

Oath for Electors for President and Vice President; Independent and Third Party Congres

| Congressional District: | |
|-------------------------|--|
|-------------------------|--|

| Who uses | Third Party groups or independent candidates not affiliated with the Democratic Party or Republican | | | | | |
|-----------------|---|--|--|---------------------|--|--|
| this form | Party. | | | | | |
| How to | This form must be submitted with th | This form must be submitted with the candidate's (1) Declaration of Candidacy and (2) petition | | | | |
| submit this | pages. | | | | | |
| form | This form may be submitted in personal control of the submitted in the sub | | | | | |
| | Address: VA Department of Elec | Address: VA Department of Elections | | | | |
| | ATTN: Elections Administration | | | | | |
| | 1100 Bank Street, 1st Floor | | | | | |
| | Richmond, VA 23219 | | | | | |
| When must | | | | | | |
| this form be | Review the Independent and Third Party Presidential Candidate Bulletin for filing deadline. | | | | | |
| submitted | | | | | | |
| | | | | | | |
| Elector Informa | ition: | | | | | |
| Elector | | | | | | |
| Name | Last Name | First Name | | | | |
| | | | | | | |
| | Middle Name | Suffix | | | | |
| Residential | | | | | | |
| Address | Street Address | | | | | |
| | Street Address | | | | | |
| | | | | | | |
| | City | State | Zip Code | | | |
| Mailing | | | | | | |
| Address (if | Mailing Street Address | | | i | | |
| different) | | | 1 1 | 1 1 | | |
| | City | State | Zip Code | | | |
| Contact | City | | \ \ | | | |
| Information | | | <u> </u> | - | | |
| | Email Address | Phone | Number | | | |
| Oath: | Pursuant to Va. Code § 24.2-240, I do hereby | y swear that I am a citizen of t | he United States a | nd a legal resident | | |
| | of the Commonwealth, and that I will, if elected, cast my ballot in the Electoral College for the candidates for | | | | | |
| | President and Vice President of the United States pursuant to Va. Code § 24.2-242, as applicable, or as such | | | | | |
| | political party may direct in the event of the | death, withdrawal, or disqual | lification of a candi | date of that party. | | |
| Sign and | X | | 1 | 1 | | |
| date | Elector Signature | | Given under my ha | ynd this data | | |
| | Licetor Signature | | —————————————————————————————————————— | | | |
| Notary only | State of County, | /City of | | | | |
| , . | | | | | | |
| | The foregoing instrument was subscrib | ed and sworn before me th | ilS | | | |
| Notary | day of | , | by | | | |
| Stamp/ | | | | | | |
| Seal | Print Elector's full name | | | | | |
| | Thirt Elector 3 full flaffle | | | , , | | |
| | | | | / / | | |
| | Notary Signature | Registration Number | Comm | ission Expire Date | | |

ELECT-242(C) Rev. 5/8/2024