

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 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 5, 2024.

Congressional District:

1 st Nicolas James Kurfees	8 th Logan Mackenzie Hoy
2 nd Lawrence E Millen	9 th Dean D. Davison
3 rd James Joseph St. John	10 th James Paul RePass Jr.
4 th Donald Robert Pinkleton Jr.	11 th Christopher John Cunningham
5 th Adam Nicholas Plaskey	At Large Paul Michael Bracco
6 th Brian A. Hiner	At Large Jason Scott Bruce
7 th David M. Norton	

The above candidates, if elected, are required to vote in the Electoral College for _____ Jennifer D. Leatherbury for President and _____ Carla A. Howell for Vice President. We further petition that the names of these candidates be identified on the ballot under the Party Name of _____ Libertarian Party, 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.

Office Use Only ↓	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	Last 4 of SSN 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 date of birth 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 month and day of the date of birth.

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.

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.

Office Use Only ↓	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	Last 4 of SSN Optional*
9.	Sign	Residence		
	Print	City/Town		
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		

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; and I consent to the jurisdiction of the courts of Virginia in resolving any disputes concerning the circulation of petitions, or signatures contained therein. 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

Last 4 Digits of Circulator's Social Security Number

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 Notary Registration Number** Date Notary Commission Expires**

***Privacy Notice:** The date of birth 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 month and day of the date of birth.

***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.