

# Virginia Petition of Qualified Voters

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

<b>Candidate Information</b>	Candidate Ballot Name: <u>Sheila "SAMM" Tittle</u> Full Residence Address (including city/state/zip): <u>82 Grove Lane, Fredericksburg, Va, 22406</u> Office Sought: <u>LT Governor</u> District: <u>N/A</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 in front of a Notary.</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 _____ 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>2<sup>nd</sup></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.
<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.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable) _____		
	2.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable) _____		
	3.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable) _____		
	4.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable) _____		
	5.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable) _____		
	6.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box <b>not</b> acceptable) _____		

## Virginia Petition of Qualified Voters (continued from reverse side)

Candidate Ballot Name: Sheila "SAMM" Tittle Office Sought: LT Governor

### 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 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

Place Photographically Reproducible Seal/Stamp Here