

CONSENT OF CANDIDATE(S) FORM  
**MINOR PARTY PRESIDENT AND VICE PRESIDENT CANDIDATES**  
**General Election November 5, 2024**

**Please complete this form carefully.** This form is required by law to establish exactly how each candidate's name, state of residence, and party will appear on the ballot. The law also requires that each candidate provide us with a mailing address. You may include initials or nicknames in your name; however, titles (i.e. Doctor, Esquire, etc.) cannot appear on the ballot. It will be most helpful if you limit your name – including spaces – to no more than 24 characters.

**This form must be filed in the Office of the Vermont Secretary of State between Monday, April 22 and 5:00 p.m. on Thursday, August 8, 2024.**

**Please type or print clearly**

I consent to having my name printed on the Vermont General Election Ballot for the Office of President and Vice-President of the United States for the \_\_\_\_\_(Party)

**PRESIDENT:**

Name on Ballot: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Signature of Presidential Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate Demographic Data (optional):

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

**VICE PRESIDENT:**

Name on Ballot: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Signature of Vice-Presidential Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate Demographic Data (optional):

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

*By signing, you are consenting to have your name appear on an official election ballot with the name, residence, and party provided above. If using a nickname as part of your Name on Ballot, you are also signing and swearing or affirming to the following statements: I have been commonly known by this nickname for at least three years prior to this election. My nickname does not constitute a slogan, nor does it indicate a political, economic, social, or religious view or affiliation. I understand the nickname will appear in quotation marks between my first and last name on the ballot (i.e., John "Smitty" Smith). 17 V.S.A. §2361*

Contact Information for the Campaign

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Town, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

All information provided will be a public record and will appear on the Secretary of State's website.

**VERMONT GENERAL ELECTION, November 5, 2024**

**INFORMATION FOR MINOR PARTY CANDIDATES**

**WHICH COMMITTEE TO NOMINATE:** 17 V.S.A. §2382

For President, Vice President, Statewide and U.S. Congressional- State committee  
For State Senator- Senatorial district committee  
For County Officers- County committee  
For State Representative- Representative district committee

**NOTICE OF MEETINGS:** 17 V.S.A. §2383

Notice of the date, time, and location of the meeting must be provided to all committee members at least 5 days prior to the meeting by the chair of the appropriate committee. Notice must include which offices nominations will be made for. A copy of the notice must be filed with the statement of nomination.

**WHEN TO FILE:** 17 V.S.A. § 2386

No sooner than **MONDAY, APRIL 22, 2024** and no later than **5:00 p.m. on THURSDAY, AUGUST 8, 2024**

**WHERE TO FILE:** 17 V.S.A. § 2387

Minor party nominations must be filed with the Secretary of State, 128 State Street, Montpelier, VT 05633 (except for Justice of the Peace).

Note: Under Vermont law, "filed" means "deposited in the regularly maintained office of the official with whom the filing is to be made." 17 V.S.A. § 2103(13)

**CONSENT FORM:** 17 V.S.A. § 2385

A Consent of Candidate form must be filed at the same time as your Party Nomination Petition. **YOUR NAME WILL NOT BE PRINTED ON THE BALLOT** if you fail to file a consent form with your nominating petition.

**ELECTORS – 17 V.S.A. § 2402(a)(4)**

Minor party presidential and vice-presidential nominations must include the name, address, and town of residence for 3 electors. Electors must be registered voters of Vermont.

IF YOU HAVE ANY QUESTIONS, please visit our website at <https://sos.vermont.gov/elections/> or call Elections Division in the Office of the Secretary of State at (800) 439-8683 (toll-free within VT) or (802) 828-2363.

PRESIDENT AND VICE PRESIDENT  
NOMINATION BY MINOR PARTY COMMITTEE  
STATEMENT BY COMMITTEE OFFICERS  
17 V.S.A. §2381-2387

The state party committee met on \_\_\_\_\_, 2024  
and

nominated the following persons to be candidates for the \_\_\_\_\_ party  
(name of political party)

for the offices of president and vice president for the November 5, 2024 general election.

Presidential candidate: \_\_\_\_\_

State of Residence: \_\_\_\_\_

AND

Vice presidential candidate: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Notice of the meeting was properly given in compliance with all requirements of 17 V.S.A. §2383, and the procedures required by 17 V.S.A. §2384 were followed. **A copy of the letter providing notice of the meeting is attached to this form.**

*We swear (affirm) under oath (penalties of perjury) that we have complied with the above provision of law and that the statements we have made in this document are true.*

Sworn to me before:

Notary Public: \_\_\_\_\_ License Number: \_\_\_\_\_

Date: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

Signature of Party Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Party Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

CONSENT OF ELECTOR FORM  
**ELECTORS FOR MINOR PARTY**  
**PRESIDENTIAL/VICE PRESIDENTIAL CANDIDATES**  
(17 V.S.A. § 2402(a)(4))

Each presidential elector for a minor party candidate for the office of president and vice president must file a consent form at the same time as nominations with the Office of the Vermont Secretary of State between Monday, April 22 and Thursday, August 8, 2024. **Each candidate must nominate 3 electors.**

*I consent to the filing of my name in the official records of the Office of the Vermont Secretary of State as a presidential elector for:*

Presidential candidate (print): \_\_\_\_\_

Vice Presidential candidate (print): \_\_\_\_\_

*under the party name of \_\_\_\_\_, to be  
voted for on **TUESDAY, NOVEMBER 5, 2024.***

PLEASE PRINT LEGIBLY

Name of Elector: \_\_\_\_\_

Town of Residence: \_\_\_\_\_

Signature of Elector: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_, VT      Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_