

CERTIFICATE OF APPOINTMENT PRO TEMPORE TO FILL A LOCAL ELECTED OFFICE BY A COUNTY CHAIRMAN OF A MAJOR POLITICAL PARTY

(CEB-3)

Commission Number 0678086

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 THE Nanderburgh COUNTY CIRCUIT COURT CLERK:
GENERAL INFORMATION
This is to certify the following:
(1) A vacancy occurred in the local office of
(2) The vacancy occurred due to the <i>(check one)</i> death resignation OR removal of the incumbent SEP 0 9 2021
- Kanay Kent Name of incumbent
(3) The incumbent was elected or appointed as a candidate of the (check one) Democratic OR Republican Party. CLERK
(4) The election district for this office is entirely within Vanderburgh County (orCounty
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 <i>(check one)</i> Democratic OR Republican Party of
Vanderburgh 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 requi
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 Co
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 offi
complies with the other requirements imposed under Indiana Code 3-8-1 on a candidate for this office, and consents to this appointment
subscribing the appointee's signature below.
(8) This appointment pro tempore is effective \cancel{y} - $\cancel{25}$, 20 $\cancel{21}$
APPOINTEE'S NAME AND RESIDENCY INFORMATION
(9) Name of person appointed to office: Victoria (Tori) Kron Langton
(10) Person's residence address is: 17500 W. St Joe Ave Euansville Indiana 47725 Complete residence address must be inserted.
Complete residence address must be inserted City 7/P Code
ZIF Code
OPTIONAL INFORMATION: Candidate's e-mail address: Campaign website address:
ZIF Code
OPTIONAL INFORMATION: Candidate's e-mail address: 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 this Certificate is true and complete.
OPTIONAL INFORMATION: Candidate's e-mail address: 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 informatic
OPTIONAL INFORMATION: Candidate's e-mail address: 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 this Certificate is true and complete. Michael T. Ducil wealth 125/21
OPTIONAL INFORMATION: Candidate's e-mail address: 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 this Certificate is true and complete. Michael T. Ducil weath Signature of Chairman / Designee Printed Name of Chairman / Designee Date signed (MM/DD/YY)
OPTIONAL INFORMATION: Candidate's e-mail address: 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 this Certificate is true and complete. Michael J-Duckwall J-25/21 Signature of Chairman / Designee Printed Name of Chairman / Designee Date signed (MM/DD/YY) CERTIFICATION OF APPOINTEE I, the person appointed to fill a vacancy of a local elected office, certify that the information in this Certificate is true and complete.
OPTIONAL INFORMATION: Candidate's e-mail address: 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 this Certificate is true and complete. Michael J. Duckworth Signiture of Chairman / Designee Printed Name of Chairman / Designee Date signed (MMDDYY) CERTIFICATION OF APPOINTEE I, the person appointed to fill a vacancy of a local elected office, certify that the information in this Certificate is true and complete. Signature of Appointee Printed Name of Appointee Date signed (MMDDYY)
OPTIONAL INFORMATION: Candidate's e-mail address: 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 this Certificate is true and complete. Michael J- Duckworth Signature of Chairman / Designee Date signed (MM/DD/YY) CERTIFICATION OF APPOINTEE I, the person appointed to fill a vacancy of a local elected office, certify that the information in this Certificate is true and complete. Signature of Appointee Printed Name of Appointee Date signed (MM/DD/YY) STATE OF INDIANA COUNTY OF Vanderburg
OPTIONAL INFORMATION: Candidate's e-mail address: 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 informatic this Certificate is true and complete. Michael J. Ducil worth Printed Name of Chairman / Designee CERTIFICATION OF APPOINTEE I, the person appointed to fill a vacancy of a local elected office, certify that the information in this Certificate is true and complete. Signature of Appointee Printed Name of Appointee Date signed (MMDD/YY) STATE OF INDIANA COUNTY OF Vanderburg Subscribed and sworn to before methis 35 day of July 113 Jao 34 JENNIFER L. WEST
OPTIONAL INFORMATION: Candidate's e-mail address: 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 this Certificate is true and complete. Michael J- Duck worth Signature of Chairman / Designee Date signed (MM/DD/YY) CERTIFICATION OF APPOINTEE I, the person appointed to fill a vacancy of a local elected office, certify that the information in this Certificate is true and complete. Signature of Appointee Printed Name of Appointee Date signed (MM/DD/YY) STATE OF INDIANA COUNTY OF Wardenburg