

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 PRESIDENTIAL PRIMARY

We, the qualified voters of _____ in the Commonwealth of Virginia signed
ENTER COUNTY OR CITY NAME
 below or on the reverse side of this page, do hereby petition that the name of _____, a person
 who is seeking the nomination for President of the United States of the (CHECK ONE)

DEMOCRATIC PARTY OR REPUBLICAN PARTY

be placed on the ballot in the Presidential Primary Election to be held on March 6, 2012. We further attest that we intend to participate in the primary of the same political party as the above-named candidate.

Petitions may be filed either by the above-named candidate or his designated representative or by a group organized in Virginia on behalf of the above-named candidate. They must be filed with the State Board of Elections, 1100 Bank Street, 1st Floor, Richmond, VA 23219-3642 no later than **5:00 p.m. on Thursday, December 22, 2011** and must be accompanied by the consent/declaration form signed, under oath, by the candidate.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER IN VIRGINIA AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN, INDICATES YOUR INTENT TO PARTICIPATE IN THE PRIMARY OF THE SAME POLITICAL PARTY AS THE ABOVE-NAMED CANDIDATE BUT DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be on or after July 1, 2011]	*SEE NOTE BELOW 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		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	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.

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-545 REV 5/11

Exhibit B

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER IN VIRGINIA AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN, INDICATES YOUR INTENT TO PARTICIPATE IN THE PRIMARY OF THE SAME POLITICAL PARTY AS THE ABOVE-NAMED CANDIDATE BUT DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES <u>ARE NOT ACCEPTABLE</u> RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be on or after July 1, 2011]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
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		
22.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
23.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
24.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia - **AFFIDAVIT** -

I, _____, swear or affirm that (i) my resident address is _____; (ii) I am, or I am eligible to be, a registered and qualified voter in Virginia in the County/City of _____; (iii) I am, or eligible to be, qualified to vote for the office for which this petition is circulated, 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.