



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 Efat Rosser, CAUCUS CHAIRMAN

GENERAL INFORMATION

I, Scott Shackelford the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct Perry 23 of the Township of Perry
(or of Ward, if applicable, _____ of the City or Town of Bloomington), County of Monroe,
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 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:
Scott Shackelford

(6) Candidate's residence address is:
3910 S Deerfield Dr Bloomington, Indiana 47401
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: sjsacke@gmail.com 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] 01/02/25 (812) 369-1612 (812) 369-1612
Signature Date signed (MM/DD/YY) Telephone (Day) Telephone (Evening)

STATE OF Indiana)
COUNTY OF Monroe)
Subscribed and sworn to before me this 2 day of January, 2025.
[Signature]
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: _____

JAN 2 PM 12:44



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STATE OF INDIANA)
COUNTY OF Monroe)

TO David Henry, CAUCUS CHAIRMAN

GENERAL INFORMATION

I, Scott Shackelford the undersigned, certify the following:
Name of Candidate

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(or of Ward, if applicable, _____ of the City or Town of Bloomington), County of Monroe,
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 County Council, District At-Large (if any).

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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:

Scott Shackelford

(6) Candidate's residence address is:

3910 S Deerfield Dr Bloomington, Indiana 47401
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: sjshacke@gmail.com 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.

Scott Shackelford
Signature

01/02/25
Date signed (MM/DD/YYYY)

(812) 369-1612
Telephone (Day)

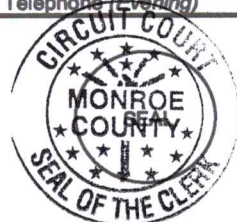
(812) 369-1612
Telephone (Evening)

STATE OF Indiana)
COUNTY OF Monroe)

Subscribed and sworn to before me this 2 day of January, 2025.

Yvette Lynn Browne
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: _____



JAN 2 AM 11:45