Commonwealth of Virginia

CERTIFICATE OF CANDIDATE QUALIFICATION
MEMBER, HOUSE OF REPRESENTATIVES

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

I am a candidate for the above office for the _____ Congressional District and hereby certify that:
DISTRICT NUMBER

1. I have been a citizen of the United States for at least seven years. ❑ YES ❑ NO
2. I am at least twenty-five years of age or will be on or before the date of taking the oath of office. [January 3] ❑ YES ❑ NO
3. I am a resident of the Commonwealth of Virginia. ❑ YES ❑ NO
4. I reside in the congressional district in which I seek office. ❑ YES ❑ NO
   If answer is NO, state district of residence: _____
5. My legal residence is:
   [residence address must be given; post office box or general delivery **is not** acceptable]

   _____
   STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

   City/Town _____ ZIP _____

   County or City of residence: _____
6. I am registered to vote at the above address in the precinct in which I reside. ❑ YES ❑ NO
   [or if not and registration books are closed, my application for registration, transfer, or change of address is on file in the general registrar's office for processing when books re-open]
7. Have you ever been convicted of a felony? ❑ YES ❑ NO
8. Have you ever been adjudicated mentally incompetent? ❑ YES ❑ NO
9. If you answered **YES** to 7, give date of certificate restoring voting rights.
   If **YES** to 8, give date of court order restoring competency. _____
   DATE OF RESTORATION

PLEASE **TYPE** OR **PRINT LEGIBLY** ALL THE FOLLOWING INFORMATION:

YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE **REVERSE SIDE** FOR REQUIREMENTS] _____

YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON **REVERSE SIDE**] _____

MAILING ADDRESS _____

DATE OF ELECTION _____ ❑ Primary ❑ General ❑ Special [CHECK ONE SQUARE]

CITY/TOWN _____ ZIP _____

(AREA CODE) HOME TELEPHONE _____ (AREA CODE) OFFICE TELEPHONE _____

E-MAIL ADDRESS: _____

WEB ADDRESS: _____

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am a qualified voter and qualified to hold the office for which I am a candidate.

Signature of Candidate _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

DATE NOTARY COMMISSION EXPIRES _____

SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT _____

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.

HOW NAME MAY APPEAR ON BALLOT

Length: The entire name to appear on the ballot **must not exceed** 25 spaces, including any punctuation and spaces between names.

Titles: **NO** titles [Rev., Dr., Mr., Mrs., etc.] are to be used, either before or following the candidate's name.

A woman **must use** her given name, not her husband's, and without a "Mrs." in front of a name.
EXAMPLE: Mary L. Jones **not** Mrs. John W. Jones.

Criteria: First name or initial or familiar form of first name (see example below)
Middle name or initial or familiar form of middle name
Nickname must be other than form of first or middle name and must appear within quotation marks
Last name
Suffix, if one: Sr. is optional. All other suffixes must be used since they appear on a person's birth certificate and are part of the person's legal name.

Examples:
The candidate's full legal name is **William Wendell Butler II** The following options are available:

- Bill W. Butler II (Bill is a familiar form of William)
- W. Wendell Butler II
- William W. Butler II
- William Wendell Butler II
- W. W. "Spanky" Butler II
- W. W. Butler II
  Initials for **BOTH** the first and middle names may be used **ONLY** when the initials **ARE ALSO** the nickname.

SOCIAL SECURITY NUMBER: Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The State Board of Elections, when copying this document for public inspection, must cover your social security number.

RETURN TO:
The office of the *State Board of Elections*. Postmarks are acceptable only if this form is mailed by registered or certified mail. If so mailed, a receipt indicating date of mailing must be produced if demanded by this office.

This form may be filed as soon as you decide to seek a party's nomination or to circulate petitions. Failure to file this form with the *State Board of Elections* **by the filing established for the election** may mean your name will not appear on ballots for this office.

Mail or deliver to: State Board of Elections - 200 N. 9th Street, Suite 101 - Richmond, Virginia 23219-3497

DEADLINE FOR RECEIPT OF FORM BY STATE BOARD OF ELECTIONS:

Refer to appropriate Candidate Bulletin for details.

FURTHER INFORMATION:

The Candidate Information Bulletin and forms required to be filed can be downloaded from our website:

WWW.SBE.STATE.VA.US

Should you have questions relating to your candidacy, please do not hesitate to call the State Board of Elections.

(804) 786-6551 **OR** Toll-free: (800) 552-9745