

# Virginia Petition of Qualified Voters

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

<b>Candidate Information</b>	Candidate Ballot Name: <u>M. Keith Hodges</u> Full Residence Address (including city/state/zip): <u>275 Garnett Hill Drive Urbanna, VA 23175</u> Office Sought: <u>Delegate</u> District: <u>98th</u> Congressional District (optional): _____
<b>Note to Circulator</b>	<ul style="list-style-type: none"> <li>Review Instructions on page 3.</li> <li>The Circulator Affidavit on the reverse side <b>must</b> be completed and signed <b>in front of a Notary</b>.</li> </ul>
<b>Petition Signer Statement</b>	We, the qualified voters of the district in which the above candidate seeks nomination or election and of <u>Gloucester County</u> 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) <input type="checkbox"/> General Election <input type="checkbox"/> Special Election <input type="checkbox"/> Democratic Primary <input checked="" type="checkbox"/> Republican Primary to be held on the <u>8th</u> day of <u>June</u> , 20 <u>21</u> , and we do further petition that his/her name be printed upon the official ballots to be used at the election.
<b>Note to Petition Signer</b>	<ul style="list-style-type: none"> <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><b>Privacy notice:</b> <ul style="list-style-type: none"> <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><b>Fraud notice:</b> 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.	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Print Full Name</td> <td style="width: 60%; border-bottom: 1px solid black;">Signature</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)</td> </tr> </table>	Print Full Name	Signature	Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable)			
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# Virginia Petition of Qualified Voters (continued from reverse side)

Candidate Ballot 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 the crime of election fraud and be punishable as a Class 5 felony.

Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
	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) _____		

## Circulator Affidavit

I, \_\_\_\_\_ (print full name), 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 me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_ (circulator name).

Notary Signature \_\_\_\_\_ Registration # \_\_\_\_\_ Commission Expiration \_\_\_\_\_

Place photographically Reproducible Stamp/Seal Here

or

Place Photographically Reproducible Seal/Stamp Here

## Virginia Petition of Qualified Voters Instructions

<b>Printing</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• This form is in color but may be printed in black and white or greyscale.</li><li>• This instruction page does not have to be printed/submitted.</li><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>
<b>Circulator</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• The "Candidate Information" and "Petition Signer Statement" sections <b>must</b> be completed prior to obtaining signatures.</li><li>• You <b>must</b> complete the Circulator Affidavit. The Circulator Affidavit must be completed and signed <b>in front of</b> the Notary.</li></ul>
<b>Submitting</b>	<ul style="list-style-type: none"><li>• When you submit this form to the appropriate entity, all signatures must be <b>originals</b>. Copies of signatures will not be accepted.</li><li>• Review the appropriate Candidate Bulletin (<a href="https://www.elections.virginia.gov/candidatepac-info/candidate-bulletins/">https://www.elections.virginia.gov/candidatepac-info/candidate-bulletins/</a>) to determine where and when to submit this form.</li><li>• The SBE-505/520 Declaration of Candidacy (<a href="https://www.elections.virginia.gov/candidatepac-info/candidate-forms/">https://www.elections.virginia.gov/candidatepac-info/candidate-forms/</a>) <b>must</b> be submitted before or with the <b>first</b> petition page submitted.</li></ul>

**Do Not Submit This Instruction Page With Completed Petition Pages.**