	didat		Candidate Ballot Name: JOHN F SUTTON		Rand
Information		tion	Full Residence Address (including city/state/zip): 4856 Admiration or IVE	Virginia	221111
			Office Sought: SChool BOARD District:	3 79,	23969
			Congressional District (optional):		
Note	e to		Review Instructions on page 3.		
	ulato	r	 The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary. We, the qualified voters of the district in which the above candidate seeks nomination or election and of 		
Peti:			Vaintable Seeks normation or election and or	do horoby potition	tha abau
_	emei	nt	County/City/Town	, do hereby petition	the above
			named individual to become a candidate for the office stated above in the (check only one) General Election Democratic Primary		
		ŀ	General Election Special Election Democratic Primary to be held on the 5 day of NOVEMBER	Republican Prim	N 201
			and we do further petition that his/her name be printed upon the official ballots to be used at the election.	, 20_2	9
Note			 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. 	•	
Petit Signe			Privacy notice:		
			 Providing the last four digits of your SSN is optional. You may sign the petition without providing thi The information provided will be checked against the official voter registration roll. 	s information.	
			 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 constit 	ute the crime of elec	rtion fraud and
	_		be punishable as a Class 5 felony.		
Office				Date Signed (Must be after	Last 4 Digits
Use Only	#		Petition Signer	January 1st of election year.)	of SSN (optional)
,	П	0	and Patrick Durker Sind P. Sulec	election year.	(optional)
0		ν			
Ω	1 1	Prin	t Full Name Signature	2/2/2	li .
R	1.	Prin 4		2/3/2024	-
R	1.	4		2/3/2024	-
R		4 Full	Posidential Address (including city/state/zip) (PO Box not acceptable) Phyllis KERNE Depth Keever	1101	
R	2.	4 Full	Residential Address (including city/state/zip) (PO Box not acceptable) Proposition of the proposition of th	2/3/2024 3/3/2024	- -
2		Full Print	Posidential Address (including city/state/zip) (PO Box not acceptable) Phyllis KERNE Depth Keever	1101	
R 2		Full Print	Residential Address (including city/state/zip) (PO Box not acceptable) Phyllis EFNE Death, VA 23464 Signature TYTMAN Word agh Dr/9 Brach Vg 2346 Residential Address (including city/state/zip) (PO Box not acceptable)	1101	
2		Full Full	Residential Address (including city/state/zip) (PO Box not acceptable) Full Name Signature Political Address (including city/state/zip) (PO Box not acceptable) Full Name Signature Signature Signature Signature Signature Signature	2/3/2024 4	
RRR	2.	Print Full Print	Residential Address (including city/state/zip) (PO Box not acceptable) Thy I I S FENE Please, VA 23464 Full Name Signature TY 7 Man Morough Dry9 Brach Vg 2346 Residential Address (including city/state/zip) (PO Box not acceptable) Signature Signature Signature Full Name Signature TABI Marlborough Dr. VA Bauch VA 23444	1101	
R	2.	Print Full Print	Residential Address (including city/state/zip) (PO Box not acceptable) Full Name Signature The sidential Address (including city/state/zip) (PO Box not acceptable) Full Name Signature Signature Signature Signature Signature Signature Signature Address (including city/state/zip) (PO Box not acceptable) Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/2024 X Z13/24	
R	2.	Full Full Full Full Full Full Full Full	Residential Address (including city/state/zip) (PO Box not acceptable) Proposed Pro	2/3/2024 4	
RR	2.	Full Full Full Full Full Full Full Full	Residential Address (including city/state/zip) (PO Box not acceptable) Full Name Signature TO BI Mar box bush Residential Address (including city/state/zip) (PO Box not acceptable) Signature	2/3/2024 X Z13/24	
RRR	2.	Print Full Full Full F	Residential Address (including city/state/zip) (PO Box not acceptable) Proposed Pro	2/3/2024 X Z13/24	
RRR	2.	Print Full Full Full F	Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/2024 X Z13/24	
RRR	2.	Print Full Full Full F	Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/2024 X Z13/24	
RRR	3.	Print Life Full Full Full Full Full Full Full Ful	Residential Address (including city/state/zip) (PO Box not acceptable) Signature Residential Address (including city/state/zip) (PO Box not acceptable) Signature Residential Address (including city/state/zip) (PO Box not acceptable) Signature Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/2024 X Z13/24	
RRR	3.	Print Life Full Full Full Full Full Full Full Ful	Residential Address (including city/state/zip) (PO Box not acceptable) Roark (annow Signature Signature Annow Signatu	2/3/2024 X Z13/24	
RRR	2. 3. 4.	Print Life Full Full Full Full Full Full Full Ful	Residential Address (including city/state/zip) (PO Box not acceptable) Signature Residential Address (including city/state/zip) (PO Box not acceptable) Signature Residential Address (including city/state/zip) (PO Box not acceptable) Signature Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/2024 X Z13/24	
RRR	3.	Print Life Full Full Full Full Full Full Full Ful	Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/2024 X Z13/24	

