



DECLARATION OF CANDIDACY FOR A VACANT STATE LEGISLATIVE OFFICE TO BE FILLED BY A POLITICAL PARTY CAUCUS

(CEB-2)

State Form 56338 (R / 8-19)
Indiana Election Division (IC 3-13-5-3)

INSTRUCTIONS: An individual who wishes to be selected by a political party caucus to fill a vacancy in a state legislative office must file a declaration of candidacy with the chairman of the caucus (the state chairman or designee). The declaration must be filed no later than seventy-two (72) hours before the caucus is scheduled to begin. (See IC 3-13-5 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 ☐ Indiana State Representative or ☐ Indiana State Senator, District _____.

(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) I certify that I have filed my statement of economic interest with the Principal Clerk of the Indiana House of Representatives or the
Secretary of the Indiana Senate.

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

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_____.



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: _____