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



I,		_, declare my intention to seek election as
Delegate or Alternate fr	com Appomattox County to	o the 2020 Republican Party of Virgini
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:		
\square I am in accord	with the principles of the Re	epublican Party, and
☐ I pledge to sup	pport all the Republican nomi	ninees in the general election.
Signature of Candidate		Date
Please make your check the delegate candidate redecline may vote only in the Please complete this form 24538 no later than 7:00 p	payable to Republican Party named on this form. This is the Presidential Preference Po n and return it to <u>Karen Angu</u>	ulo, Treasurer, at P.O. Box 183, Concord, V. rks do not govern. Contact Karen Angulo a
Name:		
Phone Number:		
Street Address:		
City, State & Zip Code:		
Mailing Address (if different	ent):	
City, State & Zip Code:		
ALL INFORMATION BELO	OW IS MANDATORY IF MAKI	ING A FINANCIAL CONTRIBUTION
Employer or Retired: (Name of Business)		
Employer City, State:		
Occupation: (Profession, Title or Retired)		
Email Address:		

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