**CERTIFICATE OF NOMINATION TO FILL VACANCY**

I, (WE), THE UNDERSIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ party (county) (state) central committee chairperson(s), hereby certify that in accordance with the laws of South Dakota \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, whose mailing address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and whose principal residence address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, was nominated to the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list the district number, if applicable) in order to fill the vacancy created by the (death) (withdrawal) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Seal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson

(State) (\_\_\_\_\_\_\_\_\_\_\_\_County) Central Committee

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Officer Administering Oath

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print candidate name here exactly as you want it on the election ballot) under oath, declare that I am eligible to seek the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, that I am registered to vote as a member of the \_\_\_\_\_\_\_\_\_\_\_ Party, and that if I am a legislative candidate I reside in the district from which I am a candidate. If nominated and elected, I will qualify and serve in that office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Signature

Sworn to before me this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

(Seal) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Officer Administering Oath

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: The certificate of nomination to fill a vacancy created by the death or withdrawal of a candidate shall be signed by the county party central committee chairperson of each county in the district when the nomination is for joint legislative districts. For a statewide or congressional district nomination, the certificate shall be signed by the state party central committee chairperson.