



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

**(CEB-5)**

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:  
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

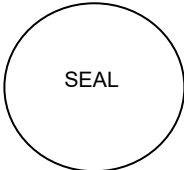
**CERTIFICATION**

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 in accordance with IC 33-42-4-1 or IC 33-42-9

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