DECLARATION OF CANDIDACY FOR PRECINCT COMMITTEEMAN OR STATE CONVENTION DELEGATE IN 2016

(CAN-37)

State Form 47417 (R11 / 9-15)
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 or Tippecanoe County boards of elections and registration* **no earlier than January 6, 2016 and no later than noon, February 5, 2016.** ***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 HOWARD)

GENERAL INFORMATION

I, CRAIG DUNN the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct CENTER A of the Township of CENTER,

(or of Ward _____ of the City or Town of KOKOMO), County of HOWARD, State of Indiana.

(2) I reside in the 4TH Congressional district.

(3) I request that my name be placed on the May 3, 2016 primary ballot of the party with which I am affiliated:

(check one) ☐ Democratic Party or ☑ Republican Party

for the office of ☐ Precinct Committeeman OR ☑ State Convention Delegate *(check only one office on this copy)*

Precinct Name _____ *or* Convention Delegate District/"At Large" _____

(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:

3104 W. 100 N. (Complete Residence Address Must Be Inserted) KOKOMO (City), Indiana 46901 (ZIP Code)

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

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

CANDIDATE NAME INFORMATION

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

CRAIG DUNN
(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.
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.

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.

Craig R Dunn (Signature) 1/16/2016 (Date signed *(MM/DD/YY)*) (765) 457-1134 (Telephone *(Day)*) (765) 457-6101 (Telephone *(Evening)*)

STATE OF INDIANA)
)
COUNTY OF HOWARD)

Subscribed and sworn to before me this 16th day of JANUARY, 2016.

Kim Wilson/ds
Notary Public or Other Official Administering Oath according to IC 33-42-4-1

My Commission expires *(applies only to Notary Public)*: 12-31-18

County of Residence: HOWARD

FILED
JAN 19 2016
KIM WILSON
Clerk Howard Cir. Court
SEAL

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STATE OF INDIANA)
)
COUNTY OF HOWARD)

GENERAL INFORMATION

I, CRAIG DUNN the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct CENTER A of the Township of CENTER,

(or of Ward _____ of the City or Town of KoKomo), County of HOWARD, State of Indiana.

(2) I reside in the 4 Congressional district.

(3) I request that my name be placed on the May 3, 2016 primary ballot of the party with which I am affiliated:

(check one) ☐ Democratic Party or ☑ Republican Party

for the office of ☑ Precinct Committeeman OR ☐ State Convention Delegate *(check only one office on this copy)*

Precinct Name _____ *or* Convention Delegate District/"At Large" _____

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RESIDENCY INFORMATION

(5) My complete residence address is:

3104 W. 100 N. — KoKomo, Indiana 46901
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

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Signature	Date signed *(MM/DD/YY)*	Telephone *(Day)*	Telephone *(Evening)*
[signature]	1/16/2016	(765) 457-1134	(765) 457-6101

STATE OF INDIANA)
)
COUNTY OF HOWARD)

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[signature]
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