



Declaration of Candidacy

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|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How to submit this form | The Declaration of Candidacy must be filed with your Petitions of Qualified Voters and, if applicable, your Primary Filing Fee Receipt. |
| Where and when must this form be submitted | Refer to the appropriate Candidate Bulletin on the Virginia Department of Elections website: https://www.elections.virginia.gov/candidatepac-info/candidate-bulletins/ . |
| Things to know before signing | This Declaration must be acknowledged before a notary or other officer authorized to take acknowledgements -OR- witnessed before two persons registered and qualified to vote in the election district in which the candidate offers for office. |

A. Candidate Information

| | | | | |
|-------------------------------------|---------------------|-------------|-----------------------------------|--|
| Name | Last Name _____ | | First Name _____ | |
| | Middle Name _____ | | Suffix _____ | |
| Residence address | Street number _____ | | | |
| | City _____ | State _____ | Zip Code _____ | |
| | | | | |
| Campaign mailing address | Street number _____ | | | |
| | City _____ | State _____ | Zip Code _____ | |
| | | | | |
| Campaign contact information | Email Address _____ | | Phone Number (____) _____ - _____ | |

B. Office, Election and Party Affiliation Information

| | | |
|-------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Office sought | Office _____ | District (if applicable) _____ |
| Election date and type | Date _____ | <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Primary |
| Party affiliation | <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Independent | |

C. Declaration and Signature

| | | |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Declaration | I hereby declare myself to be a candidate for the above listed office, in the above listed district (if applicable), in the election to be held on the above listed date. If I am a candidate in a primary, and my name appears on the primary ballot and I am not nominated, I understand that my name is not to be printed on the ballots for that office in the succeeding general election. | |
| Sign and date | X _____ Candidate Signature (only sign in the presence of a notary or two witnesses) | ____ / ____ / ____ Date |

D. Notary/authorized officer -OR- 2 persons registered and qualified to vote for the office listed above.

State of _____ County/City of _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20____,

by _____
Print full name of candidate

Witnessed:

| | | |
|------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 1. _____ Signature of qualified voter | 2. _____ Signature of qualified voter | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Notary Stamp/Seal</div> |
| _____ Print full name | _____ Print full name | |
| _____ Residence address | _____ Residence address | |
| _____ City Zip | _____ City Zip | |
| | | _____ Signature of notary or other officer |
| | | _____ Notary registration number |
| | | _____ Date notary commission expires |