

Democratic Party of Virginia
2009 Congressional District Convention
Delegate Filing Form

“I, the undersigned, certify that I am a Democrat, am a registered voter in the City of Fredericksburg, subscribe to the principles of the Democratic Party, do not intend to support any candidate who is opposed to a Democratic Nominee in the next ensuing election, and will not participate in the nominating process of any other political party.”

Please Print:

Name _____

Address _____

Town _____ ZIP Code _____

Phone (H) _____ (0) _____

E-mail _____

Congressional District: **1st**

County: Fredericksburg

Precinct: _____ (If unknown, write the location at which you vote)

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Filing For: Delegate (There are no alternates)

Fees: Local \$ 5 = Total

Check one: Paid: _____ Not Paid: _____

(County and city committees may request voluntary administrative fees for each delegate candidate to the Congressional District Convention. No person shall be denied the right to participate in the delegate selection process due to nonpayment of the administrative fee.)

County and city committees must submit the certified list of delegates and alternates to the appropriate Congressional District Committee Chairperson.

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Signature _____ Date _____