



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

State Form 47729 (R6 / 8-19) 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 MONROE
TO EFRAT ROSSER , CAUCUS CHAIRMAN
GENERAL INFORMATION
I, TOSEPH BRADLEY BAVIS, A.K.A. TOE DAVIS the undersigned, certify the following:
(1) I am a registered voter of Precinct 30 of the Township of PERRY (or of Ward, if applicable, of the City or Town of BLOOMINGTON), County of MONROF,
(or of Ward, if applicable, of the City or Town of BLOOMINGTON), County of MOURD.
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 MONROF COUNTY COUNCIL A, District (if any).
(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) 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
(5) Name of Candidate: JOSEPH BRADLEY DAVIS OR JOE DAVIS
(6) Candidate's residence address is: 530 S. WKSIHNGTOW ST. BLOOMNGTON, Indiana 4740 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 CERTIFICATION 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. SAME Date signed (MM/DD/YY) Telephone (Day) Telephone (Evening)
STATE OF MOUNT) COUNTY OF MOUNT)
Subscribed and sworn to before me this 27 day of Necessary, 2024.
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: