



**5<sup>th</sup> Congressional District Democratic Committee**

**Democratic Party of Virginia  
2018 Caucus Declaration Form**

I, the undersigned, hereby certify that I am a Democrat, I do not intend to support any candidate who is opposed to a Democratic nominee in the next ensuing election, I believe in the principals of the Democratic Party, and I am a registered voter in the 5<sup>th</sup> Congressional District, in the precinct, county/city listed below.

**Please Print:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (O) \_\_\_\_\_

(C) \_\_\_\_\_ E-mail \_\_\_\_\_

County/City \_\_\_\_\_

Precinct \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_