

Alternate Electronic Virginia Petition of Qualified Voters – Statewide Offices Only
(Governor, Lieutenant Governor, Attorney General)
 (Must be filed with the SBE-505/520 Declaration of Candidacy)

Instructions

Obtaining Signatures	<ul style="list-style-type: none"> Print petition page and provide a copy to the petition signer; OR Send an electronic copy of the petition page to the petition signer.
Note	<ul style="list-style-type: none"> If a petition signer does not supply the last four digits of their social security number, the petition signing must be witnessed by a petition circulator and notarized on form SBE-506/521 (letter size or legal size) for collection of petition signatures by petition circulators. <u>If the petition signer supplies the last four digits of their social security number, the petition does not need to be witnessed in the presence of a petition circulator and may be submitted to the candidate or candidate's campaign by the petition signer themselves without affirmation by a circulator or notarization.</u> The "Candidate Information" and "Petition Signer Statement" sections must be completed prior to obtaining signatures.
Submitting	<ul style="list-style-type: none"> Instructions on when, where, and how to submit paper and electronic petition pages can be found in the "Governor, Lt. Governor, and Attorney General" Candidate Bulletin. The SBE-505/520 Declaration of Candidacy must be submitted before or with the first petition page submitted.

Candidate Information	Candidate Ballot Name: <u>Sheila "SAMM" Title</u> Full Residence Address (including city/state/zip): <u>82 Grove Lane, Fredericksburg, Va, 22406</u> Office Sought (check only one): <input type="checkbox"/> Governor <input checked="" type="checkbox"/> Lieutenant Governor <input type="checkbox"/> Attorney General
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Petition Signer Statement	I, the qualified voters of the district in which the above candidate seeks nomination or election, and of _____ signed hereunder, do hereby petition the above named individual to become a _____ County/City/Town candidate for the office stated above in the (check only one): <input type="checkbox"/> General Election <input type="checkbox"/> Special Election <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary, to be held on the _____ that his/her name be p_____
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Note to Petition Signer	<ul style="list-style-type: none"> 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. Privacy notice: <ul style="list-style-type: none"> The information provided will be checked against the official voter registration roll. This form is available for public inspection, but your SSN, or any part thereof, will not be provided. 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.
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Office Use Only ↓	Date Signed (required) <i>Must be after January 1st of election year.</i>	Last 4 Digits of SSN (required if the individual is not signing in the presence of a circulator)
Petition Signer (all sections required)		
I affirm the information provided is true, and I affirm I am a resident of my jurisdiction and of the address provided below.		
Print Full Name _____		Signature _____
Full Residential Address (including city/state/zip) (PO Box not acceptable) _____		

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Candidate Information	Candidate Ballot Name: <u>David Adam McKelvey</u> Full Residence Address (including city/state/zip): <u>27 Wyndermere Dr., Troutville, Va,24175</u> Office Sought (check only one): <input type="checkbox"/> Governor <input type="checkbox"/> Lieutenant Governor <input checked="" type="checkbox"/> Attorney General
Petition Signer Statement	I, the qualified voters of the district in which the above candidate seeks nomination or election, and of _____ signed hereunder, do hereby petition the above named individual to become a _____ County/City/Town candidate for the office stated above in the (check only one): <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary, to be held on the <u>2nd</u> day of <u>November</u> , 20 <u>21</u> , and we do further petition that his/her name be printed upon the official ballots to be used at the election.
Note to Petition Signer	<ul style="list-style-type: none"> 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. Privacy notice: <ul style="list-style-type: none"> The information provided will be checked against the official voter registration roll. This form is available for public inspection, but your SSN, or any part thereof, will not be provided. 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.

Office Use Only ↓	Petition Signer (all sections required)	Date Signed (required) <i>Must be after January 1st of election year.</i>	Last 4 Digits of SSN (required if the individual is not signing in the presence of a circulator)
	I affirm the information provided is true, and I affirm I am a resident of my jurisdiction and of the address provided below. Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box not acceptable) _____		