

## **Smyth County Republican Party**

Adam L. Tolbert, Chairman www.SmythGOP.org

## **DECLARATION OF CANDIDACY TO SEEK NOMINATION**

l,	(full l	egal name) do hereby declare my	
candidacy to seek the nomination as	s the Republican candida	te for (check as appropriate):	
BOARD	OF SUPERVISORS (\$50	.00 filing fee)	
	Chilhowie District		
at the Party Canvass to be held on	Saturday, January 11, 2	020.	
I do hereby further certify that I am a registered voter of Smyth County and, if seeking a			
nomination for Board of Supervisors	s, a registered voter in the	district for which I am seeking the	
nomination. My current registered v	oting address and phone	number are as follows:	
Street: (number & name)		P.O. Box: (if one)	
City, State, Zip Code:			
Phone Number:	E-Mail Address: (if one)		
Please READ CAREFULLY and in	nitial EACH of the follow	ing statements:	
I 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 ensuing general election.			
I agree not to seek the offic Republican Nomination.	e as an independent ca	ndidate should I not win the	
Please READ CAREFULLY and in	nitial ONE of the following	ng statements:	
I have not participated in the opposition to a Republican nominee	<u> </u>	other party, or supported a candidate in	
OR			

opposition to a Republican nominee, in the last fiv	t the nominees of the Republican Party in the future n Committee shall provide a copy of this signed
Please READ CAREFULLY and PRINT, SIGN, A	AND DATE BELOW:
I agree that I will meet with officials from the Smythearty canvass if a meeting is requested.	h County Republican Committee prior to date of the
I also agree that if I am the successful Republican I will adhere to the following principles:	nominee and win the office in the General Election,
matters of the office represented.	
I have attached the appropriate candidate filing are non-refundable once remitted. ***Check	
I do hereby certify that all the information provaccurate to the best of my knowledge.	rided by me on this statement is true and
Printed Name	Signature
Date Completed:	
Return form by postal mail or in-person to:	

Jeff Hutton Candidate Filing Coordinator 143 Cemetery St. Marion, VA 24354 (276) 783-4309 (phone)

DEADLINE FOR RECEIPT: Friday, January 3, 2020 at 5:00PM ET
NO FORMS WILL BE ACCEPTED AFTER THIS TIME. POSTMARKS DO NOT GOVERN!
SEE CALL TO PARTY CANVASS FOR FURTHER REQUIREMENTS