

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)					
COUNTY OF HOU	12+d }					
	GENER	AL INFORMATION				
James	I, the undersigned, certify the following:					
Name of Candidate	\sim ()	The unite	ersigned, certify the following.			
(1) I am a registered voter of Pred	sinct (ay B of the	Township of (al)				
(or of Ward, if applicable,		Kowo), County of	Howard, State of	Indiana.		
(2) I reside in the5	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:			
(check one) Democratic P	arty or 🔳 Republican Party for the o	ffice of (check only <u>one</u> office on	this copy)			
Precinct Committeeman.	ame of Precinc	te Convention Delegate, At Large O	R District			
N	ame of Precinct	io convenion belogato, it cargo c	Name of District, if any			
	under the laws of the State of Indiana					
the political party with which I	<i>al party's rules,</i> I have attached a state claim affiliation.	ement by the county chairman of the	e county in which I reside that I am a	a member of		
(5) My complete residence addres		NCY INFORMATION				
1883 4		Knk	COMO_, IN	1		
Complete residence address must		City	ZIP Code	<u>.</u>		
(6) My mailing address is:	different from residence address; write "SA	AME" if both addresses are identical				
	Cmp	AME II DOM Addresses are Identical				
Mailing address	CIVIC	City	, IN ZIP Code			
		NAME INFORMATION				
(7) I request that my	name appear on the primary el	lection ballot in the following	manner as described in IC 3-5	5-7:		
	1			·		
Temos Fleming						
First Designation	Second Designation	Third Designation	Fourth Designation	Suffix		
This can be: The candidate's legal given name	This can be: The candidate's legal middle name.	Third Designation If not used in the first or second designation, this can be:	Fourth Designation If not used in the third designation, this can be:	Suffix Examples: • Jr. or III		
This can be: The candidate's legal given name The initial of the candidate's legal	This can be: The candidate's legal middle name. The initial of the candidate's legal	If not used in the first or second designation, this can be: The candidate's nickname.	If not used in the third designation, this can be: The candidate's nickname.	Examples: • Jr. or III CANNOT be		
This can be: The candidate's legal given name The initial of the candidate's legal given name. The candidate's legal middle name.	This can be: The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname.	If not used in the first or second designation, this can be:	If not used in the third designation, this can be:	Examples: • Jr. or III CANNOT be a title or degree such		
This can be: The candidate's legal given name The initial of the candidate's legal given name.	This can be: The candidate's legal middle name. The initial of the candidate's legal middle name.	If not used in the first or second designation, this can be: The candidate's nickname.	If not used in the third designation, this can be: The candidate's nickname.	Examples: • Jr. or III CANNOT be a title or		
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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 Fittle or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using patentheses. EXAMPLE: John R. (Jack) Doe

PLEASE COMPLETE REVERSE OF FORM

JAN 1 6 2024

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. (765) 4399914
Signature Date signed (MM/DD/YYYY) Telephone (Day) Candidate's e-mail address: Date signed (MM/DD/YYYY) Telephone (Day) Telephone (Evening)
STATE OF LINCUARY)
COUNTY OF HOWARD
Subscribed and sworn to before me this lo day of January, 2024.
Notary Public or Other Official Administering Oath according to IC 33-42-9-7
My Commission expires (applies only to Notary Public): 12131124 County of Residence: HOUXLLY
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STATE OF INDIANA	,				
COUNTY OF Howa	vd }				
	GENER	AL INFORMATION			
James	R. Flemin	h Ct the under	ornigned portify the following:		
Name of Candidate	(3. 610136)	trie unde	ersigned, certify the following:		
(1) I am a registered voter of Pred	sinct Clay B of the	Township of Cay			
(or of Ward, if applicable,	of the City or Town of	Sokomo), County of	Howard, State of	Indiana.	
(2) I reside in the 5 *h	Congressional district.	•			
(3) I request that my name be pla	ced on the May 7, 2024 primary ballo	t of the party with which I am affiliate	ed:		
1 ' / ' ' '	Party or Republican Party for the o				
D Bracinat Committeemen	OD E 040	ite Convention Delegate, At Large O	OR District C(91_B		
Precinct Committeeman,	ame of Precinct	ite Convention Delegate, At Large O	Name of District, & any		
	under the laws of the State of Indiana				
office. If required by my politication the political party with which I of	<i>al party's rules</i> , I have attached a stat claim affiliation.	ement by the county chairman of the	e county in which I reside that I am a	member of	
					
(5) My complete residence address		NCY INFORMATION			
(5) My complete residence addres		U.L.	4600	1	
1983 West 425 North Kokomo IN 46961 ZIP Code					
(6) My mailing address is:		9	211 0000		
Write address if mailing address is	different from residence address; write "Sa	AME" if both addresses are identical	•		
Jame IN					
Mailing address		City	ZIP Code		
	CANDIDATI	E NAME INFORMATION	•		
(7) I request that my	name appear on the primary e		manner as described in IC 3-5	i-7:	
James Fleming					
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.			can be:	1 1 11	
	The candidate's legal middle name.	designation, this can be:	1	• Jr. or [[]	
 The initial of the candidate's legal 	The initial of the candidate's legal	The candidate's nickname.	The candidate's nickname.	CANNOT be	
	•	,	1	CANNOT be a title or	
The initial of the candidate's legal given name. The candidate's legal middle name. The initial of the candidate's legal	The initial of the candidate's legal middle name.	The candidate's nickname.	The candidate's nickname.	CANNOT be	
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.	The candidate's nickname.	The candidate's nickname.	CANNOT be a title or degree such	
The initial of the candidate's legal given name. The candidate's legal middle name. The initial of the candidate's legal	The initial of the candidate's legal middle name. The candidate's nickname.	The candidate's nickname.	The candidate's nickname.	CANNOT be a title or degree such	
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JAN 1 6 2024

CERTIFICATION	à
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.	
James Hemm, 01, 16, 2024 765, 438 9914	_
Signature Date signed (MM/DD/YYYY) Telephone (Day) Telephone (Evening)	1
Candidate's e-mail address: (3mes Eleming 425 @ gmail.com	
STATE OF	1
country of Howard	
Subspribed and sworn to before me this 16th day of January, 2024.	!
Notary Public or Other Official Administering Oath according to IC 33-42-9-7	
My Commission expires (applies only to Notary Public): 12 3 (26 County of Residence: Howard	"

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