	 Coun	ty
PRECINCT NAME OR NUMBER:		
FIRST NAME:		
LAST NAME:		
STREET ADDRESS:		
CITY:		
STATE: ZIP:		
PHONE:		
EMAII ·		

NOTE: A copy of this form must be sent to the secretary of the Indiana Republican State Committee and the secretary of the county committee immediately following the close of the primary filing period in February of a presidential election year. This person will take office on the day of the primary, provided that there is no challenge.