★ VIRGINIA ★
DEPARTMENT of ELECTIONS

PARTY CERTIFICATION OF NON-PRIMARY CANDIDATE

VA. CODE § 24.2-511

Party, Election, and Office

Party: Democratic Republican (Circle One) General Election Date: _____ (MM/DD/YY) Nomination Date: _____ (MM/DD/YY) Nomination Method: _____

Office _____ Locality _____ District/Town (Name and/or Number) _____

Is this a shared constitutional office? ☐ No ☐ Yes; Second Locality: _____

(Constitutional Offices: Clerk of Court, Commissioner of Revenue, Commonwealth's Attorney, Sheriff, Treasurer)

Nominated Candidate

Full Name _____ Phone Number (Include Area Code) _____ Email Address _____

Campaign Email Address _____ Campaign Website _____

Party Representative

If the party chairman is the candidate, an alternate party official must certify

Full Name _____ Email Address _____ Phone Number (Include Area Code) _____

Committee Level (State, District, Local) _____ District/Locality (Name and/or Number) _____ Chairman Alternate Official (Circle One) _____ If Alternate, Position

Certification

I, the aforementioned party representative certify that the information contained herein is true and accurate to the best of my knowledge.

Party Representative Signature: _____ Date: _____