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 11" paper. When you print this form, it should be printed front and back on one 8 ½" x 11" 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 6; the back of the form contains line numbers 7 through 12 followed by the AFFIDAVIT. If you are unable to print or reproduce this form on 8 ½" x 11" 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.
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 ___________ County or City, ___ 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] General Election  Special Election  Democratic Primary  Republican Primary to be held on the ______ day of ______, 20___, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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.

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]

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.

SBE-506/521  REV 1.2013
CANDIDATE NAME: ______________________
OFFICE Sought: ______________________

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.

<table>
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<th>OFFICE USE ONLY ▼</th>
<th>SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]</th>
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<td>DATE SIGNED [Must be after January 1 of election year]</td>
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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.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

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**

CIRCULATOR’S DRIVER’S LICENSE NUMBER, IF APPLICABLE

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

CIRCULATOR’S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

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.