



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

**(CEB-5)**

State Form 47729 (R4/12-02)  
Indiana Election Commission (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 (usually the appropriate county chairman). The declaration must be filed no later than 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 )  
 )SS:  
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 \_\_\_\_\_ 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

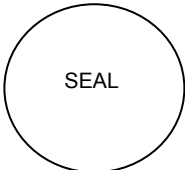
**CERTIFICATION**

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 \_\_\_\_\_ )  
 )SS:  
COUNTY OF \_\_\_\_\_ )

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



\_\_\_\_\_  
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): \_\_\_\_\_ County of Residence: \_\_\_\_\_