

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]:



2240 Surrey Place
STREET AND NUMBER, RURAL ROUTE AND/BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town Lynchburg, Virginia ZIP 24503

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

- 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

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:		OFFICE SOUGHT	TREASURER
YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]	David C Thurman	DISTRICT IF APPLICABLE	Lynchburg
MAILING OR CAMPAIGN ADDRESS	David C Thurman 2240 Surrey Place Lynchburg, VA. 24503	YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]	
		ELECTION DATE (MM/DD/YYYY)	Nov 5, 2013
E-MAIL ADDRESS	David.C.Thurman@LynchburgVA.gov	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	434-851-5186
		(AREA CODE) BUSINESS TELEPHONE	434-455-4242

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.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

David C Thurman 6-3-13
SIGNATURE OF CANDIDATE DATE

State of Virginia County/City of Lynchburg

The foregoing instrument was subscribed and sworn before me this 3rd day of

June, 20 13, by David C. Thurman

Glenda W. Dix 2051686 Aug. 31, 2015
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.