Ballot Name:

Office Sought: (Include Place/District, if applicable)

1st Reviewer: 2nd Reviewer:

| **Item** | **1st** | **2nd** |
| --- | --- | --- |
| Enter Date **Received** (located at bottom of application in section to be completed by chair) |  |  |
| APPLICATIONFOR A PLACE ON THE **Republican** PARTY GENERAL PRIMARY BALLOT. |  |  |
| **Office Sought** – Distinguishing number (Place, District, etc.) included, if applicable. |  |  |
| **Full Name** – First, Middle, Last |  |  |
| **Name To Appear on Ballot** |  |  |
| **Permanent Residence Address** – Cannot be a PO Box or Rural Route. Street, city, state, and zip. Legal description, if property has no address. |  |  |
| **Mailing Address** – If different from residential address. Can be a PO Box. (If available) |  |  |
| **Email Address** – If available |  |  |
| **Occupation** – CANNOT BE BLANK |  |  |
| **Date of Birth** – Minimum age by the date sworn into office (new term starts on Jan. 3, 2019):   * US Representative born on or before 1/3/94 (25 years old). |  |  |
| **Phone Numbers** – Not Required |  |  |
| **Length of Continuous Residence** **as of Date Application Sworn**   * US Representative required:   + US citizen for a minimum of 7 years.   + Reside in Texas at time of election (but for no minimum duration.) * Not required to reside in their congressional district. |  |  |
| **Oath of Office**   * Name (twice) * Office sought, distinguishing number, if applicable * Signature |  |  |
| **Notarized**   * Date, month, year, candidate’s name * Notary’s signature, title, and stamp * Notary term not expired on date signed.   + If notary expired prior to date signed, reject application. |  |  |
| **Petition in Lieu of Filing Fee Received & Verified** – Pages must be grouped by circulator and numbered accordingly.   * Count number of pages and signatures. * Minimum number of signatures for US Representative is the lesser of:   + 500 – OR –   + 2% of all votes for all gubernatorial candidates cast in their congressional district in the 2014 general election. | # of Pages  \_\_\_\_\_\_  Signatures  \_\_\_\_\_\_ | # of Pages  \_\_\_\_\_\_  Signatures  \_\_\_\_\_\_ |
| **Filing Fee Received & Deposited** – Check signed, made payable to your county’s party, and not post-dated.   * For US Representative, $3,125 |  |  |
| **After Ballot Review Complete & either Filing Fee Clears** – OR – **Petitions Verified & APPLICATION ACCEPTED**   * Date and County Chair signs. |  |  |
| **Enter Candidate Data into SOS website** |  |  |
| **Confirm Candidate Info Correct on SOS Website** |  |  |