if applicable,	of the City or Town of	<u> </u>	Noward, State of	of Indiana.
(3) I request that my name be pla	ced on the May 7, 2024 primary ballo	ot of the party with which I am affiliat	ed:	
	Party or Republican Party for the o			
Precinct Committeeman,	405 OR □ Sta	ate Convention Delegate, At Large C	DR District	
(4) I comply with all requirements	under the laws of the State of Indiana	a and any candidate requirements s	et by my party's rules to be a candi	date for this
office. If required by my politice the political party with which I	al party's rules, I have attached a stat claim affiliation.	tement by the county chairman of th	e county in which I reside that I am	a member of
(5) My complete residence addre	RESIDE	NCY INFORMATION		
(5) My complete residence address is:				
2901 Budgestone Cu Hopsone IN 4690 & 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				
			INI	
Mailing address		City	, IN ZIP Code	
	CANDIDATE	E NAME INCODMATION		
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:				
Fireda	Bowner			
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

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.			
Fueda Bownan Signature	J1 4 124 Date signed (MM/DD/YYYY)	(765 2 / 0 Telephone (Day)	6/73 ) Telephone (Evening)
Candidate's e-mail address:			
STATE OF JUDIANA  COUNTY OF HOWARD			
Subscribed and sworn to before me this day of	0	, 2024.	SEAL
Notary Public or Other Original Administration of To 33  My Commission expires (applies only to Notary Public):	19 31 210	ounty of Residence:	HOWARS

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FEB 0 9 2024

DEBBIE STEWART

Clerk Howard Cir. Court

(CAN-37)

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STATE OF INDIANA	<i>(</i> , )			
COUNTY OF HOWAY	}			
<b>~</b> !! .	GENER	AL INFORMATION		
Brackley J - Semon the undersigned, certify the following:				
Name of Candidate	inct Union of the	11.20		
(1) I am a registered voter of Prec		Township of Va.60	11 1	
(or of Ward, if applicable,	of the City or Town of	County of	-kyward, State of	Indiana.
(2) I reside in the <b>5</b>	Congressional district.			
(3) I request that my name be place	ced on the May 7, 2024 primary ballot	of the party with which I am affiliate	ed:	
(check one)   Democratic P	arty or 🎾 Republican Party for the of	ffice of <i>(check only <u>one</u> office on t</i>	this copy)	
☐ Precinct Committeeman,	<b>OR ⊠</b> Stat	te Convention Delegate, At Large O	R District	
	ame 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.				
	RESIDEN	NCY INFORMATION		
(5) My complete residence addres	ss is:	0 1	1400	
Complete residence address must	100 Sauth	Greent	our 11 46936	, _
·				
(6) My mailing address is: Write address if mailing address is	different from residence address; write "SA	AME" if both addresses are identical		
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:				
Brack	Semon			
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 sumame	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 Ill CANNOT be a title or degree such as MD, JD
	[			

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I, the undersigned, certify that the information in	CERTIFICATION this Declaration of Candidacy is true and complete, and that I meet the spe	ecific requirements of this office.
Signature	2, 9, 23 (765, 438–9) Date signed (MM/DD/YYYY) Telephone (Day)	Telephone (Evening)
Candidate's e-mail address:		
STATE OF TWO IANA COUNTY OF HOWARD		
Subscribed and sworn to before me this	Hay of February 2024.	SEAL
Notary Public or Other Official Administering Oath a		
My Commission expires (applies only to Note	any Publich: 12.31-26 County of Residence: 17	かひはんり

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FEB 0 9 2024

DEBBIE STEWART Clerk Howard Cir. Court DECLARATION OF CANDIDACY FOR PRECINCT COMMITTEEMAN OR STATE CONVENTION DELEGATE IN 2024

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STATE OF INDIANA	<b>/</b>			
COUNTY OF HOWAS	}			
COUNTY OF	<b>EL</b> )			
	CENED	AL INFORMATION		
<b>3</b> //. \		AL INFORMATION		
, Modley J.	. Semon	the unde	rsigned, certify the following:	
Name of Candidate	• 1		g.	į
	inct Union of the	/1 5400		
(1) I am a registered voter of Prec		Township of Unity		
	of the City or Town of	centown ), County of	Have to see Show at	Indiana.
(or of Ward, if applicable,	or the City or Town of	), County of	, State of	mulana.
(2) I reside in the	Congressional district.			
(2) Freside in the	Congressional district.			
(3) I request that my name be place	ced on the May 7, 2024 primary ballot	t of the party with which I am affiliate	ed:	į
	arty or 🔀 Republican Party for the o			
(Check one) Li Democratic P	arty of the Republican Party for the o	ince of <i>(check only <u>one</u> office on a</i>	·	
M Precinct Committeeman,	MUJOU UB LISTS	te Convention Delegate, At Large O	P District	
	ame of Precinct	te Convention Delegate, At Large C	Name of District, if any	
***	and of Fromot			
(4) I comply with all requirements	under the laws of the State of Indiana	and any candidate requirements se	et by my party's rules to be a candid	ate for this
office. If required by my politica	al party's rules, I have attached a state	ement by the county chairman of the	county in which I reside that I am a	member of
the political party with which I o		, ,	•	
F F				
	DESIDE	NCY INFORMATION		
(5) My complete residence address		THE OKIMATION		
(3) My complete residence address	1-26 11	Book	· 4/1 021	
10454 East	100 South	Over	007 N 76736	
Complete residence address must be included City ZIP Code				
(6) My mailing address is:				j
	different from residence address; write "SA	AME" if both addresses are identical		'
Ŭ				
			, IN ZIP Code	
Mailing address		City	ZIP Code	
1				1
	CANDIDATE	NAME INFORMATION		
(7) I request that my	name appear on the primary el		manner as described in IC 3-5	<b>-7</b> :
(/)		T		
Brad	5000	 		
	semon	71.15	F	C. #i
First Designation This can be:	Second Designation This can be:	Third Designation If not used in the first or second	Fourth Designation If not used in the third designation, this	Suffix Examples:
The candidate's legal given name.	The candidate's legal middle name.	designation, this can be:	can be:	• Jr. or ill
The calibrate's legal given name.     The initial of the candidate's legal	The candidate's legal initiate name.     The initial of the candidate's legal	The candidate's nickname.	The candidate's nickname.	CANNOT be
given name.	middle name.	The candidate's legal sumame	The candidate's legal surname	a title or
The candidate's legal middle name.	The candidate's nickname.	- The continues a regar anniante	- The candidate a legal surrame	degree such
The initial of the candidate's legal	The candidate's legal surname.			as MD, JD
middle name.				
<ul> <li>The candidate's nickname.</li> </ul>	į.			,
	i e	İ	I	1

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))

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EXAMPLE: John R. (Jack) Doe

I, the undersigned, certify that the information in this Declarat	CERTIFICATION tion of Candidacy is true and complete, and that I meet I	the specific requirements of this office.
Signature	Z, 9, 2023 (765, 436- Date signed (MM/DD/YYYY) Telephone (Day)	GGO () Telephone (Evening)
Candidate's e-mail address:		·
STATE OF INDIANA  COUNTY OF HOWARD		
COUNTY OF HOWARD		
Subscribed and sworn to before me this day of	Tebruary, 2024.	SEAL
Notary Public or Other Official Administering Oath according to IC	<u>                                      </u>	1/ 0 A
My Commission expires (applies only to Notary Public):	/2-3/-26 County of Residence:	TTOUTICE

FILED

FEB 0.9. 2024

DEBBIE STEWART

Clerk Howard Cir. Court