

**2020 NATIONAL CONVENTION**

**DELEGATE/ALTERNATE FILING FORM**

AFFIDAVIT OF ELIGIBILITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 **(Printed name of candidate as it is to appear on the ballot)**

do hereby state on oath that I am a resident and qualified voter of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** County, Arkansas in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congressional District. I am eligible to seek nomination for the position of **Delegate or Alternate** to the 2020 Republican National Convention in Charlotte, North Carolina August 24-27, 2020.

I seek nomination as a Delegate or Alternate representing the following candidate for the Republican nomination for President of the United States: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that this declaration is binding. (**Printed name of Presidential Candidate)**

I understand that I will be a candidate for Delegate or Alternate at the Special District Convention on May 2, 2020. Further, I am eligible to be a candidate at the State Committee Meeting on May 30, 2020. I understand that I will be wholly responsible for the cost of attendance at the National Convention, if elected, including (but not limited to) airfare, lodging, and meal expenses. I will complete the filing requirements by payment of the $250 filing fee by 5:00 p.m. on March 2, 2020.

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 2020

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, ZIP Code

**STATE OF ARKANSAS**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Notary Public**

**My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**