

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: _____