

Republican Party of Craig County
Candidate Form

Please Print Legibly

First Name: _____

Middle Name: _____

Last Name: _____ **Suffix:** _____

Registered Voting Address: _____

Phone: _____

Email: _____

I, _____ (full legal name) do hereby declare
my intention to seek the Republican nomination for:

____ Commonwealth Attorney (\$200)

____ Sheriff (\$200)

____ Commissioner of the Revenue (\$200)

____ Treasurer (\$200)

____ Member, Board of Supervisors (\$50) District: _____

I further declare that I am in accord with the principles of the Republican Party and plan to support the nominees of the Republican Party in the November 2019. I agree to pay the listed filing fee for the respective office I am seeking. I also agree that if I am the successful Republican Nominee, I will maintain regular membership and routinely attend committee meetings.

Printed Name: _____

Signature: _____

Date Completed: _____

Return this form by postal mail or in-person to: C. Jordan Labiosa, Chairman P.O. Box 157 New Castle, Va. 24127 by the deadline prescribed in the mass meeting call. Filing fee due upon receipt.