Candidate Information		Candidate Ballot Name:					
		Full Residence Address (including city/state/zip):					
		Office Sought: District:					
		Congressional District (optional):					
Note to Circulator		 Review Instructions on page 3. The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary. 					
Petiti		We, the qualified voters of the district in which the above candidate seeks nomination or election and of					
Signer Statement		signed hereunder or on the reverse side of this page, do hereby petition the above 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 , and we do further petition that his/her name be printed upon the official ballots to be used at the election.					
Note to Petition 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. Privacy notice: 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. 					
		be punishable as a Class 5 felony.					
Office			Date Signed (Must be on or	Last 4 Digits			
Use Only	#	Petition Signer	after January 1st of election year.)	of SSN (optional)			
			, ,				
	1.	Print Full Name Signature					
		Full Residential Address (including city/state/zip) (PO Box not acceptable)					
		Print Full Name Signature					
	2.						
		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					
		Full Residential Address (including city/state/zip) (PO Box not acceptable)					
	6.	Print Full Name Signature					
	0.						
		Full Residential Address (including city/state/zip) (PO Box not acceptable)					
		Print Full Name Signature					
	7.	This difficulties of the state					
		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)					
	9.	Print Full Name Signature					
		Full Residential Address (including city/state/zip) (PO Box not acceptable)					
		i un nesidentiai Address (inicidunig city/state/zip) (FO bux i iut atteptable)					
	10.	Print Full Name Signature					
	10.						
		Full Residential Address (including city/state/zip) (PO Box not acceptable)					

Virginia Petition of Qualified Voters (continued from reverse side)

Candida	ite Bal	ot Name: Office Sought:				
Note to Petition 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. Privacy notice: 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 constitute be punishable as a Class 5 felony.	te the crime of elec	ction fraud and		
Office Use Only	#	Petition Signer	Date Signed (Must be on or after January 1st of election year.)	Last 4 Digits of SSN (optional)		
	11.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box not acceptable)				
	12.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box not acceptable)				
	13.	Print Full Name Signature				
	13.	Full Residential Address (including city/state/zip) (PO Box not acceptable)				
	14.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box not acceptable)				
	15.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box not acceptable)				
	16.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box not acceptable)				
	17.	Print Full Name Signature				
	17.	Full Residential Address (including city/state/zip) (PO Box not acceptable)				
	18.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box not acceptable)				
	19.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box not acceptable)				
	20.	Print Full Name Signature				
		Full Residential Address (including city/state/zip) (PO Box not acceptable)				
Circul	ator	l, (print full name) , swear	or affirm that (i) m	y full		
Affidavit		residential address (including city/state/zip) is, (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signature of each person who signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving any disputes concerning the circulation of petitions, or signatures contained therein. 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.				
		Circulator Signature: Date:				
Notar	У	State of County/City of				
		The foregoing instrument was subscribed and sworn before me thisday of				
		by (circulator name)				
		Notary Signature Registration #	Commission Expirat	tion		
		Place Photographically Reproducible Stamp/Seal Here Or Reproducible				

Seal/Stamp Here

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. The front 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 <u>not</u> 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 Elections at 800-552-9745 or 804-864-8901 and we will be glad to send you a form.
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 must be completed prior to obtaining signatures.
	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 not be accepted.
	Review the appropriate Candidate Bulletin (https://www.elections.virginia.gov/candidatepac-info/candidate-bulletins/) to determine where and when to submit this form.
	The SBE-505/520 Declaration of Candidacy (https://www.elections.virginia.gov/candidatepac-info/candidate-forms/) must be submitted before or with the first petition page submitted.

Do Not Submit This Instruction Page With Completed Petition Pages.

ELECT-506/521 Rev. 5/8/2024