



CERTIFICATE OF APPOINTMENT PRO TEMPORE TO FILL A LOCAL ELECTED OFFICE BY A COUNTY CHAIRMAN OF A MAJOR POLITICAL PARTY

(CEB-3)

State Form 47433 (R8 / 8-19)
Indiana Election Division (IC 3-13-11-11(a)(2))

INSTRUCTIONS: This certificate must be filed with the circuit court clerk **not later than NOON, five (5) days** after selection of the person filling the office vacancy.

TO THE _____ COUNTY CIRCUIT COURT CLERK:

GENERAL INFORMATION

This is to certify the following:

- (1) A vacancy occurred in the local office of _____
Name of office
- (2) The vacancy occurred due to the (check one) death resignation **OR** removal of the incumbent
Name of incumbent _____
- (3) The incumbent was elected or appointed as a candidate of the (check one) Democratic **OR** Republican Party.
- (4) The election district for this office is entirely within _____ County (or _____ County has the greatest percentage of the population of the election district for this office) and contains only one precinct.
- (5) I am the duly elected and acting county chairman of the (check one) Democratic **OR** Republican Party of _____ County, or the designee of the Chairman.
- (6) Since fewer than two (2) persons would be eligible to participate in a precinct committeeman caucus to fill this vacancy, or a required quorum was not present at a caucus called to fill this vacancy, I have filled this vacancy under Indiana Code 3-13-11-5(b) or Indiana Code 3-13-11-8(b) by appointing the person named below to hold an appointment pro tempore to this office for the remaining unexpired term.
- (7) The person holding the appointment pro tempore to this office is a registered voter of a precinct within the election district for the office, complies with the other requirements imposed under Indiana Code 3-8-1 on a candidate for this office, and consents to this appointment by subscribing the appointee's signature below.
- (8) This appointment pro tempore is effective _____, 20_____.

APPOINTEE'S NAME AND RESIDENCY INFORMATION

- (9) Name of person appointed to office:

 - (10) Person's residence address is:
_____, Indiana _____
Complete residence address must be inserted City ZIP Code
- OPTIONAL INFORMATION: Candidate's e-mail address: _____ Campaign website address: _____

CERTIFICATION OF COUNTY CHAIRMAN/DESIGNEE

I, the County Chairman of the above-named county (or the designee of the Chairman) acting to appoint a person to fill a local elected office vacancy, certify that the information in this Certificate is true and complete.

Signature of Chairman / Designee Printed Name of Chairman / Designee Date signed (MM/DD/YY)

CERTIFICATION OF APPOINTEE

I, the person appointed to fill a vacancy of a local elected office, certify that the information in this Certificate is true and complete.

Signature of Appointee Printed Name of Appointee Date signed (MM/DD/YY)

STATE OF INDIANA
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____. My Commission expires: _____

Notary Public or Other Official Administering Oath in accordance with IC 33-42-9 County of Residence: _____