



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

**PARTY CERTIFICATION OF
NON-PRIMARY CANDIDATE**
VA. CODE § 24.2-511

Party, Election, and Office

Party: Democratic Republican General Election Date: _____ Nomination Date: _____ Nomination Method: _____
Circle One MM/DD/YY MM/DD/YY

Office: _____ Locality: _____ District/Town: _____
Name and/or Number

Is this a shared constitutional office? No Yes; Second Locality: _____
(Constitutional Offices: Clerk of Court, Commissioner of Revenue, Commonwealth's Attorney, Sheriff, Treasurer)

Nominated Candidate

_____ Full Name Phone Number (Include Area Code) Email Address

_____ Campaign Email Address Campaign Website

Party Representative

If the party chairman is the candidate, an alternate party official must certify

_____ Full Name Email Address Phone Number (Include Area Code)

_____ Chairman Alternate Official
Committee Level (State, District, Local) District/Locality (Name and/or Number) Circle One If Alternate, Position

Certification

I, the aforementioned party representative certify that the information contained herein is true and accurate to the best of my knowledge.

Party Representative Signature: _____ Date: _____