

Submit to the Clerk of the Board of Supervisors

Application for Appointment: Mohave County Republican
Precinct Committeeman: Oct 1, 2018 - Sept 30, 2020

Precinct # & Name: _____ - _____

To Sam Scarmardo, Mohave County Republican Party Chairman:

I am a registered republican in the above-named precinct and request your recommendation to the Mohave County Board of Supervisors for appointment to the position of Republican Precinct Committeeman. **I understand that the term for this position ends on September 30th in even-numbered years. I must file petition for election in May of that year to place my name on the Republican ballot for election for Precinct Committeeman in the August Primary.** On appointment, I AGREE TO ASSIST THE MOHAVE PARTY IN ITS GOAL OF WORKING TOWARD PARTY UNITY AND ELECTING REPUBLICAN CANDIDATES, and to perform the following duties to the best of my ability.

- ATTEND Precinct, Statutory, Regular and Special County Committee Meetings.
- SUPPORT Party activities at the State, District, and County level.
- EXPAND the political knowledge of the Precinct voters.
- ASSIST in Registration of Republican voters in the precinct.
- PARTICIPATE in the "Get Out the Vote" (GOTV) drives and Election Day activities.
- IDENTIFY & RECRUIT potential candidates for public office at all levels.
- RECOGNIZE this is not just a title but an important, active working position within the Republican Party.

Name: _____	
Residence Address: _____	
City/State/Zip: _____	
Signature: _____	Date: _____, 20____

MOHAVE GOP Office Use Only:

Precinct Vacancy date as of (date): _____, 20____
(If open seat, enter date of Primary Election) (Month) (Day) (Year)

District Office#: _____ Address: _____

City: _____ Zip: _____

Registered Republican:	Yes _____	No _____
Current PC:	Yes _____	No _____
Previous PC:	Yes _____	No _____

District Director Approval: _____ Date: _____

Party Chairman Approval: _____ Date: _____

Precinct # & Name: _____ - _____

Precinct Committeeman Agreement with Mohave County GOP, District 1

As an elected or appointed Precinct Committeeman (PC), I agree to support the Constitution of the United States of America, the Constitution and laws of the State of Arizona; the principles of the Mohave County Republican Party, the Arizona Republican Party and Republican National Committee. I will attempt to meet my Republican neighbors and others in my precinct, realizing that State statutes allow for one Precinct Committeeman for every 125 Republican voters in a Precinct. I will work with, and support the Precinct Captain, the District leaders, the County and State Republican leaders. I will make every effort to attend a minimum of two of the four Quarterly meetings of the County Republican Party each year. I will support Party activities, such as voter registration efforts, and public events in which the District participates or has a booth including, but not limited to, the Mohave County Fair and other events such as the Andy Devine Days Parade. I'll attend as many of the monthly District 1 Precinct Committee meetings, as possible. If I am unable to attend the County Party's Quarterly meeting, I'll give my proxy to a registered Republican within my Precinct.

The District 1 leadership promises to provide every PC with the necessary training, tools, and opportunities to reach out and inform the voters. We are committed to the Four-Step process for helping you to be an effective PC: 1. **Recruit**, 2. **Educate**, 3. **Equip**, and 4. **Motivate**.

We will provide to every Precinct Committeeman the "PC Handbook" containing relevant information about the County, District and Precinct, including a routinely updated list of Republican and other voters in your Precinct. The District will assist you as a PC, to obtain the necessary Petition signatures to be re-elected before the 90-day deadline prior to the August Primary election; where PCs are elected for the two year term beginning October 1st of even-number years.

Director: _____ **Date:** _____, _____, 20____

PC Signature: _____ **Date:** _____, _____, 20____

Printed Name: _____

Street Address: _____

City/Zip: _____

Primary Ph#: (____) _____ - _____ Other#: (____) _____ - _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Contact Preference: Mail: _____ Email: _____ Both: _____ (Check appropriate box)