

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 <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 A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED 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 <u>ARE NOT</u> 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 DATE OF BIRTH [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		

**CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE**

**\*Privacy Notice:** The date of birth 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 Department of Elections, when copying this document for public inspection, must cover the month and day of the date of birth.

**NOTICE:** Candidates for Elector for President and Vice President may provide their Candidate Qualifications directly to the Department of Elections, Washington Building, 1100 Bank Street, First Floor, Richmond, Virginia 23219.

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 A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED 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.

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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		
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

**- AFFIDAVIT -**

I, \_\_\_\_\_, swear or affirm that (i) my full residential address is \_\_\_\_\_;

(ii) I am a legal resident of the United States of America in the State/Commonwealth of \_\_\_\_\_;

(iii) I am not a minor nor a felon whose voting rights have not been restored, and (iv) 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

State of \_\_\_\_\_ County/City of \_\_\_\_\_

\_\_\_\_\_  
CIRCULATOR'S LAST 4 DIGITS  
OF SOCIAL SECURITY NUMBER

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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**\*Fraud Notice:** Any willfully false material statement or entry made on this form by any person shall constitute the crime of election fraud and be punishable as a Class 5 felony.

\*\* If not included in seal/stamp.