

SPECIAL NOTE REGARDING PETITION OF QUALIFIED VOTERS FORM

The Petition of Qualified Voter form (SBE-506/521) is a two page document (front and back) printed on one piece of 8 ½" x 14" paper. When you print this form, it should be printed front and back on one 8 ½" x 14" sheet of paper. If you are unable to print a double-sided print job, you may print two separate pages. However, you must then reproduce/copy the two pages into one page. The front of the petition contains line numbers 1 through 10; the back of the form contains line numbers 11 through 21 followed by the AFFIDAVIT. If you are unable to print or reproduce this form on 8 ½" x 14" printed back and front, then call our office at 800-552-9745 or 804-864-8901 and we will be glad to send you a form.

Christopher F. DeCarlo

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

8706 Duvall Street

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

Fairfax, Virginia 22031

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

U.S. House of Representatives

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]

[X] General Election [] Special Election [] Democratic Primary [] Republican Primary

to be held on the 6th day of November, 2012, 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 Commonwealth 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 COMMONWEALTH, 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 LAST 4 DIGITS OF SOCIAL SECURITY NUMBER. It contains 10 rows for voter signatures.

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.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE COMMONWEALTH, 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]
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
13.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
14.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
15.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
16.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
17.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
18.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
19.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
20.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
21.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

I, _____, swear or affirm that (i) my resident address is _____ in Virginia in the County/City of _____; (ii) I am a legal resident of the Commonwealth; (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.

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**

* 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.

** If not included in seal/stamp.