17th Senate Legislative District of Virginia 2023 Republican Convention Delegate Filing Form for ______(Unit)

l,	, hereby decl	clare my intention to seek election as a Deleg	gate
rom (City/County) to the 17 th Senate Legislative District of Virginia 2			
Convention in accordance wi	th the Qualifications for I	Participation set forth in the RPV Party Plan	and
the 17 th Senate District Call.			
By Checking the following, I c	ertify:		
I am a legally qualified voter of (City/County). I am in accord with the principals of the Republican Party.			
Signature of Candidate for De	elegate	Date	
Please Com	plete the Following Acco	cording to Your Voter Registration	
Full Legal Name:			
Telephone Number:			
Email Address:			
Street Address:			
Mailing Address if Different:			
City, State, Zip Code:			
State Voter Identification Nu	mber:		
	\$20 donation to help de e payable to the delegate	efray the cost of this Convention. e candidate's unit.	

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

Authorized and paid for by the 17th Senate District Committee of the Republican Party of Virginia