Virginia Petition of Qualified Voters

(Must be filed with the SBE-505/520 Declaration of Candidacy)

Candidate Information		Candidate Ballot Name:							
iniori	maui	Full Residence Address (including city/state/zip):							
		Office Sought: District:							
		Congressional District (optional):							
Note		Review Instructions on page 3. The Circulator Affidavit on the reverse side must be completed and signed in front of a Netanu.							
Circu Petiti		 The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary. We, the qualified voters of the district in which the above candidate seeks nomination or election and of 							
Signe		signed hereunder or on the reverse side of this page, do hereby petition the above							
Statement		County/City/Town named individual to become a candidate for the office stated above in the (check only one)							
		General Election Democratic Primary Republican Primary							
		to be held on the day of , 20 ,							
Note	to	 and we do further petition that his/her name be printed upon the official ballots to be used at the election. Your signature on this petition must be your own and does not signify an intent to vote for the candidate. 							
Petiti	ion	 You may sign petitions for more than one candidate. Privacy notice: 							
Signe	r	 Providing the last four digits of your SSN is optional. You may sign the petition without providing this 	information.						
		 The information provided will be checked against the official voter registration roll. This form is available for public inspection but your SSN, or any part thereof, will not be provided. 							
		 Fraud notice: Any willfully false material statement or entry made on this form by any person shall constit be punishable as a Class 5 felony. 	ute the crime of ele	ction fraud and					
Office			Date Signed	l					
Use	#		(Must be after January 1st of	Last 4 Digits of SSN					
Only	"	Petition Signer	election year.)	(optional)					
		Print Full Name Signature							
	1.								
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							
	2.	Print Full Name Signature							
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							
	3.	Print Full Name Signature							
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							
	4.	Print Full Name Signature							
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							
	5.	Print Full Name Signature							
	5.								
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							
		Print Full Name Signature							
	6.	Signature Signature							
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							
	7.	Print Full Name Signature							
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							
	8.	Print Full Name Signature							
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							
		i dii nesidentidi Address (incidding dity)state/zip) (FO box i iot atteptable)							
	9.	Print Full Name Signature							
]								
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							
		Print Full Name Signature							
	10.	Jignature							
		Full Residential Address (including city/state/zip) (PO Box not acceptable)							

Virginia Petition of Qualified Voters (continued from reverse side)

Candida	ate Bal	lot Name: Office Sought:							
Note Petiti Signe	on	You ma Privacy Privacy The Trium Triu	gnature on this petition must be your own y sign petitions for more than one candid rotice: roviding the last four digits of your SSN is one information provided will be checked a nis form is available for public inspection be notice: Any willfully false material stateme ishable as a Class 5 felony.	optional. You may sign gainst the official vote out your SSN, or any pa	the petition without r registration roll. rt thereof, will not be	providing this in		ition fraud and	
Office Use Only	#		Petitio	n Signer			Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)	
	11.	Print Full Nam		Signature					
		Full Residentia	al Address (including city/state/zip) (PO Box not	acceptable)					
	12.	Print Full Nam	ne	Signature					
		Full Residenti	al Address (including city/state/zip) (PO Box not	acceptable)					
	13.	Print Full Nam	ne al Address (including city/state/zip) (PO Box not	Signature					
		Tuli Nesidentii	ar Address (including city/state/21p) (1 0 box not	acceptable)					
	14.	Print Full Nam	ne	Signature					
		Full Residenti	al Address (including city/state/zip) (PO Box not	acceptable)		_			
	15.	Print Full Nam	ne	Signature					
		Full Residentia	al Address (including city/state/zip) (PO Box not	acceptable)					
	16.	Print Full Nam		Signature					
		Full Residentia	al Address (including city/state/zip) (PO Box not	acceptable)					
	17.	Print Full Nam	ne	Signature					
		Full Residentia	al Address (including city/state/zip) (PO Box not	acceptable)					
	18.	Print Full Nam		Signature					
		Full Residenti	al Address (including city/state/zip) (PO Box not	acceptable)					
	19.	Print Full Nam	ne	Signature					
		Full Residentia	al Address (including city/state/zip) (PO Box not	acceptable)					
	20.	Print Full Nam	ne	Signature					
		Full Residenti	al Address (including city/state/zip) (PO Box not	acceptable)					
Circul		l, (print fu	II name)			, swear o	or affirm that (i) m	y full	
Affida	avit	(ii) I am no	address (including city/state/zip) is t a minor, (iii) I am not a felon whose votir page and its reversed side; and (v) I conse	ng rights have not beer	n restored; (iv) I have	witnessed the si	gnature of each pe	erson who	
		circulation up to \$2,50	of petitions, or signatures contained there to and/or imprisonment up to ten years.	in. I understand that f	alsely signing this Affi	davit is a felony	punishable by a m	aximum fine	
		Circulator S	ignature:			Date:			
Notary		State of		County/	City of				
		The foregoi	ng instrument was subscribed and sworn	before me this	day of		, 20		
		by (circulate	or name)					·	
		Notary Signa	ture	Registration	1#		Commission Expirat	ion	
		, 3.6.10				Place			
ELECT-506/521			Place photographically Reproducible Stam	p/Seal Here	or Re	ographically producible /Stamp Here		Rev. 7/2020	

Virginia Petition of Qualified Voters Instructions

Printing	The Petition is a two sided document (front and back) that must be printed on one piece of 8 $1/2$ " by 14" paper. of the petition contains line numbers 1 through 10; the back contains line numbers 11 through 20, followed by the	
	Circulator Affidavit. If the front and back are on two separate pieces of paper, the petition will not be accepted.	
	This form is in color but may be printed in black and white or greyscale.	
	This instruction page does not have to be printed/submitted.	
	If you are unable to print or reproduce this form on one piece of 8 $1/2$ " x 14" paper, call the Department of Electi 800-552-9745 or 804-864-8901 and we will be glad to send you a form.	ons at
Circulator	When an election district includes more than one county or city, it is suggested that you use a separate petition for qualified voters in each county or city to facilitate the processing of the filing.	orm for
	The "Candidate Information" and "Petition Signer Statement" sections must be completed prior to obtaining sign	iatures.
	You must complete the Circulator Affidavit. The Circulator Affidavit must be completed and signed in front of the	Notary.
Submitting	When you submit this form to the appropriate entity, all signatures must be originals . Copies of signatures will no accepted.	ot be
	Review the appropriate Candidate Bulletin (https://www.elections.virginia.gov/candidatepac-info/candidate-bull-determine when to submit this form.	etins/) to
	The SBE-505/520 Declaration of Candidacy (https://www.elections.virginia.gov/candidatepac-info/candidate-form be submitted before or with the first petition page submitted.	<u>ns/</u>) must

Do Not Submit This Instruction Page With Completed Petition Pages.

ELECT-506/521 Rev. 7/2020