



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:

Complete residence address must be inserted _____, Indiana _____
City _____ ZIP Code _____

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

Mailing address (Write "SAME" if both addresses are identical.) _____, Indiana _____
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 _____)

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: _____