Republican Party of Lee County Candidate Form

Please Print Legibly							
First Name:							
Middle Name:		_					
Last Name:	Suffix:						
Registered Voting Address:							
Voting District:	Phone:						
Email:							
I,			(full	legal na	ame) do	o hereby o	declare
my intention to seek the Republican nomination	on for:						
Commonwealth Attorney							
Sheriff							
Commissioner of the Revenue							
Treasurer							
Member, Board of Supervisor's	District:	1	2	3	4	5	
of Lee County at the Mass Meeting to be held held on November 5, 2019. I do hereby further respective District in which I am seeking office	er certify that I am	a registe	red vot	er of Le	e Cour	nty and of	the
I further declare that I am in accord with the p nominees of the Republican Party in the Nove for county election candidate or \$25 for district Nominee, I will adhere to the following principal	ember 2019 and fut ct candidate. I also	ture elec	tions. I	agree to	o pay a	filing fee	
 A candidate owes the Lee County Rep office represented. Nominees and office holders of the Le and other functions regularly in order warranted. 	ee County Republic	can Com	mittee 1	must att	tend mo	onthly me	etings
Printed Name:							
Signature:							
Date Completed:							
Return this form by postal mail or in-person to	o: Travis Mullins, (Chairma	n P.O.	Box 10	1 Jones	ville, Va.	24263

DEADLINE FOR RECEIPT: Thursday, March 21, 2019 at 6:30 p.m. (local time)

NO FORMS WILL BE ACCEPTED AFTER THIS TIME AND POSTMARKS DO NOT GOVERN. SEE OFFICIAL CALL TO MASS MEETING FOR FURTHER REQUIREMENTS.

Authorized and Paid for the Lee County Republican Committee