## Virginia Petition of Qualified Voters

Candidate		Candidate Ballot Name: O.E. Original Original Original Candidate Ballot Name:						
Information		Full Residence Address (including city/state/zip): 5628 State Street, Virginia Beach, VA 23455						
		Office Sought: U.S. Senate District: V						
		Congressional District (optional):						
Note to Circulator		<ul> <li>Review Instructions on page 3.</li> <li>The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary.</li> </ul>						
Petition		We, the qualified voters of the district in which the above candidate seeks nomination or election and of						
Signer		Virginia 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 Special Election Democratic Primary		Republican				
		to be held on the 18th day of June	V.	J .	24			
		and we do further petition that his/her name be printed upon the official ballots to be used at the ele	ection.	Primary, 20	,			
Note to		• Your signature on this petition must be your own and does not signify an intent to vote for the car	ndidate.					
Petition		<ul> <li>You may sign petitions for more than one candidate.</li> <li>Privacy notice:</li> </ul>						
Signe	er	<ul> <li>Providing the last four digits of your SSN is optional. You may sign the petition without provi</li> <li>The information provided will be checked against the official voter registration roll.</li> </ul>	ding this i	information.				
		• This form is available for public inspection but your SSN, or any part thereof, will not be prov						
		<ul> <li>Fraud notice: Any willfully false material statement or entry made on this form by any person shal be punishable as a Class 5 felony.</li> </ul>	constitut	te the crime of ele	ction fraud and			
			I	Date Signed				
Office Use				(Must be after	Last 4 Digits			
Only	#	Petition Signer		January 1st of election year.)	of SSN (optional)			
	1.	Print Full Name Signature						
		Full Residential Address (including city/state/zip) (PO Box not acceptable)	$\longrightarrow$					
	2.	Print Full Name Signature						
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)						
		Print Full Name Signature						
	3.	Print Full Name Signature						
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)						
			-+					
	4	Print Full Name Signature						
	4.							
		Full Residential Address (including city/state/zip) (PO Box not acceptable)						
	5.	Print Full Name Signature						
Full Residential Address (including city/state/zip) (PO Box not acceptable)		Full Residential Address (including city/state/zip) (PO Box not acceptable)	=					
	6.	Print Full Name Signature						
		Full Residential Address (including city/state/zip) (PO Box not acceptable)						

## Virginia Petition of Qualified Voters (continued from reverse side)

Candidate Ballot Name:	C.L. "Chuck" Smith, Jr.
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Office Sought: U.S. Senate

Note to Petition Signer		<ul> <li>Your signature on this petition must be your own and does not signify an intent to vote for the candidate.</li> <li>You may sign petitions for more than one candidate.</li> <li>Privacy notice:         <ul> <li>Providing the last four digits of your SSN is optional. You may sign the petition without providing this information.</li> <li>The information provided will be checked against the official voter registration roll.</li> <li>This form is available for public inspection but your SSN, or any part thereof, will not be provided.</li> </ul> </li> <li>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.</li> </ul>				
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)		
				(1) /		
	7.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)				
	8.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)				
	9.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)				
	10.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)				
	11.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)				
	12.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)				
Circul	ator	l, (print full name) , swear	or affirm that (i) m	v full		
Affida	avit	I, <u>(print full name)</u> , swear residential address (including city/state/zip) is		yiun		
		(ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving a circulation of petitions, or signatures contained therein. I understand that falsely signing this Affidavit is a felony up to \$2,500 and/or imprisonment up to ten years.	ny disputes conceri	ning the		
		Circulator Signature: Date:				
Notar	'Y	itate of County/City of				
		The foregoing instrument was subscribed and sworn before me this day of				
		by <u>(circulator name)</u>				
		Notary Signature Registration #	Commission Expira	ion		
		Place	\			
		Place photographically Reproducible Stamp/Seal Here Or Photographically Reproducible	)			

Seal/Stamp Here

## **Virginia Petition of Qualified Voters Instructions**

Printing	• The Petition is a two sided document (front and back) that <b>must</b> be printed on <b>one</b> piece of 8 1/2" by 11" paper. The front
	of the petition contains line numbers 1 through 6; the back contains line numbers 7 through 12, 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.
	<ul> <li>If you are unable to print or reproduce this form on one piece of 8 1/2" x 11" paper, call the Department of Elections at 800-552-9745 or 804-864-8901 and we will be glad to send you a form.</li> </ul>
Circulator	• When an election 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 to facilitate the processing of the filing.
	• The "Candidate Information" and "Petition Signer Statement" sections <b>must</b> be completed prior to obtaining signatures.
	• You <b>must</b> complete the Circulator Affidavit. The Circulator Affidavit must be completed and signed <b>in front of</b> the Notary.
Submitting	• When you submit this form to the appropriate entity, all signatures must be <b>originals</b> . Copies of signatures will not be accepted.
	<ul> <li>Review the appropriate Candidate Bulletin (<u>https://www.elections.virginia.gov/candidatepac-info/candidate-bulletins/</u>) to determine where and when to submit this form.</li> </ul>
	<ul> <li>The SBE-505/520 Declaration of Candidacy (<u>https://www.elections.virginia.gov/candidatepac-info/candidate-forms/</u>) must be submitted before or with the first petition page submitted.</li> </ul>

Do Not Submit This Instruction Page With Completed Petition Pages.