Republican Party of Virginia 2020 Quadrennial Convention Delegate Pre-File Form - Albemarle County



I,	, declare my intention to seek election as a Delegate or		
Alternate from Albemarle County to the 2020 Republican Party of Virginia Quadrennial Convention, in accordance with the Qualifications for Participation set forth in the RPV Party Plan and the 2020 RPV Quadrennial Convention Call. I certify:			
		I am a legally qualified voter of Al	bemarle County
		I am in accord with the principles of the Republican Party, and	
I pledge to support all the Republ	ican nominees in the general election.		
Signature of Candidate	Date		
Signature of Candidate	Date		
Presidential Preference Poll at the convent Please complete this form and return it acc Meeting Call published by Albemarle Coun	ording to the requirements and deadlines contained in the Mass		
Name:			
Phone Number:			
Street Address:			
City, State & Zip Code:			
Mailing Address (if different):			
City, State & Zip Code:			
ALL INFORMATION BELOW IS MANDATOR	RY IF MAKING A FINANCIAL CONTRIBUTION		
ALL INFORMATION BELOW IS MANDATOR Employer or Retired: (Name of Business)	RY IF MAKING A FINANCIAL CONTRIBUTION		
Employer or Retired: (Name of Business) Employer City, State:	RY IF MAKING A FINANCIAL CONTRIBUTION		
Employer or Retired: (Name of Business)	RY IF MAKING A FINANCIAL CONTRIBUTION		
Employer or Retired: (Name of Business) Employer City, State: Occupation:	RY IF MAKING A FINANCIAL CONTRIBUTION		

It is your responsibility to confirm this form is received on time.

Authorized and Paid for by the Republican Party of Virginia