



DECLARATION OF CANDIDACY FOR PRECINCT COMMITTEEMAN OR STATE CONVENTION DELEGATE IN 2026

(CAN-37)

State Form 47417 (R16 / 7-25)
Indiana Election Division (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic candidates for Precinct Committeeman in 2026 (Republicans elect their Precinct Committeemen in 2028) and use by Democratic and Republican candidates for 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 7, 2026, and no later than noon, February 6, 2026. 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 SAINT JOSEPH)

GENERAL INFORMATION

I, AMY MARIE DRAKE the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct 23 (020023) of the Township of CLAY
(or of Ward, if applicable, _____ of the City or Town of GRANGER), County of SAINT JOSEPH, State of Indiana.

(2) I reside in the 2ND Congressional district.

(3) I request that my name be placed on the May 5, 2026 primary ballot of the party with which I am affiliated:

(check one) Democratic Party or Republican Party for the office of (check only one office on this copy)

Precinct Committeeman, _____ OR State Convention Delegate, At Large OR District District 5
Name of Precinct *Name of District, if any*

(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:

16985 HIDDEN VALLEY DRIVE GRANGER, IN 46530
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 _____, IN _____
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:

AMY	MARIE		DRAKE	
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 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

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

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 [Handwritten Signature] Date signed (MM/DD/YYYY) 01 / 08 / 2026 Telephone (Day) (571) 214-9095 Telephone (Evening) (571) 214-9095

Candidate's e-mail address: althoffamy@yahoo.com



STATE OF Indiana)
COUNTY OF St Joseph)

Subscribed and sworn to before me this 8th day of January, 2026.

Trisha Nicole Carrico
Notary Public or Other Official Administering Oath according to IC 33-42-9-7

My Commission expires (applies only to Notary Public): 03-05-2028 County of Residence: St Joseph

CIRCUIT COURT
2026 JAN - 8 A 10: 25
ST JOSEPH COUNTY CLERK