THE DEMOCRATIC PARTY OF VIRGINIA

# Declaration of Candidacy for the Democratic Nomination

**[Seat]**

I, , declare myself a candidate for the Democratic nomination for the [District] special election on [Date]. In making this declaration, I certify that:

* I am a Democrat and not a member of any other political party, and I believe in the principals of the Democratic Party;
* I meet all requirements of state law to be placed on the ballot for the General Election;
* I am eligible to be the [position] under the laws of the Commonwealth;
* I do not intend to support, endorse, or assist any candidate who is opposed to the Democratic nominee in the next ensuing election;
* I will not participate in the nominating process of any other political party for the next ensuing election;
* I agree to abide by the Caucus Rules, the Virginia Democratic Party Plan, and all laws applicable to this nominating process and the next ensuing election.

**PLEASE PRINT:**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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MAILING ADDRESS (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosures:

* Filing fee of $[insert fee amount] payable by certified cashier’s check to [insert Committee Name])

This petition must be received by [Name and Position], by [date and time], either by mail (use any applicable) [insert address], in person [insert location,] or by email [insert email].

For official use only:

*Receipt date:* *Time:* *by:*