

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: \_\_\_\_\_

**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 James S. "Jim" Gilmore, III, a person who is  
ENTER CANDIDATE NAME  
 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 1, 2016. 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 by the above-named candidate, 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, 1<sup>st</sup> Floor, Richmond, VA 23219 no later than **5:00 p.m. on Thursday, December 10, 2015** and must be accompanied by the consent/declaration form signed, under oath, by the candidate.

**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; it indicates intent to participate in the primary of the same political party as the above-named candidate but does not signify intent to vote for the candidate. You may sign petitions for more than one candidate.

Office use only ▼	SIGNATURE OF REGISTERED VOTER <small>Print name in space below signature</small>	RESIDENT ADDRESS <small>House number and street name or rural route and box number and city/town Post office boxes are not acceptable</small>	DATE SIGNED <small>Must be on or after 6/23/15</small>	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <small>Optional*</small>
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		

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 must swear or affirm the affidavit on each page.

**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; it indicates intent to participate in the primary of the same political party as the above-named candidate but does not signify 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	RESIDENT ADDRESS House number and street name or rural route and box number and city/town <b>Post office boxes are not acceptable</b>	DATE SIGNED Must be on or after 6/23/15	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER Optional*
	SIGN	RESIDENCE		
8.	PRINT	CITY/TOWN		
	SIGN	RESIDENCE		
9.	PRINT	CITY/TOWN		
	SIGN	RESIDENCE		
10.	PRINT	CITY/TOWN		
	SIGN	RESIDENCE		
11.	PRINT	CITY/TOWN		
	SIGN	RESIDENCE		
12.	PRINT	CITY/TOWN		
	SIGN	RESIDENCE		
13.	PRINT	CITY/TOWN		
	SIGN	RESIDENCE		
14.	PRINT	CITY/TOWN		

**- AFFIDAVIT -**

I, \_\_\_\_\_, swear or affirm that (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.

\_\_\_\_\_  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
 STATE WHERE DRIVER'S LICENSE WAS ISSUED

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP HERE

\_\_\_\_\_  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of \_\_\_\_\_

\_\_\_\_\_  
 LAST 4 DIGITS OF CIRCULATOR'S SOCIAL SECURITY NUMBER

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\*\*

\_\_\_\_\_  
 NOTARY COMMISSION EXPIRATION\*\*

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

## SPECIAL NOTE REGARDING PETITION OF QUALIFIED VOTERS FORM

This SBE-545 Petition of Qualified Voters for Presidential Primary form is a one page document, with a front and back side, printed on one piece of 8½" 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 7; the back of the form contains line numbers 8 through 14 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.