Virginia Petition of Qualified Voters (continued from reverse side) School Candidate Ballot Name: John & SUTTO Office Sought: Your signature on this petition must be your own and does not signify an intent to vote for the candidate. Note to You may sign petitions for more than one candidate. **Petition** Privacy notice: Providing the last four digits of your SSN is optional. You may sign the petition without providing this information. Signer 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. **Date Signed** Last 4 Digits (Must be after Office of SSN January 1st of Use (optional) # election year.) Petition Signer Only MON Signature Print Full Name 7. Full Residential Address (including city/state/zip) (PO Box not acceptable) Signatu Print Full Name 8. Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature 9. ChurchIII Full Residential Address (including city/state/zip) (PO Box not acceptable) 10. 4920 Virginia Full Residential Address (including city/state/zip) (PO Box not acceptable L. BONDURANT JAMUEL Print Full Name 11. Full Residential Address (including city/state/zip) (PO Box not acceptable) ordinant Samantha Saman Print Full Name 12. ST. VITGINIA B.each ROSECTOFF Full Residential Address (including city/state/zip) (PO Box not acceptable , swear or affirm that (i) my full Circulator (print full name) **Affidavit** residential address (including city/state/zip) is 1856 Admiration (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signature of each person who signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving any disputes concerning the circulation of petitions, or signatures contained therein. Londerstand that falsely signing this Affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten year Date: Circulator Signature: **Notary** County/City of State of The foregoing instrument was subscribed and sworn before me this *********** by (circulator name) mission Expiration **Notary Signature**

Rev. 7/2020

MAN EALTH O

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

Candidate Candidate Ballot Name: Information Full Residence Address (including city/state/zip): 4854 Admiration BOARD District: Congressional District (optional): Note to · Review Instructions on page 3. • The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary. Circulator We, the qualified voters of the district in which the above candidate seeks nomination or election and of **Petition** Signer signed hereunder or on the reverse side of this page, do hereby petition the above County/City/Town Statement named individual to become a candidate for the office stated above in the (check only one) **General Election** Special Election **Democratic Primary** Republican Primary to be held on the , 20 24 day of and we do further petition that his/her name be printed upon the official ballots to be used at the election. Your signature on this petition must be your own and does not signify an intent to vote for the candidate. Note to You may sign petitions for more than one candidate. **Petition** Signer o Providing the last four digits of your SSN is optional. You may sign the petition without providing this information. The information provided will be checked against the official voter registration roll. o 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. **Date Signed** Office Last 4 Digits (Must be after Use of SSN January 1st of # Only **Petition Signer** election year.) (optional) Na than Print Full Name 1. Full Residential Address (including city/state/zip) (PO Box not acceptable) 2. 4)90 Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 3. BrookenAU Full Residential Address (including city/state/zip) (PO Box not acceptable) OBIN Print Full Name 4. Full Residential Address (including city/state/zip) (PO Box not acceptable Print Full Name Full Residential Address (including city/state/up) (PO Box not acceptable

