

E.W. Jackson

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

4336 Lake Prince Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

Suffolk, Virginia 23434-6816

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

United States Senate

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED
VOTERS

[Must be filed with Declaration of Candidacy]

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.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: \_\_\_\_ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of \_\_\_\_\_ signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election Special Election Democratic Primary Republican Primary

to be held on the 12th day of June, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

Table with 5 columns: OFFICE USE ONLY, SIGNATURE OF REGISTERED VOTER, POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS, DATE SIGNED, and SOCIAL SECURITY NUMBER. It contains 6 rows of signature and address collection points.

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

\* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
8.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

**- AFFIDAVIT -**

I, \_\_\_\_\_, swear or affirm that (i) my full residential address is \_\_\_\_\_ in the State/Commonwealth of \_\_\_\_\_; in the County/City/Town of \_\_\_\_\_; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

State of \_\_\_\_\_ County/City of \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS \_\_\_\_\_ NOTARY REGISTRATION NUMBER\*\* \_\_\_\_\_ DATE NOTARY COMMISSION EXPIRES\*\* \_\_\_\_\_

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\*\* If not included in seal/stamp.