## DEMOCRATIC COMMITTEE PULASKI COUNTY VIRGINA

## DECLARATION OF CANDIDACY Office of County Sheriff

July 2017
Name:
Address:
TelephoneCell
Email
I hereby declare:
I am a Democrat and am not a member of any other political party.
I meet all requirements of state law to be placed on the ballot for the Special Election. (See attached <u>Certificate of Candidate Qualification</u> )
I am eligible to be the Sheriff under the laws of the Commonwealth of Virginia
I do not intend to support, endorse, or assist any candidate who is opposed to the Democratic Nominee in this Special Election.
I will not participate in the nominating process of any other political party for this Special Election.
I agree to abide by the Caucus Rules, the Virginia Democratic Party Plan, and a laws applicable to this nominating process and the Special Election.
Date
Candidate Signature

## Commonwealth of Virginia CERTIFICATE OF CANDIDATE QUALIFICATION LOCAL OFFICES

NOTICE: YOU MUST FILE THIS FORM WITH THE GENERAL REGISTRAR BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.

Pu	rsuant to § 24.2-501 of the Cod	<i>te or virginia</i> , i nereby certify	tnat:				
1.	I am a citizen of the United St	ates.			[]YES	[ ] NO	
2.	I am at least eighteen years of age or will be on or before the date of the election for the office I am seeking.				[]YES	[ ] NO	
3.	I have been a resident of the Commonwealth of Virginia for the year immediately preceding the election for the office I am seeking.				[]YES	[ ] NO	
4.	I now reside at the address st in which I seek office [residence						
	STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER						
	City/Town	7	ZIP				
	[If town, also list County of	residence:		]			
5.	I am registered to vote at the above address in the precinct in which I reside. [or my application for registration, transfer, or change of address is on file in the general registrar's of				[]YES	[ ] NO	
6.	Have you ever been convicted of a felony or any other crime that would preclude you from holding office? (See, e.g., § 18.2-472)				[]YES	[ ] NO	
7.	Have you ever been adjudicated mentally incompetent and lost your right to vote?				[]YES	[ ] NO	
8.	If you answered <b>YES</b> to 6, give date of certificate restoring voting rights. If <b>YES</b> to 7, give date of court order restoring competency.						
9.	I am an attorney admitted to to (Answer only if seeking office of Co	he bar of the Commonwealt			DATE OF RI	STORATION []NO	
PL	EASE <b>TYPE</b> OR <b>PRINT LEGIBLY</b> AL	L THE FOLLOWING INFORMATI	ON:	OFFICE SOUGHT			
YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]				DISTRICT APPLICABLE			
	- Marting one Community	44444	Y	OUR SOCIAL SECURITY NUMBE E STATEMENT ON REVERSE SI	i i		
	MAILING OR CAMPAIGN ADDRESS			ELECTION DATE (MM/DD/YY)			
			C	HECK UNE I	Primary ☐ Special		
	E-MAIL ADDRESS			(AREA CODE) HOME TELEPH			
	WEB ADDRESS (AREA CODE) BUSINESS TELEPHO				ONE		
l d	do solemnly swear [or affirm] s bove is true and correct and th	ubject to penalty provisions t at I am qualified to vote for a	for making fa and hold the	alse statements that office for which I a	at the information	on given	
PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW		SIGNATURE OF CANDIDATE  State of County/City of				DATE	
		The foregoing instrument w					
		• •				iay vi	
		, 20 _	PRINT NA	AME OF CANDIDATE		· ·	
	SIGNATURE OF	NOTARY OR CLERK OF CIRCUIT COURT	NOTAL	RY REGISTRATION NUMBER	DATE NOTARY COMMISSI	ON EXPIRES	
	3.3.2.1.0112-07						

KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW.
THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.