

**DECLARATION OF CANDIDACY FOR WYTHE COUNTY REPUBLICAN PARTY
NOMINATION**

I, _____ (*full legal name*) do hereby declare my candidacy to seek the nomination as the Republican candidate for (*check only one, check as appropriate*):

WYTHE COUNTY CONSTITUTIONAL OFFICES

___ Clerk of the Circuit Court

at the Wythe County Republican Mass Meeting to be held on June 11, 2018 at George Wythe High School, Wytheville, VA.

I do hereby further certify that I am a registered voter of Wythe County, and if seeking a nomination for Board of Supervisors, a registered voter in the District for which I am seeking the nomination. My current registered voting address and contact information are as follows:

Name: (<i>full legal name</i>)	
Street: (<i>number & name</i>)	P.O. Box: (<i>if one</i>)
City, State, Zip Code:	
Phone Number:	E-Mail Address: (<i>if one</i>)

Please READ CAREFULLY and initial EACH of the following two statements:

___ I declare that I am in accord with the principles of the Republican Party and will support the candidates of the Republican Party in the ensuing general election.

___ I agree not to seek the office as an independent candidate should I not win the Republican nomination.

Please READ CAREFULLY and initial ONE of the following two statements:

Paid for & Authorized by the Republican Party of Wythe County

_____ I have not participated in the nominating process of another party, nor supported a candidate in opposition to a Republican candidate, in the last five years.

---OR---

_____ I have participated in the nominating process of another party, or supported a candidate in opposition to a Republican candidate, in the last five years, but I renounce affiliation with any party other than the Republican Party, intend to support the nominees of the Republican Party in the future and understand that the Wythe County Republican Committee shall provide a copy of this signed renunciation statement to the Republican Party of Virginia, to be maintained for a period of 5 years.

I do hereby certify that all the information provided by me on this statement is true and accurate to the best of my knowledge.

Printed Name

Signature

Date Completed: _____

Return form by postal mail or in-person to:

Terry L. Montgomery, Chairman, Republican Party of Wythe County
129 Whitetail Drive
Max Meadows, VA 24360

276- 239-0246 (phone)

**DEADLINE FOR RECEIPT: June 1, 2018, at 7:00 PM EST
NO FORMS WILL BE ACCEPTED AFTER THIS TIME. POSTMARKS DO NOT GOVERN!
SEE CALL TO MASS MEETING FOR FURTHER REQUIREMENTS**