

## **SPECIAL NOTE REGARDING PETITION OF QUALIFIED VOTERS FORM**

The Petition of Qualified Voter form is a two page document that should be printed on 8 ½" x 14" paper. When you print this form, it should be printed front and back on one 8 ½" x 14" sheet of paper. When reproducing this document, it must be reproduced the same way. The front of the form contains line numbers 1 through 9; the back of the form contains line numbers 10 through 23 followed by the AFFIDAVIT. If you are unable to print or reproduce this form on 8 ½" x 14" printed back and front, then call our office at 800-552-9745 and we will be glad to send you the form.

WHEN A CONGRESSIONAL DISTRICT INCLUDES MORE THAN ONE COUNTY OR CITY, IT IS SUGGESTED THAT YOU USE A SEPARATE PETITION FORM FOR QUALIFIED VOTERS IN EACH COUNTY OR CITY. IT ALSO IS SUGGESTED THAT YOU FILE PETITIONS IN COUNTY/CITY ORDER TO FACILITATE THE PROCESSING OF THE FILING.

IF YOU TRACK THE NUMBER OF SIGNATURES BY CONGRESSIONAL DISTRICT, ENTER DISTRICT NUMBER: \_\_\_\_\_ [OPTIONAL]

COMMONWEALTH OF VIRGINIA

PETITION OF QUALIFIED VOTERS FOR ELECTORS FOR PRESIDENT AND VICE PRESIDENT

We, the qualified voters of \_\_\_\_\_ in the Commonwealth of Virginia signed

ENTER COUNTY OR CITY NAME

hereunder or on the reverse side of this page, do hereby petition the following to become candidates for the office of Elector for President and Vice President of the United States at the General Election to be held on November 4, 2008.

CONGRESSIONAL DISTRICT:

1 <sup>st</sup>	8 <sup>th</sup>
2 <sup>nd</sup>	9 <sup>th</sup>
3 <sup>rd</sup>	10 <sup>th</sup>
4 <sup>th</sup>	11 <sup>th</sup>
5 <sup>th</sup>	AT LARGE
6 <sup>th</sup>	AT LARGE
7 <sup>th</sup>	

The above candidates, if elected, are required to vote in the Electoral College for \_\_\_\_\_ for President and \_\_\_\_\_ for Vice President. We further petition that the names of these candidates be identified on the ballot under the Party name of \_\_\_\_\_, a group qualified pursuant to § 24.2-543 of the Code of Virginia.

[IF ELECTORS DO NOT REPRESENT A PARTY GROUP, THEY WILL BE DESIGNATED "INDEPENDENT".]

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER IN VIRGINIA AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House No. & Street Name or Rural Route & Box No. & City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
1.	SIGN			
	PRINT			
2.	SIGN			
	PRINT			
3.	SIGN			
	PRINT			
4.	SIGN			
	PRINT			
5.	SIGN			
	PRINT			
6.	SIGN			
	PRINT			
7.	SIGN			
	PRINT			
8.	SIGN			
	PRINT			
9.	SIGN			
	PRINT			

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

\*The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided. The State Board of Elections, when copying this document for public inspection, must cover the column containing social security numbers.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who either is, or who is eligible to be, a qualified voter of the Commonwealth of Virginia. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER IN VIRGINIA AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House No. & Street Name or Rural Route & Box No. & City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
10.	SIGN			
	PRINT			
11.	SIGN			
	PRINT			
12.	SIGN			
	PRINT			
13.	SIGN			
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22.	SIGN			
	PRINT			
23.	SIGN			
	PRINT			

Commonwealth of Virginia

**- AFFIDAVIT -**

I, \_\_\_\_\_, swear or affirm that (i) my resident address is \_\_\_\_\_; (ii) I am, or am eligible to be, a registered and qualified voter in Virginia in the County/City of \_\_\_\_\_; (iii) I am, or am eligible to be, qualified to vote for the office for which this petition is circulated; and (iv) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that the penalty for falsely signing this affidavit is a maximum fine of \$2500 and/or confinement for up to ten years.

\_\_\_\_\_  
SIGNATURE OF PERSON CIRCULATING PETITION

\_\_\_\_\_  
CIRCULATOR'S SOCIAL SECURITY NUMBER  
[OR LAST FOUR DIGITS]

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS NOTARY ID NUMBER

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SBE-543 REV 12/07