

5th Congressional District 2016 Republican Convention Commonwealth of Virginia

Delegate File Form

For

| HALIFAX COUNTY | (Unit |
|----------------|-------|
| HALIFAX COUNTY | (Uni |

| I, | , hereby declare my intention to seek election |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| as a Delegate from the Unit above to the Qualifications for Participation s | to the 5th Congressional District 2016 Convention, in accordance with set forth in the Party Plan and the 5th District Call. I certify I am a y, I am in accord with the principles of the Republican Party, and I |
| Signature | Date |
| Please print or type the information | on below: |
| Full Legal Name | |
| Address | |
| City | Virginia, Zip Code |
| Home Phone | Cell Phone |
| E-mail | |
| I have included a check made out to | the above Unit for the following fee: |
| Voluntary Filing Fee of \$25 to | help do my part to defray the cost of the Convention |
| I do not wish to help defray th | e cost of the Convention |
| | rcentage of Pre-Certified Delegates remitting the fee and Delegates |

remitting the fee will receive an upgraded Convention Kit.

Please complete this form and return it in accordance with the Unit Mass Meeting/Canvass instructions and by the date directed by the Unit.

Postmarks will not govern.

It is your responsibility to confirm the form was received on time

Paid for and authorized by the 5th Congressional District Committee