

### 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: \_\_\_\_\_