

Continue from Reverse Side **Petition of Qualified Voters to Recall Michael Jones, District 9, Richmond, Virginia**

**Circulator:** Must swear or affirm in the affidavit on the reverse side of this form that s/he is a legal resident of the United States of America, not a minor nor a felon whose voting rights have not been restored and the s/he personally witnessed each signature.

Office use only	Signature of Registered Voter (Print Name in Space Below Signature)	Post Office <u>Boxes Are Not Acceptable</u> Residence Address House Number and Street Name or Rural Route and Box Number and City/Town	Date Signed [Must be after January 1 of election year]	Optional: Last 4 digits of Social Security Number *see note front side
9	Sign	Residence		
	Print	City/Town Richmond, Virginia,		
10	Sign	Residence		
	Prints	City/Town Richmond, Virginia,		
11	Sign	Residence		
	Print	City/Town Richmond, Virginia,		
12	Sign	Residence		
	Print	City/Town Richmond, Virginia,		

Commonwealth of Virginia: **-AFFIDAVIT-**

I, \_\_\_\_\_ swear or affirm that (i) my full residential address is \_\_\_\_\_ in the Commonwealth of Virginia, in the City of Richmond, (ii) I am a legal resident of the United States of America, (iii) I am not a minor (iv) I am not a felon whose voting rights have not been restored, and (v) I 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.

\_\_\_\_\_  
Signature of person circulating the petition

State of Virginia, City of Richmond

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

Place Photographically Reproducible  
Notary Seal/Stamp Below  
(Use your bank)

\_\_\_\_\_  
Print name of person circulating the petition

Signature of Notary or other person Authorized to administer oaths      Notary Registration Number      Date Notary Commission Expires  
If not included in seal/stamp

\_\_\_\_\_  
Circulator's Driver's License Number, if Applicable

\_\_\_\_\_  
Name of state that issued the Circulator's Driver's License

\_\_\_\_\_  
Circulator's Last 4 Digits

\_\_\_\_\_  
of Social Security Number

Privacy Notice--see front (Timists ID# \_\_\_\_\_ for credits. Notarize your petition at your bank for free..  
Mail/Deliver to Sen. Joe Morrissey, 605 E. Nine Mile Rd., Highland Springs VA 23075