

CERTIFICATION OF CANDIDATE NOMINATED BY A POLITICAL PARTY

Election Date:
Party:
District / Locality:
Office:

FOR FILING DEADLINES PLEASE SEE VA. CODE § 24.2-511.
THIS FORM MAY BE FAXED TO ELECT AT 804-371-0194 OR EMAILED TO info@elections.virginia.gov

I, the undersigned Party chairman hereby certify that the following person was nominated by a method permitted by the party plan as the candidate of the party.

NAME OF OFFICE	NAME OF CANDIDATE	[PLEASE INCLUDE AREA CODE] CONTACT PHONE NUMBER	CANDIDATE'S CAMPAIGN E-MAIL ADDRESS
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SIGNATURE OF PARTY CHAIR	E-MAIL ADDRESS	HOME AREA CODE PHONE : ()	
TYPED OR PRINTED NAME OF PARTY CHAIR	MAILING ADDRESS	BUSINESS AREA CODE PHONE : ()	
DATE COMPLETED	CITY/TOWN	ZIP	ENTER DEMOCRATIC OR REPUBLICAN