## DECLARATION OF CANDIDACY

I, Terry	R.	McAulit	ffe	
REDACTED	MIDDLE OR MAIDEN NAME	LAST NAME		SUFFIX, IF ANY
RESIDENT ADDRESS				
of the city/county/to		, hereby d	eclare myself to	be a candidate for
he office of Govern	or in the	ENTER CONGRESSIONAL, STATE SENATE OR	HOUSE OR LOCAL DISTRICT IF A	APPI KCARLE' OTHERWOSE I FAVE RI ANK
District in the election	on to be held on June 8			CK ONE SQUARE BELOW]
	☐ General	☐ Special		
	☑ Democratic Primary	Republican Prin	nary	
	n a primary and am defeated in th ling general election for the same		ot to be printed	on the ballots to be
Given under my	hand this 8th day of March	the state of the s	, 20 21	
SIGNATURE OF CANDIDATE		(AREA CODE	E) HOME TELEPHONE	
PRINTED NAME OF CANDIDATE	Terry McAuliffe	(AREA CODE) BU	JSINESS TELEPHONE	
MAILING ADDRESS	PO Box 31408			
CITY/TOWN/STATE/ZIP+ 4	Alexandria, VA 22310			
0	County/C g instrument was subscribed and McAuliffe E OF CANDIDATE			
1. SIGNATURE OF QUALIFIED V	OTER	2. SIGNATURE OF QUALIFIE	# Mu	
PRINT FULL NAME	1)1.	PRINT FULL NAME	an Rad	lden
RESIDENT ADDRESS		RESIDENT ADDRESS	•	
CITY/TOWN	ZIP	CITY/TOWN		ZiP
OR PLACE PHOTOGRAPHICALLY REP	RODUCIBLE			
NOTARY SEAL/STAMP BE				
	SIGNATURE OF NOTARY OR O	THER OFFICER NOTAF	RY REGISTRATION NUMBER	DATENOTARY COMMISSION EXPRES
ALL REQUIRED FORMS AN	ANDIDACY MUST BE FILED WITH PETITIONS CONT D CANDIDATE INFORMATION BULLETIN WHICH DE PARTMENT OF ELECTIONS AT: 804-864-8901 OR OUTSIDE THE RI	TAILS QUALIFICATIONS, NUMBER OF	SIGNATURES REQUIRED	ERED VOTERS. TO OBTAIN D, WHERE TO FILE AND FILING