



DECLARATION OF CANDIDACY FOR PRECINCT COMMITTEEMAN OR STATE CONVENTION DELEGATE IN 2020

(CAN-37)

State Form 47417 (R13 / 8-19)

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 8, 2020 and no later than noon, February 7, 2020. 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, Mark Hurt the undersigned, certify the following:

Name of Candidate

(1) I am a registered voter of Precinct 305 of the Township of Center
(or of Ward, if applicable, _____ 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 5, 2020 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 305 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. 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.

RESIDENCY INFORMATION

(5) My complete residence address is:

1536 Quail Run Drive Kokomo, Indiana 46902
Complete Residence Address Must Be Inserted City ZIP Code

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

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

CANDIDATE NAME INFORMATION

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

MARK HURT

(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. 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.

Signature

Date signed (MM/DD/YY) 2, 4, 2020

Telephone (Day) 765 454-9609

Telephone (Evening) 765 776-2957

OPTIONAL INFORMATION: Candidate's e-mail address: _____

STATE OF Indiana

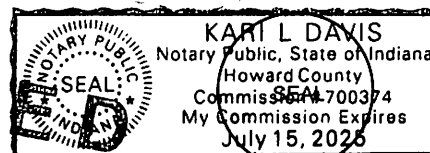
COUNTY OF Howard

Subscribed and sworn to before me this 4th day of February, 2020.

Notary Public or Other Official Administering Oath according to IC 33-42-9

My Commission expires (applies only to Notary Public): 7/15/25

County of Residence: Howard



FEB 04 2020
DEBBIE STEWART
Clerk Howard Cir. Court