Commonwealth of Virginia

Petition of Qualified Voters for Electors for President and Vice President

We, the qualified voters of ☐ County of ________________________ or ☐ City of ________________________ in the Commonwealth of Virginia signed below or on the reverse side of this page, do hereby petition the following to become candidates for the office of Electors for President and Vice President of the United States at the General Election to be held on November 3, 2020.

Congressional District:
1st Gerald Anderson
2nd Tina Rockett
3rd Steffanie Aubuchon
4th Scott Burger
5th Wendy Hageman Smith
6th Tamar Yager
7th Christopher Fink

8th Kirit Mookerjee
9th Clifford Anderson
10th Josh Nuckolls
11th Jonah Thomas
At Large Ryan Wesdock
At Large Sean Imanian

The above candidates, if elected, are required to vote in the Electoral College for _____________ Becker Sidney Smith___________ for President and _________Cheri Honkala____________ for Vice President. We further petition that the names of these candidates be identified on the ballot under the Party Name of _________Green Party of Virginia________________________, a group qualified pursuant to § 24.2-543 of the Code of Virginia.

[If electors do not represent a Party Group, they will be designated as “Independent.”]

Circulator: You must swear or affirm in the affidavit on the reverse side of this form that you are a legal resident of the United States of America, not a minor, nor a felon whose voting rights have not been restored, and that you 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.

SIGNATURE OF REGISTERED VOTER
Print name in space below signature

RESIDENCE ADDRESS
House number and street name or rural route and box number and city/town
Post office boxes are not acceptable

DATE SIGNED
Must be on or after 1/1/2020

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
Optional*

1. Sign Residence
   Print City/Town

2. Sign Residence
   Print City/Town

3. Sign Residence
   Print City/Town

4. Sign Residence
   Print City/Town

5. Sign Residence
   Print City/Town

6. Sign Residence
   Print City/Town

7. Sign Residence
   Print City/Town

8. Sign Residence
   Print City/Town

Continue additional signatures and complete affidavit on reverse side.

*Privacy Notice: The last four digits of the social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided and you may sign the petition without doing so. The Department of Elections, when copying this document for public inspection, must cover the last four digits.

NOTICE: 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 a legal resident of the United States. The circulator cannot be a minor or a convicted felon who has not achieved voting rights restoration. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

ELECT-543(P) 11/2019
Enter Names of Presidential Candidates: ____________________________

Circulator: You must swear or affirm in the affidavit below that you are a legal resident of the United States of America, not a minor, nor a felon whose voting rights have not been restored and that you 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>
<thead>
<tr>
<th>Office Use Only</th>
<th>SIGNATURE OF REGISTERED VOTER</th>
<th>RESIDENCE ADDRESS</th>
<th>DATE SIGNED</th>
<th>LAST 4 DIGITS OF SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Print name in space below signature</td>
<td>House number and street name or rural route and box number and city/town</td>
<td>Must be on or after 1/1/2020</td>
<td>Optional*</td>
</tr>
</tbody>
</table>

9. Sign Residence

Print City/Town

10. Sign Residence

Print City/Town

11. Sign Residence

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16. Sign Residence

Print City/Town

17. Sign Residence

Print City/Town

18. Sign Residence

Print City/Town

Commonwealth of Virginia - AFFIDAVIT –

I, ____________________________________________________________________________, swear or affirm (i) my full residential address is ___________________________________________________________________________; (ii) I am a legal resident of the United States of America in the state/commonwealth of ___________________________; (iii) I am not a minor nor a felon whose voting rights have not been restored, and (iv) I personally 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

Circulator’s Driver’s License Number

State where Driver’s License was Issued

Last 4 Digits of Circulator’s Social Security Number

Signature of Notary

Notary Registration Number**

Date Notary Commission Expires**

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*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.

** If not included in seal/stamp
**Special Note Regarding Petition of Qualified Voters Form**

**How to print this document:**

The Petition of Qualified Voters for Electors for President and Vice President form [ELECT-543(P)] 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 before collecting any signatures. The front of the petition contains line numbers 1 through 8; the back of the form contains line numbers 9 through 18 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.

**When you submit this form:**

When you submit this form to the appropriate entity, all petition signatures must be originals on the form. No copies of petition signatures will be accepted.