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)

Inst			

Obtaining	Print petition page and provide a copy to the petition signer; OR						
Signatures	Send an electronic copy of the petition page to the petition signer.						
Note	 If a petition signer does not supply the last four digits of their social security number, the peti witnessed by a petition circulator and notarized on form SBE-506/521 (letter size or legal size 						
	signatures by petition circulators. If the petition signer supplies the last four digits of their social security r						
	petition does not need to be witnessed in the presence of a petition circulator and may be su						
	candidate's campaign by the petition signer themselves without affirmation by a circulator or notarization.						
	The "Candidate Information" and "Petition Signer Statement" sections must be completed pr		g signatures.				
Submitting	 Instructions on when, where, and how to submit paper and electronic petition pages can be form. 						
	Governor, and Attorney General" Candidate Bulletin.		-				
	 The <u>SBE-505/520 Declaration of Candidacy</u> must be submitted before or with the first petition 	n page submit	ted.				
Candidate	Candidate Ballot Name: Timothy Clate Phipps I						
Information	Full Residence Address (including city/state/zip): 82 Grove Lane, Fredericksburg, Va, 22406						
	Office Sought (check only one): Governor Lieutenant Governor Attorney Gene	ral					
Petition	I, the qualified voters of the district in which the above candidate seeks nomination or election	, and of					
Signer	signed hereunder, do hereby petition the above na	med individua	I to become a				
Statement	County/City/Town						
	candidate for the office stated above in the (check only one):						
	General Election Special Election Democratic Primary	Republican Pri	mary,				
	to be held on the day of November, 20 21,	and we do fur	ther petition				
	that his/her name be printed upon the official ballots to be used at the election.						
Note to	Your signature on this petition must be your own and does not signify an intent to vote for to	he candidate.					
Petition	You may sign petitions for more than one candidate.						
Signer	Privacy notice: The information and ideal will be abaded assistable official value assistable and the afficial value as a single as a						
	o 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 j Fraud notice: Any willfully false material statement or entry made on this form by any person 		to the crime of				
	election fraud and be punishable as a Class 5 felony.	i shan constitu	ite the crime of				
	election fladu and be pullishable as a class 3 felony.						
			Last 4 Digits				
Office		Date	of SSN				
Use		Signed	(required if the				
Only		(required) Must be after	individual is not signing in the				
III		January 1st of	presence of a				
\blacksquare	Petition Signer (all sections required) the information provided is true, and I affirm I am a resident of my jurisdiction and of the	election year.	circulator)				
address	provided below.						
 							
Print Fu	II Name Signature						
 							
Full Res	idential Address (including city/state/zip) (PO Box not acceptable)						

ELECT-506/521[E]

Alternate Electronic Virginia Petition of Qualified Voters – Statewide Offices Only

(Governor, Lieutenant Governor, Attorney General)

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Submitting	 Instructions on when, where, and how to submit paper and electronic petition pages can be f Governor, and Attorney General" <u>Candidate Bulletin</u>. The <u>SBE-505/520 Declaration of Candidacy</u> must be submitted before or with the first petitio 						
Candidate Information	Candidate Ballot Name: Shella "SAIVIIVI" HTTIE						
	Office Sought (check only one): Governor Lieutenant Governor Attorney Gene	eral					
Petition Signer Statement	I, the qualified voters of the district in which the above candidate seeks nomination or election signed hereunder, do hereby petition the above na County/City/Town candidate for the office stated above in the (check only one): General Election Special Election Democratic Primary	•					
Note to Petition Signer	to be held on the	provided.	ite the crime of				
address	Petition Signer (all sections required) the information provided is true, and I affirm I am a resident of my jurisdiction and of the provided below.	Date Signed (required) Must be after January 1st of election year.	Last 4 Digits of SSN (required if the individual is not signing in the presence of a circulator)				
Print Ful Full Resi	dential Address (including city/state/zip) (PO Box not acceptable)						

ELECT-506/521[E]

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(Must be filed with the SBE-505/520 Declaration of Candidacy)

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Junitung	Governor, and Attorney General" Candidate Bulletin. • The SBE-505/520 Declaration of Candidacy must be submitted before or with the first petition		
Candidate Information	Candidate Ballot Name:David Adam McKelvey Full Residence Address (including city/state/zip):27 Wyndermere Dr., Troutville, Va,24175 Office Sought (check only one):GovernorLieutenant GovernorAttorney Gene	ral	
Petition Signer Statement		•	mary,
Note to Petition Signer	Your signature on this petition must be your own and does not signify an intent to vote for the You may sign petitions for more than one candidate. Privacy notice: 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 performed the Fraud notice: Any willfully false material statement or entry made on this form by any person election fraud and be punishable as a Class 5 felony.	provided.	ite the crime of
Office Use Only	Petition Signer (all sections required) the information provided is true, and I affirm I am a resident of my jurisdiction and of the	Date Signed (required) Must be after January 1st of election year.	Last 4 Digits of SSN (required if the individual is not signing in the presence of a circulator)
address	provided below.		
Print Full	Name Signature dential Address (including city/state/zip) (PO Box not acceptable)		
Full Resid		i	

ELECT-506/521(E) Rev. 2/10/2021