

Name of Form:

Certificate of Nomination to Fill Unexpired Term.

Section Reference:

Sections 145.037 and 202.006, Texas Election Code.

Purpose:

Notify proper authority of nomination.

Number of Copies Required:

One.

Completed by:

Chair of the appropriate Executive Committee making nomination.

Filing Date:

Must be received by 5:00 p.m. of the 70th day before the General Election.

Filed with:

Secretary of State for statewide and district office. County Clerk/Elections Administrator for county and precinct offices.

Comments:

For purpose of filling a vacancy, a majority of the committee's membership constitutes a quorum. To be nominated, a person must receive a favorable vote of a majority of the members present.

If a district executive committee fails to make a nomination, the state executive committee may nominate a candidate. The state chair must deliver the certification to the Secretary of State no later than 5:00 p.m. of the 67th day before the general election.

The appropriate executive committee may not meet for the purpose of making a nomination before the beginning of the term of office of the county executive committee which is the 20th day after the runoff primary election.

Current form is 3/2007.

**CERTIFICATE OF NOMINATION
TO FILL UNEXPIRED TERM**

To: Secretary of State or County Clerk/Elections Administrator:

I, _____, Chair of the _____ Executive Committee
of the _____ party do hereby certify that the Executive Committee met on
_____ for the purpose of nominating a candidate for placement on the general
(date)

election ballot. The committee nominated _____ by favorable
(name of nominee)

vote of the majority of the members present at the meeting to the office of _____,

Unexpired Term. The nomination is a result of the

(check one) resignation death of _____.
(name of office-holder)

Name of Nominee as it is to appear on general
election ballot:

Residence address of the replacement nominee:
(City, State, ZIP)

Mailing address (if different from resident
address):
(City, State, ZIP)

Date of Birth:

Business Telephone:

Home Telephone:

Occupation:

Signature of Chair of Executive Committee

State of Texas
County of _____

Sworn to and subscribed before me this date

(SEAL)

Signature of Officer

Title of Officer

My commission expires: _____