

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 8, 2016.

CONGRESSIONAL DISTRICT:

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

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 EITHER (A) A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA WHO IS NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED OR (B) A CONSTITUTIONALLY QUALIFIED CANDIDATE FOR PRESIDENT, 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 <input type="checkbox"/>	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1, 2016]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
2.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
3.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
4.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
5.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
6.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
7.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
8.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

***Privacy Notice:** The last four digits of 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 and you may sign the petition without doing so. The State Board of Elections, when copying this document for public inspection, must cover the column containing the last four digits of the social security number.

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 EITHER (A) A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA WHO IS NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED OR (B) A CONSTITUTIONALLY QUALIFIED CANDIDATE FOR PRESIDENT, 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 <u>ARE NOT ACCEPTABLE</u> RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1, 2016]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
13.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
14.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
15.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
16.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
17.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
18.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
19.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
20.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

I, _____, swear or affirm that (i) my resident address is _____; (ii) I am either (a) a legal resident of the United States of America in the state/commonwealth of _____ who is not a minor nor a felon whose voting rights have not been restored or (b) a constitutionally qualified candidate for President of the United States who is circulating her/his own petition, and (iii) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE
NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

CIRCULATOR'S LAST 4
DIGITS OF SOCIAL
SECURITY NUMBER

State of _____ County/City of _____

The foregoing instrument was subscribed and sworn before me this
_____ day of _____, 20____, by

PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

NOTARY REGISTRATION NUMBER**

DATE NOTARY COMMISSION EXPIRES**

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** If not included in seal/stamp.