



# Halifax County Republican Committee

## 2023 Canvass Filing Form

### Name

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

### Address

Physical Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: Virginia Zip Code: \_\_\_\_\_

### Contact Information

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Seeking Nomination for:

The Office of: \_\_\_\_\_

### Certification

By signing below, I certify that I am legally eligible to run for said office, that my beliefs are in line with the principles of the Republican Party and that I will support all nominees of the Republican Party in the ensuing election.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_