

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

(CEB-5)

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, Andrew T. Guenther Tr. the undersigned, certify the following:  Name of Candidate			
(1) I am a registered voter of Precinct			
(1) I am a registered voter of Precinct of the Township of,  (or of Ward, if applicable, of the City or Town 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 Monroe County Council , District At-Large (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:			
Andrew J. Guenther Jr.			
(6) Candidate's residence address is:			
Complete residence address must be inserted    City   Indiana   47401   ZIP Code   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:			
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.			
Anduf Diff         12 / 30 / 24         (812 ) 837 - 7470         ( )           Date signed (MM/DD/YY)         Telephone (Day)         Telephone (Evening)			
STATE OF Indiana )			
COUNTY OF MONGE			
Subscribed and sworn to before methis and day 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:			



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STATE OF INDIANA	)	and the terms to the same	
COUNTY OF Monroe	)		
TO David Henry	, CAUCUS CHAIRMAN	DEC 2 0 2024	
	GENERAL INFORMATION	CLERK MONROE CIRCUIT COURT	
	J. Guenther Jr. e of Candidate	the undersigned, certify the following:	
(1) I am a registered voter of Precinct	of the Township o	fPerry,	
(or of Ward, <i>if applicable</i> , o	of the City or Town of	), County of <u>Monroe</u> ,	
(2) I am a candidate to be selected by the call of Monroe County Council		fill the vacancy that exists (or will exist) in the office (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 prosecutin commission on judicial qualifications.	ng attorney, I certify that I have filed my s	tatement of economic interest with the state	
(5) Name of Candidate:  Andrew J. Guenther Jr.			
(6) Candidate's residence address is:	Allaron o. Gaoriano ot.		
416 E 2nd Street, APT 10  Complete residence address must be inser	rted Bloom	ington, IndianaZIP Code	
(7) Candidate's mailing address is (if different	0.1,	217 0000	
Mailing address (Write "SAME" if both address OPTIONAL INFORMATION: Candidate's e-mail address:		, Indiana ZIP Code n website address: N/A	
	CERTIFICATION		
I, the undersigned, certify that the information in the	<u> </u>	ete, and that I meet the specific requirements of this office.  837-7420  ephone (Day)  ( 812 ) 837-7420  Telephone (Evening)	
STATE OF Indiana  COUNTY OF Monroe  Subscribed and sworn to before methis  Notary Public or Other Official Administering		MONROE + COUNTY+	
My Commission expires (applies only to Notary Public)	: County of Res	sidence:	