DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION

State Form 48439 (R8/12-05)
Indian Election Commission (IC 3-8-2-7)

INSTRUCTIONS: This form is used by an individual who is seeking the Democratic or Republican party nomination to an elective office in a primary election. A declaration of candidacy must be filed no later than noon, February 17, 2006 and no earlier than January 18, 2006. Please print or type all information on this form except all signatures. SEE IMPORTANT INFORMATION ON BACK OF FORM. Candidates seeking a statewide office in a primary election file a CAN-14 form. Candidates seeking a local or regional nomination in a municipal election year file CAN-42 form.

STATE OF INDIANA
COUNTY OF PENBORN

GENERAL INFORMATION

I, Frank Aaron Melnichuk, the undersigned, certify the following:

1. Name of Candidate

2. Address of Residence: 24568 Lek Drive, Lawrence, Indiana 47025

3. Address of Mailing Address: Same as above

4. Telephone Day: 312-432-3161, Telephone Evening: 312-432-3161

5. Signature: Frank Aaron Melnichuk

DEPARTMENT OF THE
SECRETARY OF STATE

RECEIVED: 2/4/2006

Clerk of Dearborn Circuit Court

FEB 14 2006 CREECH #6

[Signature]

[Date Signed]

[Telephone]

[Telephone (Evening)]

[Signature]

[Date Signed]

[Telephone Day]

[Telephone (Evening)]

[Signature]

[Date Signed]

[Telephone Day]

[Telephone (Evening)]

[Signature]

[Date Signed]

[Telephone Day]

[Telephone (Evening)]

[Signature]

[Date Signed]

[Telephone Day]

[Telephone (Evening)]

[Signature]

[Date Signed]

[Telephone Day]

[Telephone (Evening)]
DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION
State Form 46439 (R8/12-05)
Indiana Election Commission (IC 3-8-2-7)

INSTRUCTIONS: This form is used by an individual who is seeking the Democratic or Republican party nomination to be elected to office in a primary election. A declaration of candidacy must be filed no later than noon, February 17, 2006 and no earlier than January 25, 2006. Please print or type. Sign all parts of this form except all signatures. SEE IMPORTANT INFORMATION ON BACK OF FORM. Candidates seeking a statewide office in a primary election file a CAN-14 form. Candidates seeking a local primary nomination in a municipal election year file CAN-42 form.

STATE OF INDIANA
COUNTY OF DEARBORN

GENERAL INFORMATION

ARThUR LITTLE
Name of Candidate

(1) I am a registered voter of Precinct ___ of the Township of MILLER
(or of Ward ___) of the City or Town of LAWrenceBURG, County of IN D, State of Indiana.

(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated. (check one box)
☐ Democratic Party or ☐ Republican Party for the office of STATE DELEGATE

(3) I understand that I must be affiliated with the political party indicated above to be eligible for nomination as a candidate of that party in this primary election. I understand that my party affiliation is determined by which party I voted for in the last Indiana primary election in which I voted, or if I have not voted in an Indiana primary election, by my own affiliation. 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 that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because (check one):
☐ The most recent primary election in which I voted was the primary held by the party with which I claim affiliation above.
☐ I have never voted in a primary election, and claim affiliation with the party indicated above.
☐ The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)

(4) (This paragraph does not apply to a candidate for federal office.) 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

2897 STATE LANE RD LAWrenceBURG, Indiana 47025

Complete Residence Address Must Be Inserted

ZIP Code

CANDIDATE NAME INFORMATION

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

ARThUR LITTLE

(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 5-6-7. 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.

Signature

Date Signed: 05/24/2006 (mm/dd/year) Telephone (Day): 313-1234-5678 Telephone (Evening):

Please complete reverse of form ↓
DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION
State Form 46439 (R8/12-05)
Indiana Election Commission (IC 3-8-2-7)

INSTRUCTIONS: This form is used by an individual who is seeking the Democratic or Republican party nomination to an elected office in a primary election. A declaration of candidacy must be filed no later than noon, February 17, 2006 and no earlier than January 18, 2006. Please print or type all information on this form except all signatures. SEE IMPORTANT INFORMATION ON BACK OF FORM. Candidates seeking a statewide office in a primary election file a CAN-14 form. Candidates seeking a primary nomination in a municipal election year file CAN-42 form.

STATE OF INDIANA
COUNTY OF Dearborn

GENERAL INFORMATION

Lynn M. Deddens
Name of Candidate

(1) I am a registered voter of Precinct ___ of the Township of Jackson, County of Dearborn, State of Indiana.

(2) I request that my name be placed on the official ballots at the party with which I am affiliated (check one box)

☐ Democratic Party or the ☑ Republican Party for the office of Republican State Convention District 4 (if any)

to be voted on at the primary election to be held on May 2, 2006.

(3) I understand that I must be affiliated with the political party indicated above to be eligible for nomination as a candidate of that party in this primary election. I understand that my party affiliation is determined by the party I voted for in the last Indiana primary election in which I voted, or if I have not voted in an Indiana primary election, by my own affiliation. I understand that I must state the party affiliation requirement by either of those tests, and I must obtain a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement if I indicate because (check one):

☐ The most recent primary election in which I voted was the primary held by the party with which I claim affiliation above.

