

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	}						
•	country of Howard }							
GENERAL INFORMATION I. Heath R. Van Natter the undersigned, certify the following:								
Ì	# +1 p 1	1) IL a						
ļ	1, Realh R. Van	Natter	the unde					
١	Name of Candidate	(~)						
Ì	(1) I am a registered voter of Prec	inct 601 of the	Township of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Name of Candidate (1) I am a registered voter of Precinct 60 of the Township of Eexter , (or of Ward, if applicable, of the City or Town of Kokono), County of Howard , State of Indiana.							
İ	(2) I reside 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:				
ļ	(check one) Democratic P	arty or 🔳 Republican Party for the o	ffice of (check only one office on	this copy)				
	5 5	on = 0		2				
Ì	Precinct Committeeman,	OR Sta	te Convention Delegate, At Large O	Name of District, if any				
I		under the laws of the State of Indiana			ate for this			
ļ	• • • • • •	al party's rules, I have attached a state	•					
1	the political party with which I	claim affiliation.		•				
					 -			
I	(5) My complete residence addres		NCY INFORMATION					
I			12 11	11/901				
I	Complete residence address must	e Slew Lane be included	No No	N 76 10 1	_			
I	(6) My mailing address is:	be included	Gity	ZIF Code				
I		different from residence address; write "SA	AME" if both addresses are identical					
I	San	· e _		IN				
Ì	Mailing address		City	, IN, 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:								
	First Designation	Second Designation	Third Designation	Fourth Designation	Suffix			
	This can be:	This can be:	If not used in the first or second	If not used in the third designation, this	Examples:			
	 The candidate's legal given name. The initial of the candidate's legal 	The candidate's legal middle name. The initial of the candidate's legal	designation, this can be:	can be:	• Jr. or III			
	given name.	middle name.	The candidate's nickname. The candidate's legal surname	The candidate's nickname. The candidate's legal surname	CANNOT be a title or			
	The candidate's legal middle name.	The candidate's nickname.	The dandidate a legar surrame	The candidate's legal surname	degree such			
	 The initial of the candidate's legal middle name. 	The candidate's legal surname.			as MD, JD			
	The candidate's nickname.							
	1		,	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))

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

I, the undersigned, certify that the information in this Declaration	CERTIFICATION on of Candidacy is true and co	mplete, and that I mee	et the specific requirements of this office.	;
M-n V. MD	2 8 24 Date signed (MM/DD/YYYY)	_ (765) 77 Telephone (Day)	76-1356 Telephone (Evening)	<u> </u>
Candidate's e-mail address: Vannatter Ve aol.	,		relephone (Evening)	1
state of Indiana ; country of Howard ;				
Subscribed and sworn to before me this 8th day of _	February	, 2024.	SEAL	i I
Notary Public or Other Official Administering Oath according to IC 3 My Commission expires (applies only to Notary Public):		ounty of Residence:	Howard	

FILED

FEB 0 8 2024

DEBBIE STEWART Clerk Howard Cir. Court





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STATE OF INDIANA						
COUNTY OF HOWARD						
GENERAL INFORMATION 1, Heath R. Van Na Her the undersigned, certify the following:						
(1) I am a registered votor of Proc	inct 601 of the	Township of Center				
(or of Ward, if applicable,	inct 60 of the) County of	State of	Indiana		
	Congressional district.		, 0.000	indiana.		
(3) I request that my name be place	ed on the May 7, 2024 primary ballot	t of the party with which I am affiliate	ed:			
(check one) Democratic P	arty or 💢 Republican Party for the o	ffice of (check only <u>one</u> office on t	this copy)			
Precinct Committeeman,	bol oR ☐ Statement of Precinct	te Convention Delegate, At Large O	R District			
(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.						
L		NCY INFORMATION				
(5) My complete residence address is: 2709 Seattle 512W Lane Kokono IN 46901 Complete residence address must be included 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						
Same						
Mailing address	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:						
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 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		

l 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

PLEASE COMPLETE REVERSE OF FORM

I, the undersigned, certify that the information in this Declaration	CERTIFICATION	molete, and that I meet th	ne specific requirements of this office.
, the undersigned, certify that the information in this become	on or canadacty to add and co	imploto, and that i moot t	to opening requirements of this office.
pr. v. htm	2,8,24	(765)776-1	
Signature	Date signed (MM/DD/YYYY)	Telephone (Day)	Telephone (Evening)
Candidate's e-mail address: Vannatteru @ a	col.com		
state of <u>Indiana</u>)			
county of Howard			
2 lb	Tab.		SEAL
Subscribed and sworn to before me this 8th day of	rebruary	, 2024.	
Sellie Strunton	,		
Notary Public or Other Official Administering Oath according to IC 3	33-42-9-7		
My Commission expires (applies only to Notary Public):	1-31-2024 c	ounty of Residence:	Howard

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STATE OF INDIANA)					
COUNTY OF HOWARD	}			· .		
GENERAL INFORMATION						
I, MICHAEL JOHN AMATUZZO SR. the undersigned, certify the following:						
(1) I am a registered voter of Pred	oinct 109 606 of the	Township of CENTER	· .			
(or of Ward, if applicable,	of the City or Town of), County of	, State o	f Indiana.		
(2) I reside in the 4 TH	Congressional district.			İ		
l .	ced on the May 7, 2024 primary ballo	· ·				
ľ	arty or 🕱 Republican Party for the o					
Precinct Committeeman,	109 606 OR ☐ Sta	te Convention Delegate, At Large C	OR District	· · · · ·		
(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:						
1909 MISTY AUTUMN CT. Complete residence address must be included KOKOMO IN 46901 ZIP Code						
(6) My mailing address is: Write address if mailing address is different from residence address; write "SAME" if both addresses are identical						
SAME 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:						
MICHAEL	J.	AMATUZZO		SR.		
First Designation This can be:	Second Designation This can be:	Third Designation If not used in the first or second	Fourth Designation	Suffix		
The candidate's legal given name.	The candidate's legal middle name.	designation, this can be:	If not used in the third designation, this can be:	Examples: • Jr. or III		
The initial of the candidate's legal given name.	The initial of the candidate's legal middle name.	The candidate's nickname.	The candidate's nickname.	CANNOT be		
The candidate's legal middle name.	The candidate's nickname.	The candidate's legal surname	The candidate's legal surname	a title or degree such		
The initial of the candidate's legal middle name.	The candidate's legal surname.			as MD, JD		
The candidate's nickname.						
,						

l 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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PLEASE COMPLETE REVERSE OF FORM

12

·	CERTIFICATION		
I, the undersigned, certify that the information in this Declaration	n of Candidacy is true and c	complete, and that I mee	t the specific requirements of this office.
michael & amatumno	02/05/202	4 (765)628	2-7436 () SAME
Signature	Date signed (MM/DD/YYYY)	Telephone (Day)	Telephone (Evening)
Candidate's e-mail address: MAMATUZZO@M:	SN. COM		
STATE OF Indiana)			
county of Howard			
Subscribed and sworn to before me this _5 th day of _	February	, 2024.	SEAL
Dellie Steuert	<u> </u>		
Notary Public or Other Official Administering Oath according to IC 33	-42-9-7		1 7 7 7 7 7
My Commission expires (applies only to Notary Public):	2-31-2026	County of Residence:	Howard

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FEB 0 5 2024

DEBBIE STEWART Clerk Howard Cir. Court