

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 Conventi	on, in accordance with the Qualifications for
Participation set forth	in the RPV Party Plan and t	the 5th Congressional District Call. I certify:
I am a legally qualified voter of		(City/County),
I am in accord with the principles of the Republican Party, and		
My pledge to	support all the Republican n	nominees in the general election.
Signature of Candida	ite for Delegate	Date
Please make your check pay signed by the delegate candid	vable to the Unit Committee in the date named on this form. Delegates r	do my part to defray the cost of this Convention. city/county where you are registered to vote. The check must be remitting the fee will receive an upgraded Convention Kit.
	to help defray the cost of the	
Units w	ill be seated based on the percenta	age of Pre-Certified Delegates remitting the fee.
	Please Con	mplete the Following:
Full Legal Name:		
*Preferred Phone Number:		
Street Address:		
City, State & Zip Code:		
Resident of County/City		
Mailing Address (if different):		
City, State & Zip Code:		
*Email Addr	ess (if available):	
,		

*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