



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

(CEB-5)

State Form 47729 (R7 / 6-25)  
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, if applicable, 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 am claiming affiliation with the Democratic or Republican Party.** I understand that my party affiliation is determined by which party I voted for in the last two primary elections held in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because: **(check one)**

☐ The two most recent primary elections held in Indiana in which I voted were the primaries held by the party with which I claim affiliation above.

☐ The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)

(4) 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.

(5) 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

(6) Name of Candidate:

(7) Candidate's residence address is:

\_\_\_\_\_, Indiana \_\_\_\_\_  
Complete residence address must be inserted City ZIP Code

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

\_\_\_\_\_, Indiana \_\_\_\_\_  
Mailing address (Write "SAME" if both addresses are identical.) City ZIP Code

OPTIONAL INFORMATION: Candidate's e-mail address: \_\_\_\_\_ Campaign website address: \_\_\_\_\_

## 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 \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

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

SEAL

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: \_\_\_\_\_