☐ I have never voted in a primary election, and claim affiliation with the party indicated above.

☐ The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)

(4) (This paragraph does not apply to a candidate for federal office.) 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

12015 Five Points Rd., Sunman
Complete Residence Address Must Be Inserted
City, IN 47041
ZIP Code

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

Mailing Address (Write "SAME" if both addresses are identical or leave blank)

CANDIDATE NAME INFORMATION

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

Lynn M. Deddens

(Includes any nickname and/or suffix, Jr., Sr. If 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 3-8-7. If a candidate's name does not comply with this state law, the declaration may be changed 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

In 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)

Telephone (Day)

Telephone (Evening)

↓ Please complete reverse of form ↓
DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION
State Form 48438 (R8/12-05)
Indiana Election Commission (IC 3-8-2.7)

INSTRUCTIONS: This form is used by an individual who is seeking the Democratic or Republican party nomination to an elected office in a primary election. A declaration of candidacy must be filed no later than noon, February 17, 2006, and no earlier than January 16, 2006. Please print or type all information on this form except all signatures. Be sure to attach all necessary attachments. This form is not intended for municipal elections. For a declarant seeking a primary nomination in a municipal election, use Form CAN-42.

STATE OF INDIANA
COUNTY OF DEARBORN

GENERAL INFORMATION

I, Jonathan N. Cleary, the undersigned, certify the following:

(1) I am a registered voter of Precinct 1, Township of Kelso, County of Dearborn, State of Indiana.

(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated. (Check one box)

☐ Democratic Party or the Republican Party for the office of Delegate to the State Convention - District 4 (any)

(3) I understand that I must be affiliated with the political party indicated above to be eligible for nomination as a candidate of that party in this primary election. I understand that my party affiliation is determined by which party I voted for in the last Indiana primary election in which I voted, or if I have not voted in an Indiana primary election, by my own affiliation. I understand that I cannot meet the party affiliation requirement by either of those tests if I have not obtained a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because (check one):

☐ The most recent primary election in which I voted was the primary held by the party with which I claim affiliation above.

☐ I have never voted in a primary election, and claim affiliation with the party indicated above.

☐ The county chairman of the county in which I reside and, of the political party with which I claim affiliation above, has certified that I am a member of that political party. (I have attached a copy of the county chairman's certification to this form.)

☐ (This paragraph does not apply to a candidate for federal office.) 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.

(5) My complete residence address is:

29263 St. Joe Dr. W. Harrison, Indiana 47060

Complete Residence Address Must Be Inserted

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

Mailing Address (Write "SAME" if both addresses are identical or leave blank)

CANDIDATE NAME INFORMATION

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

Jonathan N. Cleary

(Include any initials and/or 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 3-8-7. If a candidate's name does not comply with this statute, the declaration may be disregarded 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.

Jonathan N. Cleary

Signature

Date Signed: 05/24/2006 Telephone: (512) 532-2189

Data Signed (MM/DD/YY) Telephone (Day): (512) 576-5021

Telephone (Evening):

Please complete reverse of form ▼
DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION
State Form 46439 (R8/12-05)
Indiana Election Commission (IC 3-8-2-7)

INSTRUCTIONS: This form is used by an individual who is seeking the Democratic or Republican party nomination to an elected office in a primary election. A declaration of candidacy must be filed no later than noon, February 17, 2005, and no earlier than January 18, 2005. Please print or type all information on this form except all signatures. See IMPORTANT INFORMATION ON BACK OF FORM. Candidates seeking a statewide office in a primary election file a CAN-14 form. Candidates seeking a primary nomination in a municipal election year file CAN-42 form.

STATE OF INDIANA
COUNTY OF Dearborn

GENERAL INFORMATION

Name of Candidate

(1) I am a registered voter of Precinct Miller 4 of the Township of Miller of the City or Town of Lawrenceburg, County of Dearborn State of Indiana.

(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated (check one box)

☐ Democratic Party or the ☐ Republican Party for the office of Republican State Convention Delegate, District County at Large (if any)

to be voted on at the primary election to be held on May 2, 2005.

(3) I understand that I must be affiliated with the political party indicated above to be eligible for nomination as a candidate of that party in this primary election. I understand that my party affiliation is determined by which party I voted for in the last Indiana 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 these tests, I must obtain and file a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because (check one):

☐ The most recent primary election in which I voted was the primary held by the party with which I claim affiliation above

☐ I have never voted in a primary election, and claim affiliation with the party indicated above

☐ The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)

(4) (This paragraph does not apply to a candidate for federal office.) 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

My complete residence address is:

2376 Mountain Meadows Drive Lawrenceburg Indiana 47025

Complete Residence Address Must Be Inserted City ZIP Code

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

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

CANDIDATE NAME INFORMATION

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

Gary Morris

(Including 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 must 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.

Signature ____________________________ Date Signed (mm/dd/xx) 05/21/05 Telephone (Day) 812-537-4855 Telephone (Evening) 812-537-0522

↓ Please complete reverse of form ↓