November 2, 2021 General and Special Elections Southampton County

Candidate Guidelines for running for Member, Town Council

- > Do you fulfill the basic qualifications to be a candidate?
 - You have been a resident of Virginia for one year immediately preceding the election.
 - You are a resident of the county, city or town in which you are trying to run for office.
 - You are registered to vote in the county, city or town in which you are trying to run for office.

> Forms:

- Certificate of Candidate Qualification Local Office
- Declaration of Candidacy
- Where do you file your forms?
 - With the Director of Elections, Southampton/General Registrar
 - 22305 Main Street, PO Box 666, Courtland, VA 23837
- ❖ What is the deadline to file?
 - o Tuesday, June 8, 2021 at 7:00pm

COMMONWEALTH OF VIRGINIA DECLARATION OF CANDIDACY

| FIRST NAME | MIDDLE OR MAIDEN NAME | | LAST NAME | SUFFIX, IF ANY | | |
|---|---|--|---------------------------------|-----------------------------|--|--|
| ESIDENT ADDRESS | | | | | | |
| f the city/county/town of | | | , hereby declare mysel | f to be a candidate fo | | |
| he office of | in the | | | | | |
| | | ENTER CONGRESSIONAL, STATE SENATE OR HOUSE, OR LOCAL DISTRICT, IF APPLICABLE; OTHERWISE LEAVE I., 20 [CHECK ONE SQUARE BELCO | | | | |
| ☐ General | | ☐ Special | | | | |
| | Democratic Primary | ☐ Republican Primary | | | | |
| f I am a candidate in a prused in the succeeding g | imary and am defeated in the eneral election for the same o | primary, my office. | name is not to be print | ed on the ballots to b | | |
| Given under my hand | I this day of | | , 20 | | | |
| SIGNATURE OF CANDIDATE | | | (AREA CODE) HOME TELEPHONE | | | |
| PRINTED NAME OF CANDIDATE | | | (AREA CODE) BUSINESS TELEPHONE | | | |
| MAILING ADDRESS | | | | | | |
| CITY/TOWN/STATE/ZIP+4 | | | | | | |
| WITNESSED BEFORE TWO P | ersons registered and qualified to vo esses OR notary County/City | OTE IN THE ELECTION | ON DISTRICT IN WHICH THE CANDIL | DATE OFFERS FOR OFFICE. | | |
| | rument was subscribed and s | | | | | |
| 20, by | DIDATE | | | | | |
| PRINT NAME OF CAN | DIDATE | | | | | |
| WITNESSED: | | | | | | |
| 1. SIGNATURE OF QUALIFIED VOTER | | 2 | TURE OF QUALIFIED VOTER | | | |
| PRINT FULL NAME | | PRINT | PRINT FULL NAME | | | |
| RESIDENT ADDRESS | | RESID | ENT ADDRESS | | | |
| CITY/TOWN | ZIP | CITY/1 | OWN | ZIP | | |
| OR | - | | | | | |
| PLACE PHOTOGRAPHICALLY REPRODUCIBL NOTARY SEAL/STAMP BELOW | E | | | | | |
| | | | | | | |
| | SIGNATURE OF NOTARY OR OTHE | ER OFFICER | NOTARY REGISTRATION NUM | MBER DATENOTARY COMMISSIONE | | |

THIS DECLARATION OF CANDIDACY MUST BE FILED WITH PETITIONS CONTAINING THE REQUIRED NUMBER OF SIGNATURES OF REGISTERED VOTERS. TO OBTAIN ALL REQUIRED FORMS AND CANDIDATE INFORMATION BULLETIN WHICH DETAILS QUALIFICATIONS, NUMBER OF SIGNATURES REQUIRED, WHERE TO FILE AND FILING DEADLINES, CALL THE DEPARTMENT OF ELECTIONS AT:

804-864-8901 OR OUTSIDE THE RICHMOND CALLING AREA, TOLL-FREE 800-552-9745.

Commonwealth of Virginia CERTIFICATE OF CANDIDATE QUALIFICATION LOCAL OFFICES

NOTICE: YOU MUST FILE THIS FORM WITH THE GENERAL REGISTRAR BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.

