CM09-88

CERTIFICATE OF RECEIPT AND ACCEPTANCE
LOCAL REFERENDUM

TO: _____

_____

_____

I, PAUL FERGUSON, Clerk of the Circuit Court of ARLINGTON COUNTY, VIRGINIA, certify that:

MICHAEL GLENN STAPLES, filed with me as required by § *24.2-684.1* of the Code of Virginia, a copy of a petition for a referendum on the following subject:

SHALL ARLINGTON COUNTY ADOPT THE COUNTY BOARD FORM OF GOVERNMENT, the issue for which the petition will be circulated. A statement also was filed setting forth the filer's name and residence address. The statement:

☐ did not indicate that the filer is representing an organization; or

☒ indicated that the filer is representing the following organization:

ARLINGTON ~~PROFESSIONAL FIREFIGHTERS AND PARAMEDICS ASSOCIATION~~; and

☐ did; or
☒ did not

} set forth a mailing address different from the filer's residence address.

I further certify that I accept these documents and petitions now may be circulated. Petitions must be circulated, completed and filed with the Court within nine months of the date of this certification. The filing deadline for any specific election also must be met if the referendum is to be held at that election.

Paul Ferguson, Clerk

Date: OCTOBER 15, 2009

The Clerk of Circuit Court must return to the filer of the petition the original of this document and to the State Board of Elections one copy each of this document, the Statement of Petitioner and the Petition.

FILED

OCT 14 2009

PAUL FERGUSON, Clerk
Circuit Court Arlington County VA
by _____ Deputy Clerk

STATEMENT OF PETITIONER FOR LOCAL REFERENDUM

TO: Clerk of Circuit Court

County of Arlington

Submitted herewith is a copy of a petition to be circulated for a referendum as authorized by law on the question which appears thereon.

As required by § 24.2-684.1 of the *Code of Virginia*, I certify that I am registered and qualified to vote in the jurisdiction and, if applicable, district in which the election will be held. The following information is provided as required:

Michael Glenn Staples
TYPE OR PRINT YOUR FULL LEGAL NAME

2709 N. Venable Street
ENTER YOUR RESIDENCE ADDRESS

Arlington, Virginia 22213
CITY/TOWN ZIP

ENTER YOUR MAILING ADDRESS IF DIFFERENT FROM RESIDENCE ADDRESS

CITY/TOWN ZIP

703-677-2161
ENTER A DAYTIME TELEPHONE NUMBER, INCLUDING AREA CODE

Arlington Professional Firefighters AND Paramedics Association
ENTER NAME OF ORGANIZATION YOU REPRESENT, IF ONE

Please certify, within ten days of my filing these documents, that you have received and accepted the petition copy and this statement.

I understand that the petitions must be circulated, completed and filed with you within 9 months of the date of your certificate of receipt and acceptance **or** by the deadline required for the election, whichever first occurs. I further understand that a court order must be entered at least 60 days before the election.

Mike Staples
SIGNATURE OF PETITIONER

10/14/2009
ENTER DATE

12/17/04

We the qualified voters of Arlington County
County or City or Town and District, if applicable
signed hereunder do hereby petition the circuit court to enter an order, pursuant to § 15.2-301 of the Code of Virginia for a Special Election to be held on a date set by court order, on the question listed below:

COMMONWEALTH OF VIRGINIA

PETITION OF QUALIFIED VOTERS
FOR REFERENDUM

Shall Arlington County adopt the County Board form of government?

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT FOR WHICH THE ISSUE IS REQUESTED 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 ISSUE.

OFFICE USE ONLY V		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	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
	1.	SIGN			
		PRINT			
	2.	SIGN			
		PRINT			
	3.	SIGN			
		PRINT			
	4.	SIGN			
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	5.	SIGN			
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	6.	SIGN			
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	7.	SIGN			
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	8.	SIGN			
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	10.	SIGN			
		PRINT			
	11.	SIGN			
		PRINT			
	12.	SIGN			
		PRINT			

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

CONTINUED FROM REVERSE SIDE

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT FOR WHICH THE ISSUE IS REQUESTED 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 ISSUE.

OFFICE USE ONLY V		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	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
	13.	SIGN PRINT			
	14.	SIGN PRINT			
	15.	SIGN PRINT			
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	24.	SIGN PRINT			
	25.	SIGN PRINT			
	26.	SIGN PRINT			

Commonwealth of Virginia

- AFFIDAVIT -

I, ______________________________, swear or affirm that (i) my resident address is ______________________________;

that (ii) I either am, **OR** I am eligible to be, a qualified voter in the County/City of ______________ and, if applicable, ______________ District; or if this petition is for a town issue, the Town of ______________; (iii) I reside and I am registered, or eligible to be registered...

CONTINUED FROM REVERSE SIDE

FILED
OCT 1 2008
Circuit Court Arlington, Virginia
by: _____ Deputy Clerk

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT FOR WHICH THE ISSUE IS REQUESTED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

SIGNER: YOUR SIGNATURE ON THIS PETITION SHOULD BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE ISSUE.

OFFICE USE ONLY V		SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	RESIDENT ADDRESS (POST OFFICE BOXES ARE NOT ACCEPTABLE) House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
	13.	SIGN			
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Commonwealth of Virginia

- AFFIDAVIT -

I, _____, swear or affirm that (i) my resident address is _____;

that (ii) I either am, **OR** I am eligible to be, a qualified voter in the County/City of _____ and, if applicable, _____ District; or if this petition is for a town issue, the Town of _____;