



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 HOWARD	}						
COUNTY OF)						
MACDIC A. MACOANINI	GENER	RAL INFORMATION					
I, MARK A. McCANN the undersigned, certify the following:							
Name of Candidate	HADDISONA	LIADDICON					
(1) I am a registered voter of Precinct HARRISON A of the Township of HARRISON (or of Ward, if applicable, of the City or Town of), County of HOWARD , St							
(or of Ward, if applicable,	of the City or Town of), County of H	OWARD, State	_, State of Indiana.			
(2) I reside in the 5TH	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 affiliat	ed:				
	Party or 🔳 Republican Party for the o	' · · ·					
Precinct Committeeman,	HARRISON A OR Sta	ite Convention Delegate, At Large C	OR District				
	under the laws of the State of Indiana	a and any candidate requirements s		idata for this			
office. If required by my politicate the political party with which I	<i>al party's rules</i> , I have attached a stat	tement by the county chairman of th	e county in which I reside that I am	a member of			
	RESIDE	NCY INFORMATION					
(5) My complete residence address							
27 SOUTH 440 WES	ST	KOKOMO	KOKOMO IN 46901 ZIP Code				
Complete residence address must be included			ZIP Code				
(6) My mailing address is: Write address if mailing address is	different from residence address; write "S.	AME" if both addresses are identical					
SAME			IN				
Mailing address		City	ZIP Code				
	CANDIDATE	NAME INFORMATION					
(7) I request that my	name appear on the primary e	lection ballot in the following	manner as described in IC 3-	5-7:			
MARK	A	McCANN		,			
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.	If not used in the first or second designation, this can be:	If not used in the third designation, this can be:	Examples:			
The initial of the candidate's legal	The initial of the candidate's legal	The candidate's nickname.	The candidate's nickname.	Jr. or III CANNOT be			
given name. The candidate's legal middle name.	middle name. The candidate's nickname.	The candidate's legal surname	The candidate's legal surname	a title or			
The candidate's legal middle name. The initial of the candidate's legal	The candidate's legal surname.			degree such as MD, JD			
middle name.				00 1110, 00			
The candidate's nickname.							

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

PLEASE COMPLETE REVERSE OF FORM

I, the undersigned, certify that the information	in this Declaration		RTIFICA lacy is tr		nplete, and t	that I meet the speci	fic requirem	nents of this office.		
Medelece	2	01 _/	31	2024	₍ 765	,450-6601	₍ 765	,450-6601		
Signature		Date signe	d (MM/Di	D/YYYY)	Telephone	(Day)	Telep	hone (Evening)		
Candidate's e-mail address: MMCCANN	WICCANN-L	.EGAL	CON	1			, sad			
STATE OF										
				Cor	nnvis si	on No. 1691	1017			

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DEBBIE STEWART Clerk Howard Cir. Court