



CERTIFICATE OF APPOINTMENT PRO TEMPORE TO FILL A LOCAL ELECTED OFFICE BY A PRECINCT COMMITTEEMAN CAUCUS

(CEB-4)

State Form 47437 (R8 / 8-19)
Indiana Election Division (IC 3-13-11-11(a)(1))

INSTRUCTIONS: This certificate must be filed with the circuit court clerk **not later than NOON, five (5) days** after the caucus of precinct committeemen is held.

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).
- (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) A caucus of eligible precinct committeemen was held on _____, 20_____, to fill the vacancy in this office. The caucus was held following the giving of notice required under Indiana Code 3-13-11-3.
- (7) The members of the caucus selected, by majority vote of those casting a vote for a candidate, the person named below to hold an appointment pro tempore to this office for the remaining unexpired term.
- (8) 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 of a candidate for this office, and consents to this appointment by the declaration of candidacy (CEB-5 form), which was timely filed in accordance with Indiana Code 3-13-11-7, **and is incorporated by reference in this certificate.**
- (9) This appointment pro tempore is effective _____, 20_____.

APPOINTEE'S NAME AND RESIDENCY INFORMATION

- (10) Name of Person Appointed to Office:

 - (11) Person's residence address is:

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

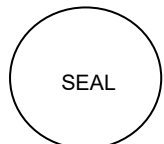
CERTIFICATION OF COUNTY CHAIRMAN/DESIGNEE

I, the County Chairman of the above-named county (or the designee of the Chairman), 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)

STATE OF INDIANA
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: _____