**DELEGATE PRE-FILE FORM**

**53rd HOUSE DISTRICT**

**2023 REPUBLICAN PARTY CONVENTION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Unit)**

**I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare my intention to seek election as a Delegate from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City/County) to the 53rdHouse of Delegates  Legislative District of Virginia 2023 Republican Convention in accordance with the  Qualifications for Participation set forth in the Republican Party of Virginia Plan of Organization and the 53rdHouse District Call. I certify the following by my signature:**

**I am a legally qualified voter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City/County). I am in accord with the principles of the Republican Party, and I pledge to support all the Republican nominees in the 2023 general election.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Candidate for Delegate

 \_\_\_\_\_\_ **Attached is my check for $20 to do my part to defray the cost of this Convention.** Support is voluntary, and checks must be made payable to the delegate candidate’s unit. The check must be signed by the delegate candidate named on this form.

 \_\_\_\_\_\_\_\_ **I do not wish to help defray the cost of the Convention.**

***Units will be preferentially seated based on the percentage of Pre-Certified Delegates remitting the fee.***

Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_

Resident of (City/County) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete back side**

Mailing Address if Different \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Your telephone number and email address are not required by the RPV Plan of Organization but will be useful in keeping you informed about the Convention.

This completed form, along with any applicable fees, must be returned according to the requirements of the Call posted and/or published by the unit in the county or city in which you are registered to vote.

**Authorized and paid for by the 53rdHouse District Committee of the Republican Party of Virginia**