

I, _____ (print full name as registered to vote) hereby declare my intention to seek the following office(s) to be elected at the Wise County/City of Norton to be held on _____

Republican Nominee for Commonwealth's Attorney

Filing Fee is \$100.00

IMPORTANT STATEMENT – READ CAREFULLY

In accordance with the Qualifications for Participation set forth in the Official Call and Article I of the RPV Plan of Organization, I do hereby certify that I am a registered voter of the appropriate election district, I am in accord with the principles of the Republican Party, and I intend to support all the Nominees of the Republican Party during my term of office. I also affirm that all the information provided on this form is true to the best of my knowledge.

Registered Voting Physical Address Precinct	(indicate both street address and P.O. Box, if one)
Phone:	
Email:	
Signature	
Date Signed:	

*****DEADLINE FOR RECEIPT:** March 25, 2022

Return completed form/filing fee(s) to:
Kimberly Mullins
PO Box 970
Phone: 276-275-7388
Kimdmullins2011@hotmail.com

Postmarks do not govern, actual receipt required by deadline

Paid for and authorized by the Wise County/city of Norton Republican Committee