

DECLARATION OF CANDIDACY

INSTRUCTIONS: This form is used by an individual who is seeking the Democratic nomination to an elected office of the (County/City/Town) Committee/Organization

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

I, _____, the undersigned certify the following:

(1) I am a registered voter of precinct _____ of the Township of _____

Of the City/town of _____ County of Lake, State of Indiana.

(2) I reside at _____

(3) My mailing address is _____

(4) I comply with all requirements under of the laws of the State of Indiana and the Party rules of the Indiana Democratic Party to be a candidate for the following office

(including any applicable residency requirement). I do not have a criminal conviction that would prohibit me from serving in this office.

(5) I request that you place my name on the ballot for the office of _____

to be voted on at the reorganization meeting to be held on _____

Telephone Number

Signature

Subscribe and sworn to before me this ____ day of _____, 2010
County of _____, State of Indiana

Notary Public of Other official Administering Oath (Seal)

Signature

My Commission expires _____ County of Residence _____

Filed in the office of the Lake County Democratic Central Committee at _____ am/pm
Prevailing local time this _____ day of _____, 2010