Virginia Petition of Qualified Voters

Cand		Candidate Ballot Name: Patrick S. "Pat" Herrity						
Information		Full Residence Address (including city/state/zip): 7406 Silver Pine Dr Springfield VA 22153						
		Office Sought: Lieutenant Governor District:						
		Congressional District (optional):						
Note	to	Review Instructions on page 3.						
Circulator		• The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary.						
Petition		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						
Statement		named individual to become a candidate for the office stated above in the (check only one)						
		General Election Special Election Democratic Primary	Republican Prim	ary				
			, 20	25 _,				
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		You may sign petitions for more than one candidate.						
Signer		 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 constitu	ute the crime of ele	ction fraud and				
		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)						
	2.	Print Full Name Signature						
		Full Residential Address (including city/state/zip) (PO Box not acceptable)						
ruii Residentiai Address (including city/state/zip) (PO Box not acceptable)								
	2	Print Full Name Signature						
	3.							
		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)				L				
	5.	Print Full Name Signature						
Full Residential Address (including city/state/zin) (PO Box not accentable)		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)						

Virginia Petition of Qualified Voters (continued from reverse side)

Candida	ate Bal	lot Name: Patrick S. "Pat" Herrity	Office Sought:	Lieutenant Go	vernor			
Note Petiti Signe	on	 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 the crime of election fraud and be punishable as a Class 5 felony. 						
Office Use Only	#	Petition Signer			Date Signed (Must be on or after January 1st of election year.)	Last 4 Digits of SSN (optional)		
	7.	Print Full Name Signat	ure					
	8.	Full Residential Address (including city/state/zip) (PO Box not acceptable Print Full Name Signat						
		Full Residential Address (including city/state/zip) (PO Box not acceptable	2)					
	9.	Print Full Name Signat	ure					
		Full Residential Address (including city/state/zip) (PO Box not acceptable	2)					
	10.	Print Full Name Signat	ure					
		Full Residential Address (including city/state/zip) (PO Box not acceptable	2)					
	11.	Print Full Name Signat	ure					
		Full Residential Address (including city/state/zip) (PO Box not acceptable)						
	12.	Print Full Name Signat	ure					
		Full Residential Address (including city/state/zip) (PO Box not acceptable	2)					
Circulator Affidavit		I,, swear or affirm that (i) my full						
		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:				
Notary		State of County/City of						
		The foregoing instrument was subscribed and sworn before m	e thisday of		, 20			
		by <u>(circulator name)</u>				<u> </u>		
		Notary Signature	Registration #		Commission Expira	tion		
			or	Place notographically				
		Place photographically Reproducible Stamp/Seal Her		Reproducible				

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 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 <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 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.
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 (<u>https://www.elections.virginia.gov/candidatepac-info/candidate-bulletins/</u>) to determine where and when to submit this form.
	 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.

Do Not Submit This Instruction Page With Completed Petition Pages.