

Virginia Petition of Qualified Voters

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

Candidate Information	Candidate Ballot Name: <u>Timothy Clate Phipps I</u> Full Residence Address (including city/state/zip): <u>82 Grove Lane, Fredericksburg, Va, 22406</u> Office Sought: <u>Governor</u> District: <u>N/A</u> Congressional District (optional): _____
Note to Circulator	<ul style="list-style-type: none"> Review Instructions on page 3. The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary.
Petition Signer Statement	We, the qualified voters of the district in which the above candidate seeks nomination or election and of _____ signed hereunder or on the reverse 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) <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary to be held on the <u>2nd</u> day of <u>November</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.
Note to Petition Signer	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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)
	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) _____		
	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 _____ Full Residential Address (including city/state/zip) (PO Box not acceptable) _____		

Virginia Petition of Qualified Voters (continued from reverse side)

Candidate Ballot Name: Timothy Clate Phipps I Office Sought: Governor

Note to Petition Signer	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 3 felony.
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Office Use Only	#	Petition Signer	Date Signed <small>(Must be after January 1st of election year.)</small>	Last 4 Digits of SSN <small>(optional)</small>
	7.	Print Full Name _____ Signature _____ 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) _____		
	10.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box not acceptable) _____		
	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) _____		

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

