

5th Congressional District of Virginia 2020 Republican Convention Delegate File Form for



_____ (Unit)

I,		, hereby declare my intention to seek election
as a Delegate from	(City/County) to the 5th Congressional	
District of Virginia	Republican 2020 Convention	on, in accordance with the Qualifications for
Participation set fort	h in the RPV Party Plan and tl	he 5th Congressional District Call. I certify:
I am a legall	y qualified voter of	(City/County),
I am in acco	rd with the principles of the R	epublican Party, and
My pledge t	o support all the Republican no	ominees in the general election.
Signature of Candid	date for Delegate	Date
signed by the delegate cand	h to help defray the cost of the	city/county where you are registered to vote. The check must be emitting the fee will receive an upgraded Convention Kit. Convention ge of Pre-Certified Delegates remitting the fee.
	Please Con	nplete the Following:
	Full Legal Name:	
*Preferred Phone Number:		
Street Address:		
City, State & Zip Code:		
Reside	nt of County/City	
Mailing Ad	dress (if different):	
City, State & Zip Code:		
* Email Add	lress (if available):	
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Your phone number & email address are not required by the State Party Plan, but will be helpful to keep you informed regarding Convention information.

For more information or to contact the chairman in the county or city were you are registered, please visit: http://www.5thdistrictva.gop/

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

Authorized and Paid for by the 5th Congressional District of Virginia Republican Committee