

CERTIFICATION OF CANDIDATE NOMINATED BY A POLITICAL PARTY

Election Date:
District / Locality:
Office:

FOR FILING DEADLINES PLEASE SEE VA. CODE § 24.2-511.

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.

[PLEASE INCLUDE AREA CODE]

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