



# 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 \_\_\_\_\_ )

### GENERAL INFORMATION

I, Paula A. Beeson the undersigned, certify the following:  
Name of Candidate

(1) I am a registered voter of Precinct 3 Taylor I of the Township of Taylor  
(or of Ward \_\_\_\_\_ of the City or Town of \_\_\_\_\_), County of Howard, State of Indiana.

(2) I reside in the Fifth (5) 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:

2125 Cameron Drive \_\_\_\_\_, Indiana 46902  
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

### CANDIDATE NAME INFORMATION

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

Paula A. Beeson  
(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.

Paula A. Beeson \_\_\_\_\_  
Signature Date signed (MM/DD/YY) Telephone (Day) Telephone (Evening)  
02 10 4 2016 (765) 480-7469 \_\_\_\_\_

STATE OF Indiana )  
COUNTY OF Howard )

Subscribed and sworn to before me this 4 day of February 2016.

Kim Wilson  
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**

FEB 04 2016

KIM WILSON

Clerk Howard Cir. Court



NOTICE TO CREDITORS: The undersigned, the executor of the last will and testament of the deceased, do hereby give notice to all persons having claims against the estate of the deceased to present the same to the undersigned for payment or settlement within the time specified in this notice.

STATEMENT OF ASSETS

I, the undersigned, do hereby certify that the following is a true and correct statement of the assets of the estate of the deceased as of the date of death, to the best of my knowledge and belief.

STATEMENT OF LIABILITIES

I, the undersigned, do hereby certify that the following is a true and correct statement of the liabilities of the estate of the deceased as of the date of death, to the best of my knowledge and belief.

STATEMENT OF DISTRIBUTION

I, the undersigned, do hereby certify that the following is a true and correct statement of the distribution of the assets of the estate of the deceased as of the date of death, to the best of my knowledge and belief.

TESTAMENTARY

I, the undersigned, do hereby certify that the foregoing is a true and correct statement of the assets, liabilities, and distribution of the estate of the deceased as of the date of death, to the best of my knowledge and belief.

FILED  
FEB 10 2004  
KIM WILSON  
CLERK HOWARD CO. CLERK

Handwritten signatures and dates: Howard, 2/3/04, Howard



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STATE OF INDIANA )
COUNTY OF Howard )

GENERAL INFORMATION

I, Paula A. Beeson the undersigned, certify the following:
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(2) I reside in the Fifth (5) Congressional district.

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(check one) [ ] Democratic Party or [X] Republican Party

for the office of [X] Precinct Committeeman OR [ ] State Convention Delegate (check only one office on this copy)

Precinct Name 3 Taylor 1 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:

2125 Cameron Drive Kokomo, Indiana 46902
Complete Residence Address Must Be Inserted City ZIP Code

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

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Paula A. Beeson Signature Date signed (MM/DD/YY) 02/04/2016 Telephone (Day) (765) 480-7409 Telephone (Evening) same

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COUNTY OF Howard )

Subscribed and sworn to before me this 4 day of February, 2016.

Kim Wilson

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FILED SEAL FEB 04 2016 KIM WILSON Clerk Howard Cir. Court