grature Lines and Required Circulator Affidavit on Reverse Side

			ZB	
Virgi	nia to Ball	Petition of Qualified Voters (continued from reverse side) ot Name: John F SUTTON Office Sought: School	BOA	RD_
Note to Petition Signer	to on	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this in 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 be punishable as a Class 5 felony. 	te the crime of elec	tion fraud and
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
R	7.	MICHAEL J. DOUGHERRY Michael J. Dougherry Print Full Name 676 BROOKEWAY CT, VIRGINIA BEACH VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	55An2024	
R	8.	Affina R. Dougrety Print Full Name Lette Brockeway G. VA Virginia 23464 Full Residential Address (including city/state/zip) (PO Box not addeptable)	Feb 5 2024	
R	9.	Print Full Name COOBSTOCK EWAY C. VB VA 25464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	020524	
R	10.	Marsha L. Olson Marsha L. Olson Print Full Name 673 Brookeway Ct. Virginia Beach Va 2346 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/5/24	
R	11.	HANNAH E DUUGHERTY Hannah Duugherty Print Full Name Signature VIRGINIA BEACH VA ZBYLY Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/5/24	
2	12.	Saudra Forchand Signature Print Full Name 67 By Orher of the North Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)	C/S/ZY	
Circu Affid	ulator lavit	·	any disputes conce	person who
Nota		State of Ray 6 County/City of The foregoing instrument was subscribed and sworn before me this 1911 day of by (circulator name) Notary Signature Registration # My County	Commission Expir	24 -27 ration

				121
	dida	Candidate ballot Name:		
Information		Full Residence Address (including city/state/zip): 4856 Admiration of 1	e Virgir	11a Bead
		Office Sought: School board District: 3	Va.	23464
		Congressional District (optional):		
	e to	Review Instructions on page 3. The Circulator Affidavity on the review side must be a several and size of the form of the first o		
	ulato tion	 The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary. We, the qualified voters of the district in which the above candidate seeks nomination or election and of 		
Sign		VIV 9111 B - Back signed hereunder or on the reverse side of this page	do hereby netition	the above
	eme	County/City/Town	, do hereby petition	Title above
		named individual to become a candidate for the office stated above in the (check only one)		
		General Election Special Election Democratic Primary	Republican Prin	
		to be held on the	, 20	9
Not		Your signature on this petition must be your own and does not signify an intent to vote for the candidate		-
Peti		 You may sign petitions for more than one candidate. Privacy notice: 		
Sign	er	 Providing the last four digits of your SSN is optional. You may sign the petition without providing thi The information provided will be checked against the official voter registration roll. 	s information.	
		 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 constit be punishable as a Class 5 felony. 	ute the crime of ele	ection fraud and
	ï	1	Date Signed	T.
Office Use	1		(Must be after January 1st of	Last 4 Digits of SSN
Only	#	Petition Signer	election year.)	(optional)
	1	Joe Camarda		
v	1.	Print Full Name Signature		
Ĺ.		Full Residential Address (including city/state/zip) (PO Box not acceptable)	Feb3 2024	
		Manual Autoress (including city/state/21) (FO BOX NOT acceptance)	404/	
		Print Full Name Signature	Feb. 3	
2	2.	4868 Admiration Dr. VB. VA 23464	20011	
1		Full Residential Address (including city/state/zip) (PO Box not acceptable)	2024	
		Whitney Dear- Reyes Whith Our Reyn	56.3	
0	3.	Print Full Name Signature	PCD-5	
K		4864 Admiration Drive Virginia Beach, VA 23464	2024	
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	i i i	Print Full Name Signature	Feb 3	
7	4.	4864 Admiration Dr. VA. Beach, VA. 23464	2024	
- Succession		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
		Megan cheartrain	E0 2	
	5.	Print Full Name Signature	Feb 3	
)		4869 Admiration D. VABEach, VA 23464	ron	
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
		Print Pull Names Signature	Feb 3	
2	6.	MY CONTRACTOR DV. VA ROCH, VA 23464	2024	
		Full Residencial Address (including city/state/zip) (PO Box not acceptable)	514	

Virginia Petition of Qualified Voters (continued from reverse side) Candidate Ballot Name: John F SUTTON Your signature on this petition must be your own and does not signify an intent to vote for the candidate. Note to You may sign petitions for more than one candidate. **Petition Privacy notice:** Providing the last four digits of your SSN is optional. You may sign the petition without providing this information. Signer 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. **Date Signed Last 4 Digits** Must be after Office January 1st of of SSN Use (optional) election year.) # **Petition Signe** Only Print Full Name 7. Full Residential Address (including city/state/zip) (PO Box not acceptable RYAN BRINKERHOF Print Full Name 8. RNO Full Residential Address (including city/state/zip) (PO Box not acceptable Full Residential Address (including city/state/zip) (PO Box not acceptable) 10. Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature 11. CHADWICK CT V4 Full Residential Address (including city/state/zip) (PO Box not acceptable) Allison Print Full Name 12. irginia Beach, 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) swear or affirm that (i) my full CUTTON Circulator John I, (print full name) **Affidavit** residential address (including city/state/zip) is Admirati (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signature of each person who signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving any disputes concerning the circulation of petitions, or signatures contained therein. Lunderstand that falsely signing this Affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years. Date: Circulator Signature: County/City of **Notary** State of The foregoing instrument was subscribed and sworn before me this by (circulator name) Registration # **Notary Signaty**

