



DECLARATION OF CANDIDACY FOR A VACANT LOCAL OFFICE TO BE FILLED BY A POLITICAL PARTY CAUCUS

(CEB-5)

State Form 47729 (R6 / 8-19)
Indiana Election Division (IC 3-13-11-7)

INSTRUCTIONS: An individual who wishes to be selected by a political party caucus to fill a vacancy in an elected office must file a declaration of candidacy with the chairman of the caucus (the appropriate county chairman or designee). The declaration must be filed no later than seventy-two (72) hours before the caucus is scheduled to begin. This form is not required when a county chairman fills a vacancy by direct appointment, and no caucus is held. (See IC 3-13-11 for further information.)

STATE OF INDIANA)
)
COUNTY OF _____)

TO _____, CAUCUS CHAIRMAN

GENERAL INFORMATION

I, _____ the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct _____ of the Township of _____,
(or of Ward, *if applicable*, _____ of the City or Town of _____), County of _____,
State of Indiana.

(2) I am a candidate to be selected by the caucus for the appointment pro tempore to fill the vacancy that exists (or will exist) in the office
of _____, District _____ (*if any*).

(3) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office (including any applicable residency
requirement). I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

(4) If the vacancy is in the office of prosecuting attorney, I certify that I have filed my statement of economic interest with the state
commission on judicial qualifications.

CANDIDATE NAME AND RESIDENCY INFORMATION

(5) Name of Candidate:

(6) Candidate's residence address is:
_____, Indiana _____
Complete residence address must be inserted City ZIP Code

(7) Candidate's mailing address is (*if different from residence address*):
_____, Indiana _____
Mailing address (*Write "SAME" if both addresses are identical.*) City ZIP Code

OPTIONAL INFORMATION: Candidate's e-mail address: _____ Campaign website address: _____

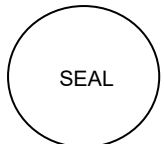
CERTIFICATION

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 Date signed (MM/DD/YY) (_____) Telephone (Day) (_____) Telephone (Evening)

STATE OF _____)
)
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.



Notary Public or Other Official Administering Oath in accordance with IC 33-42-9

My Commission expires (*applies only to Notary Public*): _____ County of Residence: _____