DECLARATION OF CANDIDACY (CEB-5)
FOR A VACANT LOCAL OFFICE TO BE FILLED BY A POLITICAL PARTY CAUCUS
State Form 47729 (R5 / 7-17)
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:

(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:

Complete residence address must be inserted City ZIP Code

(7) Candidate's mailing address is (if different from residence address):

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 / ______/ ______ (______) 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 in accordance with IC 33-42-4-1 or IC 33-42-9

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