Rev. 7/2020

	dida rmat	candidate Ballot Name: 30111 4 301100		
		Full Residence Address (including city/state/zip): 4856 Hamirat Cov)	ive Va	Beach
		Office Sought: SChool BOARD District: 3	>	234
		Congressional District (optional):		
Not	e to ulato	 Review Instructions on page 3. The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary. 		
Peti	_	We, the qualified voters of the district in which the above candidate seeks nomination or election and of		
Sign		Virginia Beach signed hereunder or on the reverse side of this page,	, do hereby petition	the above
Stat	emei	County/City/Fown named individual to become a candidate for the office stated above in the (check only one)		
		General Election Special Election Democratic Primary	Republican Prim	nary
		to be held on the 6 day of November	, 20 2	Ψ,
Note	e to	 and we do further petition that his/her name be printed upon the official ballots to be used at the election. Your signature on this petition must be your own and does not signify an intent to vote for the candidate. 		
Petit		You may sign petitions for more than one candidate. Privacy notice:		
Sign	er	 Providing the last four digits of your SSN is optional. You may sign the petition without providing this 	s information.	
		 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 be punishable as a Class 5 felony. 	ute the crime of elec	ction fraud and
	1		Date Signed	
Office Use	#		(Must be after January 1st of	Last 4 Digits of SSN
Only	"	Petition Signer	election year.)	(optional)
		1 pruling Slovah I Varyxmu Dough		
400	1. 1	Print Full Name		
2	1.	Print Full Name Signature Signature	2/2/24	
2	1.	Print Full Name Signature Signature Signature Signature Signature Signature	2/2/24	
2	1.	4852 Ashmendo CT VB 23464	2/2/24	
2	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Crank Litan Print Full Name Signature	2/2/24	
Na		Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Crank liter Print Full Name 953 Ames by Ld Va Beuch VA. 23484	2/23/24	
Na		Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Cryn k itin Print Full Name 953 Ames by R. W. Reuh VA. 23484 Full Residential Address (including city/state/zip) (PO Box not acceptable)		
Na	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Crank liter Print Full Name 953 Ames by Ld Va Beuch VA. 23484	2/2/24	
Na R		Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Cryn k itin Print Full Name 953 Ames by Ld Va Reuh VA 234 by Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature Print Full Name Signature Signature		
R Na R	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Crank Liter Print Full Name 953 Ames by Ld Va Beuch VA 23484 Full Residential Address (including city/state/zip) (PO Box not acceptable) Rebecca T. Wilkinsch Print Full Name 928 Chadwick of Ua Beach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/2/24	
R Na R	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Crank itin Print Full Name 953 Ames by Ld Va Bruh VA. 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Rebecca T. Wilkinsoh Print Full Name 928 Chadwick of Va Brach VA 23464		
R R	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Crank Litin Print Full Name 953 Ames by Ld Va Beuch VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Rebecca T. Wilkinson Print Full Name 928 Chadwick of Ua Beach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Print Full Name Signature	2/2/24	
Na	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Crank Liter Print Full Name 953 Ames by Ld Va Beuch VA 23484 Full Residential Address (including city/state/zip) (PO Box not acceptable) Rebecca T. Wilkinsch Print Full Name 928 Chadwick of Ua Beach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/2/24	
Na	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Crunk itin Print Full Name 953 Ames by Ld Va Bruch VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Perint Full Name 928 Chadwick of Ua Brach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Print Full Name 928 Chadwick of VA Brach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Signature 928 Chadwick of VA Brach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/2/24	
Na	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Cryn Kiton Print Full Name 953 Ames by Lil Va Reuh VA 23484 Full Residential Address (including city/state/zip) (PO Box not acceptable) Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name 928 Chadwick of Ua Beach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Print Full Name Signature 928 Chadwick of VA. Reach, VA 23464 Print Full Name Part Full Name 928 Chadwick of VA. Reach, VA 23464	2/2/24	
Na R	2. 3.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Cryn & itin Print Full Name 953 Ames Dun Lu Va Renuh VA 23484 Full Residential Address (including city/state/zip) (PO Box not acceptable) Rebecca T. Wilkinsoh Print Full Name 928 Chadwick of. Ua: Beach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Print Full Name 928 Chadwick of. VA. Beach, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Print Full Name 928 Chadwick of. VA. Beach, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature 928 Chadwick of. VA. Beach, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/2/24	
Na P	2. 3.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Crunk Litin Print Full Name 953 Ames by Lil Ve Reuh VA. 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name 928 Chadwick of Va. Beach VA. 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Print Full Name 928 Chadwick of VA. Reach, VA. 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name 928 Chadwick of VA. Reach, VA. 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/2/24	
Na R	 2. 3. 4. 	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Cryn & itin Print Full Name 953 Ames Dun Lu Va Renuh VA 23484 Full Residential Address (including city/state/zip) (PO Box not acceptable) Rebecca T. Wilkinsoh Print Full Name 928 Chadwick of. Ua: Beach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Print Full Name 928 Chadwick of. VA. Beach, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Print Full Name 928 Chadwick of. VA. Beach, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature 928 Chadwick of. VA. Beach, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/2/24	
Na R	2. 3.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Jon R. Cryn K itin Print Full Name 953 Ames by Rd Ve Ruh VA 234 by Full Residential Address (including city/state/zip) (PO Box not acceptable) Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name 928 Chadwick of Ua Beach VA 234 by Full Residential Address (including city/state/zip) (PO Box not acceptable) Philip A. Wilkinson Print Full Name 928 Chadwick of VA Beach, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name 928 Chadwick of VA Beach, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) JEFFREY W. JANA Print Full Name 964 Epww Drive VA Beach Full Residential Address (including city/state/zip) (PO Box not acceptable) Janice D Pagano Janice D Pagano Janice D Pagano Janice D Pagano	2/2/24	

