**Instructions**

|  |  |
| --- | --- |
| **Obtaining Signatures** | 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** | 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](https://www.elections.virginia.gov/media/formswarehouse/campaign-finance/2018/candidates/Petition-of-Qualified-Voters-SBE-506_521_letter.pdf) size or [legal](https://www.elections.virginia.gov/media/formswarehouse/campaign-finance/2018/candidates/Petition-of-Qualified-Voters-SBE-506_521_legal.pdf) size) for collection of petition signatures by petition circulators. 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.   * The “Candidate Information” and “Petition Signer Statement” sections **must** be completed prior to obtaining signatures. |
| **Submitting** | * Instructions on when, where, and how to submit paper and electronic petition pages can be found in the appropriate [Candidate Bulletin](https://www.elections.virginia.gov/candidatepac-info/candidate-bulletins/). * The [SBE-505/520 Declaration of Candidacy](https://www.elections.virginia.gov/media/formswarehouse/campaign-finance/2018/candidates/SBE_505_520_Declaration_of_Candidacy_Rev1_15.pdf) **must** be submitted before or with the **first** petition page submitted. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate**  **Information** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Candidate Ballot Name: | | | Kelly Carmichael Booz | | | | | |  | | | | | | | | | Full Residence Address (including city/state/zip): | | | | | 143 Hilton Street, Alexandria, VA 22314 | | | |  | |  | | | | | | | Office Sought: | Alexandria School Board | | | | | District/Town: | B | |  | | | | | | | | |  | | | |  | |  | | |  | | | | | | | | |
| **Petition**  **Signer**  **Statement** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | I, a qualified voter of the district in which the above candidate seeks nomination or election, and of | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Alexandria | | | | | | | , signed hereunder, do hereby petition the above named individual to | | | | | | | | | County/City/Town | | | | | | |  | | | | | | | | | become a candidate for the office stated above in the (check only one) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | X | General Election | |  | | Special Election |  | | Democratic Primary | | |  | Republican Primary | | to be held on the | |  | | | | | | | | | | | | | | | | 2nd | | day of | | November | | | | | , 20 | 21 | | | , and do further petition that | | | his/her name be printed upon the official ballots to be used at the election. | | | | | | | | | | | | | | | |
| **Note to**  **Petition**  **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. * **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 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)**  ***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)** |
|  | 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) | | | |  |  |
|  |  |  |  |