SOUTH CAROLINA REPUBLICAN PARTY 2016 PRESIDENTIAL PRIMARY ELECTION STATEMENT OF INTENTION OF CANDIDACY

MUST BE RECEIVED BY 5:00 P.M. SEPTEMBER 30, 2015

I declare my intention to seek nomination by Republican primary in the State of South Carolina and to qualify for the February 2016 South Carolina primary election ballot for the office of President of the United States of America to be elected in the November 8, 2016 general election. I understand and acknowledge that a non-refundable filing fee of \$40,000 must be jointly submitted with this form before 5:00 P.M September 30, 2015. The filing fee must be paid with certified funds.

My name as it appears on the ballot may not imply professional or social status, an office, or military rank. This name may be my given name, a derivative of my given name used in good faith for honest purposes, or a nickname, which bears no relation to my given name. My nickname, if used, does not exceed 15 letters. My signature below attests this.

Candidate's Legal Name:		
	Name as you would like it to appear or	n the ballot:
Address:		
City:	State:	Zip:
Phone:	Email:	
Voter Registration or other ID number:		
Republican Party in the election law or any law elections in this state; the complying with any limiting requirements set be of this form and payment submitted this form and	November 8, 2016 general election; that I defining and prohibiting corrupt and frauda at I will qualify for the office if elected the itation prescribed by the Constitution of the by the South Carolina Republican Party, included the filing fee by the 5:00 P.M. September a the ballot; and that I understand that my neation.	will not knowingly violate any ulent practices in campaigns and ereto, including, but not limited to, e United States; that I will fulfill all cluding but not limited to completion hat I acknowledge if I have not jointly 30, 2015 filing deadline, my name is
Candidate's Signature:		Date:
Signature of Notary Pub	olic (required):	
To Be Completed By The Sou	uth Carolina Republican Party:	
Date Form Received: Time Form Received: Filing Fee Amount Received:		