

Commonwealth of Virginia
CERTIFICATE OF CANDIDATE QUALIFICATION
MEMBER, HOUSE OF REPRESENTATIVES

NOTICE: YOU MUST FILE THIS FORM WITH THE DEPARTMENT OF ELECTIONS BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.

I am a candidate for **Member, House of Representatives** for Congressional District _____ and hereby certify that

- | | | |
|--|---------|--------|
| 1. I have been a citizen of the United States for at least seven years, | [] YES | [] NO |
| 2. I am a resident of the Commonwealth of Virginia and | [] YES | [] NO |
| 3. I am at least twenty-five years of age or will be on or before the date of taking the oath of office. | [] YES | [] NO |
| 4. My legal residence is:
[residence address must be given; post office box or general delivery <i>is not</i> acceptable] | [] YES | [] NO |

 STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town _____ **ZIP** _____

County or City of residence: _____

- | | | |
|---|---------|------------------------------|
| 5. I am registered to vote at the above address in the precinct in which I reside.
[or my application for registration, transfer, or change of address is on file in the general registrar's office] | [] YES | [] NO |
| 6. Have you ever been convicted of a felony or any other crime that would preclude you from holding office? (See, e.g., § 18.2-472) | [] YES | [] NO |
| 7. Have you ever been adjudicated mentally incompetent and lost your right to vote? | [] YES | [] NO |
| 8. If you answered YES to 5, give date of certificate restoring voting rights.
If YES to 6, give date of court order restoring competency. | | _____
DATE OF RESTORATION |

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:

YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]		YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]	
MAILING OR CAMPAIGN ADDRESS		ELECTION DATE (MM/DD/YYYY)	
		[CHECK ONE SQUARE BELOW]	
		<input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary	<input type="checkbox"/> General Election <input type="checkbox"/> Special Election
E-MAIL ADDRESS		(AREA CODE) HOME TELEPHONE	
WEB ADDRESS		(AREA CODE) BUSINESS TELEPHONE	

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE
 NOTARY SEAL/STAMP BELOW

 SIGNATURE OF CANDIDATE

 DATE

State of _____ County/City of _____

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

_____, 20____, by _____
 PRINT NAME OF CANDIDATE

 SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT

 NOTARY REGISTRATION NUMBER

 DATE NOTARY COMMISSION EXPIRES

KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW. THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.

HOW NAME MAY APPEAR ON BALLOT

Length: The entire name to appear on the ballot **must not exceed** 25 spaces, including any punctuation and spaces between names. If your name exceeds 25 spaces, contact the Department of Elections to make appropriate accommodations to meet the criteria established by the Board.

Titles: **NO** titles [Rev., Dr., Mr., Mrs., etc.] are to be used, either before or following the candidate's name.

A woman **must use** her given name, not her husband's, and without a "Mrs." in front of a name.

EXAMPLE: Mary L. Jones **not** Mrs. John W. Jones.

Criteria: First name or initial or familiar form of first name (see example below)
Middle name or initial or familiar form of middle name
Nickname should be other than form of first or middle name and must appear within quotation marks
Last name
Suffix, if one: Sr. is optional. All other suffixes must be used since they appear on a person's birth certificate and are part of the person's legal name.

If your name exceeds 25 spaces, contact the Department of Elections. That office will determine what combination of the first name or initial, middle name or initial, nickname, and last name can appear on the ballot.

Examples:

The candidate's full legal name is **Thomas Wendell Smyth III**. The following options are available:

- Tom W. Smyth III (Tom is a familiar, commonly used, form of Thomas)
- T. Wendell Smyth III
- Thomas W. Smyth III
- Thomas Wendell Smyth III
- Thomas W. "Tom" Smyth III
- T. W. "Tom" Smyth III
- T. W. "Spanky" Smyth III
- T. W. Smyth III

Initials for **BOTH** the first and middle names may be used **ONLY** when the initials **ARE ALSO** the nickname **OR** if the Department of Elections determines initials must be used in order for some form of your full legal name to fit on the ballot.

SOCIAL SECURITY NUMBER:

Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The Department of Elections, when copying this document for public inspection, must cover your social security number.

RETURN TO:

The office of the *Department of Elections*. Postmarks are acceptable only if the form is mailed by registered or certified mail. If so mailed, a receipt indicating date of mailing must be produced if demanded by this office.

This form may be filed as soon as you decide to seek a party's nomination or to circulate petitions. Failure to file this form with the *Department of Elections* **by the filing deadline established for the election** may mean your name will not appear on ballots for this office.

Mail or deliver to: Department of Elections – 1100 Bank Street, 1st Floor – Richmond, Virginia 23219-3642

DEADLINE FOR RECEIPT OF FORM BY Department OF ELECTIONS: Refer to appropriate Candidate Bulletin for details.

FURTHER INFORMATION:

The Candidate Information Bulletin and forms required to be filed can be downloaded from our website:

<http://www.elections.virginia.gov>

Should you have questions relating to your candidacy, please do not hesitate to call the Department of Elections.

(804) 864-8901 **OR** Toll-free: (800) 552-9745