

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 THECOUNTY CIRCUIT COURT CLERK:
GENERAL INFORMATION
This is to certify the following:
(1) A vacancy occurred in the local office of STINESVILLE TOWN COUNCIL MEMBER. Name of office (2) The vacancy occurred due to the (check one) death resignation OR removal of the interplent
(2) The vacancy occurred due to the <i>(check one)</i> 🔲 death 🖾 resignation OR 🔲 removal of the interpolation
Name of incumbent Name of incumbent
(3) The incumbent was elected or appointed as a condition of the condition
(4) The election district for this office is entirely within
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
APPOINTEE'S NAME AND RESIDENCY INFORMATION
(9) Name of person appointed to office: RICHARD N - CARTER
(10) Person's residence address is: Stresulte Stresulte Stress Stresulte St
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 the and complete.
Signature of Chairman / Designee Date signed (MM/DD/YY)
CERTIFICATION OF APPOINTEE I, the person appointed to fill a yacancy of a local elected office, certify that the information in this Certificate is true and complete.

CERTIFICATION OF APPOINTEE	
I, the person appointed to fill a yacancy of a local elected office, certify that the information in this Certificate is true and complete.	
Lieur Carker 07-107	1 2027
Signature of Appointee Printed Name of Appointee Date signed	

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monrol

Subscribed and sworn to before me this 7th day of July

, 20 23. My Commission expires:

County of Residence: Monrol

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Notary Public or Other Official Administering Oath in accordance with IC 33-42-9