Declaration of Candidacy for President of the United States

Things to know before you sign: This form must be notarized or signed by 2 witnesses. See below for more details. **Submit this to** the Department of Elections with your Petitions of Qualified Voters.

A. Tell us ab	out the candidate		
Candidate name			
	Last Name	First Name	
Address where	Middle Name	Suffix	
you live	Street number		
	Street number	1 1 1 1	
	City	State Zip Code	
Address where			
the campaign gets mail	Address		
8000	City		
Campaign	City	State Zip Code	
contact	Email Address	Phone Number	
information			
	ction do you want to participate i	<u></u>	
Date and type	Primary Election on March 5, 2024	OR General Election on November 5, 2024	
Party affiliation	Democratic Republican	Independent	
C. In the pre	sence of a notary or 2 witnesses,	sign and date the declaration	
Sign and date	, ,	ate for President of the United States. Furthermore, if I am a	
	primary candidate and am defeated in the primary, I understand that my name is not to be printed on the ballots to be used in the succeeding general election for the same office.		
	the bandts to be used in the succeeding g	general election for the same office.	
	X	/ /	
	Candidate Signature	Date	
D. Have not	ary/authorized officer OR 2 regist	tered, qualified voters witness the signature.	
Notary only	State of County/City of		
	The foregoing instrument was subscribed and sworn before me by:		
Notary Stamp/ Seal		, 20	
	X		
	Signature of Notary or authorized Officer	Registration Number Commission Expiration Date	
Witness 1 (Must be a qualified voter in Virginia)	Name		
	Full Address		
Witness 2	Witness signature X		
(Must be a qualified voter in Virginia)	Name		
	Full Address		
	Witness signature X		

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