

JAN 08 2013

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.

Pursuant to § 24.2-501 of the Code of Virginia, I hereby certify that:

- 1. I am a citizen of the United States. [X] YES [] NO
- 2. I am at least eighteen years of age or will be on or before the date of the election for the office I am seeking. [X] YES [] NO
- 3. I have been a resident of the Commonwealth of Virginia for the year immediately preceding the election for the office I am seeking. [X] YES [] NO
- 4. I now reside at the address shown below in the *county or city and, if applicable, district in which I seek office [residence address must be given; post office box or general delivery is not acceptable]:
110 Kings Drive
STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER
 City/Town Lynchburg ZIP 24501
 [If town, also list County of residence: _____]
- 5. I am registered to vote at the above address in the precinct in which I reside. [X] YES [] NO
[or my application for registration, transfer, or change of address is on file in the general registrar's office]
- 6. Have you ever been convicted of a felony or any other crime that would preclude you from holding office? (See, e.g., § 18.2-472) [] YES [X] NO
- 7. Have you ever been adjudicated mentally incompetent and lost your right to vote? [] YES [X] NO
- 8. If you answered YES to 6, give date of certificate restoring voting rights.
 If YES to 7, give date of court order restoring competency. DATE OF RESTORATION
- 9. I am an attorney admitted to the bar of the Commonwealth. [] YES [X] NO
(Answer only if seeking office of Commonwealth's Attorney)

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:		OFFICE SOUGHT	<u>Sheriff</u>
YOUR NAME AS IT IS TO APPEAR ON BALLOT <small>[SEE REVERSE SIDE FOR REQUIREMENTS]</small>	<u>Ronald L. Gillispie</u>	DISTRICT IF APPLICABLE	
MAILING OR CAMPAIGN ADDRESS		YOUR SOCIAL SECURITY NUMBER <small>[SEE STATEMENT ON REVERSE SIDE]</small>	<u>227-00-3333</u>
		ELECTION DATE (MM/DD/YYYY)	<u>11-05-2013</u>
E-MAIL ADDRESS	<u>RGillispie@LynchburgVa.Gov</u>	(AREA CODE) HOME TELEPHONE	<u>434-385-1141</u>
WEB ADDRESS		(AREA CODE) BUSINESS TELEPHONE	<u>434-847-1301</u>

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.



Ronald L. Gillispie 1/4/2013
SIGNATURE OF CANDIDATE DATE

State of Virginia County/City of Lynchburg

The foregoing instrument was subscribed and sworn before me this 4th day of JANUARY, 20 13, by Ronald L. Gillispie

Donald T. Sloan 360480 10/31/2013
SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT NOTARY REGISTRATION NUMBER DATE NOTARY COMMISSION EXPIRES

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.

*See §15.2-1525 of the Code of Virginia for certain exceptions to residence requirements for Commonwealth's Attorneys.
SBE-501(4) REV 7/12 SEE INSTRUCTIONS ON REVERSE SIDE