| Pu | rsuant to § 24.2-501 of the | Code of Virginia, I hereby certif | y that: | | | | |
|----|---|---|---------------------------------|--------------------------------------|---|-------------------|--------------|
| 1. | I am a citizen of the United | d States. | | | | []YES | [] NO |
| 2. | am at least eighteen years of age or will be on or before the date of the election or the office I am seeking. | | | ion | []YES | []NO | |
| 3. | | sident of the Commonwealth of Virginia for the year immediately ection for the office I am seeking. | | | ately | []YES | []NC |
| 4. | I now reside at the address in which I seek office [resid | ss shown below in the *county o ence address must be given; post office be | or city and, ox or general o | if applicat lelivery is no | ole, district t acceptable]: | | |
| | STREET AND NUMBER, RURAL ROUTE | AND BOX NUMBER, OR HIGHWAY ROUTE NUMB | ER | | | | |
| | | | | | | | |
| | | y of residence: | | |] | | |
| 5. | | the above address in the precion, transfer, or change of address is or | | | rar's office] | []YES | []NC |
| 6. | Have you ever been conv from holding office? (See | icted of a felony or any other cr e, e.g., § 18.2-472) | ime that wo | ould precl | ude you | []YES | [] NC |
| 7. | Have you ever been adju | dicated mentally incompetent a | nd lost you | r right to | ote? | []YES | []NC |
| 8. | | , give date of certificate restoring | | ghts. | | | |
| a | If YES to 7, give date of court order restoring competency. I am an attorney admitted to the bar of the Commonwealth. | | | | | | ESTORATION |
| ٥. | (Answer only if seeking office of | | ш. | | | []YES | [] NO |
| PL | EASE TYPE OR PRINT LEGIB | Y ALL THE FOLLOWING INFORMAT | ΓΙΟΝ: | OFFICE SOUGHT | | | |
| - | UR NAME AS IT IS TO APPEAR ON BALLOT EE REVERSE SIDE FOR REQUIREMENTS] | | | DISTRICT IF APPLICABLE | | | |
| | | | | | SECURITY NUMBER ENT ON REVERSE SIDE | | |
| | MAILING OR CAMPAIGN ADDRESS | RESS | | ELECTION DATE (MM/DD/YYYY) | | | |
| | | | | CHECK ONE | ☐ Republican Primary ☐ Special Ele | | |
| _ | E-MAIL ADDRESS | | | (ADEA C | □ Democratic Pri DDE) HOME TELEPHONE | mary Gener | al Election |
| _ | E-MAIL ADDRESS WEB ADDRESS | | | | BUSINESS TELEPHONE | | |
| | | | | | | | |
| | | m] subject to penalty provisions nd that I am qualified to vote for | | | | | |
| | | | | | | | |
| P | LACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW | SIGNATURE OF CAND | | | | DATE | |
| | | State of | | | | | dov of |
| | | The foregoing instrument | | bed and sv | vom before me t | nis | day or |
| | | , 20 |), by PRI | NT NAME OF CA | NDIDATE | | |
| | CIONAT | URE OF NOTARY OR CLERK OF CIRCUIT COURT | | IOTARY REGISTI | RATION NUMBER DAT | E NOTARY COMMISS | SION EXDIDES |
| - | JOINAT | ONE OF HOMEN ON OLLINION OROUNT COUNT | | TOTAL NEGIGI | VITOTI NUMBER DAT | L HOTAIN TOURINGS | NOW EXPINES |

KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW.

THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.

How Candidate Names May Appear on the Ballot

Candidate names for all offices except President/Vice President must use these criteria:

| Criteria | | | | | |
|------------------------|--|--|--|--|--|
| First name or initial | First name or initial or familiar form of first name | | | | |
| Middle name or initial | Middle name or initial or familiar form of middle name | | | | |

(Initials may be used in lieu of either the first or middle name or both)

"Nickname" (optional) Must be in double quotation marks, if used

Last name Last name as it appears on the candidate's voter registration record

Suffix Must be used if included on the candidate's voter registration record

Notes

Title: Do not include a title before or after the name. Examples of titles include: Rev., Dr., Mrs., Mr., etc.

First or Middle Name: The first or middle name must be the candidate's given name, not a spouse's.

EXAMPLE: Mary L. Jones not Mrs. John W. Jones

Length: The full candidate name must fit on a single line of the ballot.

Exceptions: If the candidate name cannot meet the above requirements because it will not fit on a single line or there is no middle name – or for any other reason – contact the Department of Elections for acceptable accommodations.

Examples

Candidate's full name is Robert Eugene Williams, Jr. (not all possible combinations are represented)

Robert Eugene Williams, Jr.

Robert E. Williams, Jr.

Robert Gene Williams, Jr.

Rob Eugene Williams, Jr.

Rob E. Williams, Jr.

Rob Gene Williams, Jr.

Robbie E. "Blue Jeans" Williams, Jr.

R. E. Williams, Jr.

R. E. "Blue Jeans" Williams, Jr.

President/Vice President

Presidential and vice-presidential candidate names appear on the ballot as specified to the State Board by the nominating party or candidate.

SOCIAL SECURITY NUMBER

Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The General Registrar or Department of Elections, when copying this document for public inspection, must redact the social security number.

RETURN TO

Refer to the appropriate Candidate Bulletin for details on where, when and how to return this form.

FURTHER INFORMATION The Candidate Bulletin and forms required to be filed can be downloaded from our website: http://elections.virginia.gov/.

Should you have questions relating to your candidacy, please do not hesitate to call the Department of Elections. (804) 864-8901 OR Toll-free: (800) 552-9745

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