

Exhibit H

Starred (*) items are required. If you do not complete all of the items that are marked with *, your application may be denied (See instructions on reverse side).

1. YES NO
 * I am a citizen of the United States of America.

* Full social security number No SSN was ever issued.

* Date of birth

* Gender

2. * Last name _____ Jr. Sr. II III IV (Circle if applicable)
 * First name _____ * Middle name _____ None
 * Residence address (May not be a P.O. Box) _____ Apt # _____
 * City/Town _____ * ZIP _____
 E-mail _____ Phone _____

3. * Have you ever been convicted of a felony or judged mentally incapacitated and disqualified to vote? YES NO If YES, has your right to vote been restored? YES NO

4. I am an active-duty uniformed services member, spouse or dependent; or an overseas citizen.
 I am providing a mailing address (below) because my residence address cannot receive mail or I am homeless.
 I am providing a Virginia P.O. Box (below) to protect my residence address from public disclosure because I or a household member is/has:
 An active or retired law enforcement officer, judge, magistrate, U.S. or Virginia Attorney General attorney.
 Been granted a court issued protective order.
 In fear for personal safety from being threatened or stalked by another person.
 A participant in the Virginia Attorney General's Address Confidentiality Program.
 Been approved to be a foster parent.
 A current or former state or local election official, their employee, or Commonwealth elector for President or Vice President.

My mailing address (Complete only if you have checked a box in this section)

5. I am currently registered to vote in another state: _____. (Indicate state of previous registration)

6. I am interested in being an Officer of Election (poll worker) on Election Day. Please send me information.

7. **AFFIRMATION: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.**

* Signature _____ Today's date: _____

By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.

* Virginia Voter Registration Application Receipt

The application collector must submit your completed application within 10 days or by the deadline to register for the next election, whichever comes first. You can check your voter registration status online at www.elections.virginia.gov/registration. If you do not receive confirmation of your voter registration status within 30 days, contact your local voter registrar or the Virginia Department of Elections.

Name, phone and e-mail of office, group or individual receiving application

_____/_____/_____
 Date application received

Thank you for applying to vote in Virginia!

Virginia Voter Registration Application

With this form, you can register to vote in elections in Virginia. You can also use this form to change the information on your Virginia voter registration.

Register to Vote

If you are currently registered to vote, you do not have to use this form unless you have moved or changed your name.

ATTENTION: Overseas citizens, uniformed service voters, qualifying spouses and dependents may register using the Federal Post Card Application (FPCA), available at www.fvap.gov.

Go Online

You may complete your voter registration application online at www.elections.virginia.gov/registration. You may also check your voter registration status online at www.elections.virginia.gov/registration.

Your Address

You must provide a street address or a description of where you live as a residence address. As required by the Code of Virginia, you may only provide a mailing address in Box 4 if: (1) your residence address cannot receive mail; (2) you are homeless; (3) you are an overseas citizen; or (4) you are a uniformed service member, or qualifying spouse or dependent. Qualified protected voters must provide a Virginia post office box in Box 4 to receive protected voter status. No other applicant can list a mailing address.

How to Mail

Mail your completed application to your local registrar. Use the online address lookup tool if you do not know your registrar's address: www.elections.virginia.gov/localGR or mail your application to:

Virginia Department of Elections
1100 Bank Street
Richmond, VA 23219

Mailed applications must be postmarked at least 11 days before the next election in which you plan to vote. A qualified active-duty uniformed services member, spouse or dependent is NOT subject to the mailing deadline if by reason of active duty, you are normally absent from the locality in which you reside.

Questions?

Call your local voter registration office or call (800) 552-9745 • TTY 711.

Privacy Act Notice

When registering to vote, Article II, Section 2 of the Constitution of Virginia (1971) requires you to provide your social security number, if you have one. If you do not provide your social security number, your application will be denied. Voting officials use the social security number as a unique identifier to ensure that no voter is registered in more than one place.

Your application will only be open to inspection by the public if the social security number is removed. Your social security number will appear on reports produced only for official use by voter registration and election officials, for jury selection purposes by courts, and all lawful purposes. Your decision to decline to register to vote as well as the office where you submit your application, if you choose to do so, are confidential and will only be used for voter registration purposes.

ID Requirements

All voters must show one acceptable form of ID or provide a written statement when voting in-person. In federal elections, all first time voters who registered by mail will be required to provide one acceptable form of ID; a written statement will not be accepted.

For a complete list of acceptable forms of ID visit: www.elections.virginia.gov/voterID.

Need more information? Go Online: www.elections.virginia.gov Or Call: (800) 552-9745 TTY: 711

WARNING: INTENTIONALLY VOTING MORE THAN ONCE IN AN ELECTION OR MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINED UP TO \$2,500.

