*To be administered on Election Day to anyone present in the CAP between 12:00 p.m. and 7:00 p.m. during the hand counting of absentee ballots.*

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| Locality |  | District/Town |  | Election Date (MM/DD/YY) |

**Oath**

I do solemnly swear (or affirm) that I will not transmit any counts prior to the closing of the polls. I understand that any person who transmits any counts in violation of Va. Code § 24.2-712 is guilty of a Class 1 misdemeanor.

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| **Signature** | **Printed Name** | **Date Administered (MM/DD/YY)** |
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| Oath Administrator: |  |  |  |  |
|  |  | Full Name (Print) |  | Title |
|  |  |  |  |  |
|  |  | Signature |  | Date (MM/DD/YY) |