

JAN 15 2014

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. 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. 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. 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]:

504 NEW BRITAIN DRIVE
STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town Lynchburg ZIP 24503

[If town, also list County of residence: _____]

- 5. I am registered to vote at the above address in the precinct in which I reside. [or my application for registration, transfer, or change of address is on file in the general registrar's office] YES [] NO
- 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 NO
- 7. Have you ever been adjudicated mentally incompetent and lost your right to vote? [] YES 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. (Answer only if seeking office of Commonwealth's Attorney) [] YES NO

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| PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION: | | OFFICE SOUGHT | <u>City Council - AT LARGE</u> |
| YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS] | <u>Rhonnie Smith</u> | DISTRICT IF APPLICABLE | |
| MAILING OR CAMPAIGN ADDRESS | <u>504 NEW BRITAIN DRIVE Lynchburg, VA 24503</u> | YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE] | |
| | | ELECTION DATE (MM/DD/YYYY) | <u>05/06/2014</u> |
| E-MAIL ADDRESS | | CHECK ONE | <input type="checkbox"/> Republican Primary <input type="checkbox"/> Special Election <input type="checkbox"/> Democratic Primary <input checked="" type="checkbox"/> General Election |
| WEB ADDRESS | | (AREA CODE) HOME TELEPHONE | <u>434-426-6635</u> |
| | | (AREA CODE) BUSINESS TELEPHONE | |

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.

Rhonnie Smith 1-15-2014
SIGNATURE OF CANDIDATE DATE

State of Virginia County/City of Bedford

The foregoing instrument was subscribed and sworn before me this 15th day of January, 2014, by Rhonnie Smith



Caitlin C. Park 7575612 08/31/2017
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. SEE INSTRUCTIONS ON REVERSE SIDE