

**SPECIAL NOTE REGARDING  
PETITION OF QUALIFIED VOTERS FOR ELECTORS  
FOR PRESIDENT AND VICE PRESIDENT FORM**

The Petition of Qualified Voter form (SBE-543) 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 9; the back of the form contains line numbers 10 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.

WHEN A CONGRESSIONAL 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. IT ALSO IS SUGGESTED THAT YOU FILE PETITIONS IN COUNTY/CITY ORDER TO FACILITATE THE PROCESSING OF THE FILING.  
 IF YOU TRACK THE NUMBER OF SIGNATURES BY CONGRESSIONAL DISTRICT, ENTER DISTRICT NUMBER: \_\_\_\_\_ [OPTIONAL]

COMMONWEALTH OF VIRGINIA

**PETITION OF QUALIFIED VOTERS FOR ELECTORS FOR PRESIDENT AND VICE PRESIDENT**

We, the qualified voters of \_\_\_\_\_ in the Commonwealth of Virginia signed  
ENTER COUNTY OR CITY NAME

hereunder or on the reverse side of this page, do hereby petition the following to become candidates for the office of Elector for President and Vice President of the United States at the General Election to be held on November 6, 2012.

CONGRESSIONAL DISTRICT:

|                 |                        |                  |                             |
|-----------------|------------------------|------------------|-----------------------------|
| 1 <sup>st</sup> | Christopher E. Fink    | 8 <sup>th</sup>  | Kirit Mookerjee             |
| 2 <sup>nd</sup> | Edmund Everett Dowe II | 9 <sup>th</sup>  | Clifford B. Anderson        |
| 3 <sup>rd</sup> | Scott Lindsay Burger   | 10 <sup>th</sup> | Mary Theresa Schmidt Taylor |
| 4 <sup>th</sup> | Crista L. Hilby        | 11 <sup>th</sup> | Paul S. Hughes              |
| 5 <sup>th</sup> | Jana L. Cutlip         | AT LARGE         | James R. Lowenstern         |
| 6 <sup>th</sup> | Daniel A. Metraux      | AT LARGE         | Audrey R. Clement           |
| 7 <sup>th</sup> | Donald E. French       |                  |                             |

The above candidates, if elected, are required to vote in the Electoral College for Jill Stein for President and Howie Hawkins 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 "INDEPENDENT".]**

**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.

| OFFICE USE ONLY<br>▼ | SIGNATURE OF REGISTERED VOTER<br>[PRINT NAME IN SPACE BELOW SIGNATURE] | POST OFFICE BOXES ARE NOT ACCEPTABLE<br>RESIDENT ADDRESS<br>House Number and Street Name or<br>Rural Route and Box Number and City/Town | DATE SIGNED<br>[Must be after<br>January 1,<br>2012] | *SEE NOTE BELOW<br>LAST 4 DIGITS OF<br>SOCIAL SECURITY<br>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   |  |   |
| 9.                   | 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 State Board of Elections, when copying this document for public inspection, must cover the column containing the last four digits of the social security number.

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 either is, or who is eligible to be, a qualified voter of the Commonwealth of Virginia. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.  
 SBE-543 REV 3/12

**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<br>▼ | SIGNATURE OF REGISTERED VOTER<br>[PRINT NAME IN SPACE BELOW SIGNATURE] | POST OFFICE BOXES <u>ARE NOT</u> ACCEPTABLE<br><b>RESIDENT ADDRESS</b><br>House Number and Street Name or<br>Rural Route and Box Number and City/Town | DATE SIGNED<br>[Must be after<br>January 1,<br>2012] | *SEE NOTE BELOW<br><b>LAST 4 DIGITS OF<br/>SOCIAL SECURITY<br/>NUMBER</b> [OPTIONAL] |
|----------------------|--|---|--|--|
| 10.                  | SIGN   | RESIDENCE   |  |  |
|                      | PRINT  | CITY/TOWN   |  |  |
| 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 \_\_\_\_\_; (ii) I am a legal resident of the Commonwealth in the County/City 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

\_\_\_\_\_  
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\*\*

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\*\* If not included in seal/stamp.