

Name of Form:

Certificate of Replacement Nomination.

Section Reference:

Section 145.037, Texas Election Code.

Purpose:

Certify replacement nominee for General Election ballot.

Number of Copies Required:

One.

Completed by:

Chair of the Executive Committee.

Filing Date:

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

Filed with:

Secretary of State or County Clerk/Elections Administrator.

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 REPLACEMENT NOMINATION

TO: Secretary of State or County Clerk/Elections Administrator

I, who is named below as chair, hereby certify that:

Name of Chair: _____
Name of Executive Committee: _____
Name of party: _____
Name of original nominee: _____
Name of party for original nominee: _____
Nominee of the office of: _____

(check one) Withdrew Was declared ineligible Died Has been elected, appointed or nominated to another office

Name of replacement nominee: _____
Was nominated for the office of: _____
As the nominee for the general election on
Date of meeting: _____

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

Residence address of the replacement nominee:
(include city, state, ZIP) _____

Mailing address (if different from resident address): _____

(include city, state, ZIP) _____

Date of Birth: _____

Business Telephone Number (optional): _____

Home Telephone Number (optional): _____

Occupation: _____

I further certify that a quorum was present and the replacement nominee was nominated by a favorable vote of a majority of the members present.

Signature of Chair of Executive Committee

State of Texas
County of _____

Sworn to and subscribed before me this date _____

Signature of Officer

(Seal)

Title of Officer

My commission expires: _____