

COMMONWEALTH OF VIRGINIA  
**PRESIDENTIAL PRIMARY**

This document must be signed and acknowledged below before an officer authorized to take oaths. Both it and the petitions of qualified voters must be received by the Department of Elections no later than **5:00 p.m. on Thursday, December 10, 2015.**

**A. CONSENT OF PRESIDENTIAL CANDIDATE**

The group listed below has been organized in Virginia to circulate petitions on my behalf and with my consent.

\_\_\_\_\_  
NAME OF GROUP

\_\_\_\_\_  
NAME OF CHAIR

\_\_\_\_\_  
MAILING ADDRESS OF CHAIR

\_\_\_\_\_  
SIGNATURE OF PRESIDENTIAL CANDIDATE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

**B. DECLARATION OF CANDIDACY**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
FIRST NAME MIDDLE/MAIDEN NAME LAST NAME SUFFIX

\_\_\_\_\_  
RESIDENCE ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

hereby declare myself to be a candidate for the office of President of the United States in the Presidential Primary election of the political party indicated below to be held on Tuesday, March 1, 2016.

Democratic  Republican

CHECK ONE BOX

I understand and agree that my name will appear on the presidential general election ballot only if I am nominated by the political party in whose presidential primary I am participating. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON THE BALLOT\*

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
HEADQUARTERS TELEPHONE

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
WEBSITE ADDRESS

\*Name on ballot must not exceed 25 spaces and may not include any titles.

State of \_\_\_\_\_, \_\_\_\_\_,  
STATE COUNTY/CITY

\_\_\_\_\_, personally appeared before  
PRINT NAME OF PRESIDENTIAL CANDIDATE

me on this \_\_\_\_\_ day of \_\_\_\_\_, 2015, signed the foregoing instrument,  
and having been duly sworn by me, affirmed that the statements made herein are true.

PLACE NOTARY SEAL HERE IF  
APPLICABLE.

\_\_\_\_\_  
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

Commission expires \_\_\_\_\_.