Candida	te Ball	ot Name: John F SUTTON Office Sought: Schoo	1 BOA	alo_
Note t Petitic Signer	on	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this in 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 constitut be punishable as a Class 5 felony. 		ction fraud and
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
	7.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	8.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	9.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	10.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	11.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		-
	12.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
Circu Affid	lator avit	residential address (including city/state/zip) is 1850 1000 1000 1000 1000 1000 1000 1000	ally disputes conte	person who 23
Nota	iry	State of County/City of County/City of The foregoing instrument was subscribed and sworn before me this day of For the foregoing instrument was subscribed and sworn before me this day of For the foregoing instrument was subscribed and sworn before me this day of For the foregoing instrument was subscribed and sworn before me this day of For the foregoing instrument was subscribed and sworn before me this day of For the foregoing instrument was subscribed and sworn before me this	, 20 Commission Exp	24 21-27 iration

Can	ndida	to I i o 1 i i		
Information		tion Candidate Ballot Name:		
		Full Residence Address (including city/state/zip) MBSG Polynation & Va Be	uch va	23464
		Office Sought: VB SChool GOARD District:	3	
		Congressional District (optional):		
Not	e to	Review Instructions on page 3.		
Circ	ulat	The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary.		
	tion	We, the qualified voters of the district in which the above candidate seeks nomination or election and of		
Sign State		Signed hereunder or on the reverse side of this page	e, do hereby petitior	the above
State	CITIC	named individual to become a candidate for the office stated above in the (check only one)		
		General Election Special Election Democratic Primary	Republican Prin	nanı
		to be held on the day of November	, 20 Z	-
		and we do further petition that his/her name be printed upon the official ballots to be used at the election.		<u>'</u>
Note Petit		 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. 	2.	
Signe		Privacy notice:		
- 6		 Providing the last four digits of your SSN is optional. You may sign the petition without providing th The information provided will be checked against the official voter registration roll. 	is information.	
		 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 punishable as a Class 5 felony. 	tute the crime of ele	ction fraud and
	Ī		I but at a	,
Office Use	١		Date Signed (Must be after	Last 4 Digits
Only	#	Petition Signer	January 1st of election year.)	of SSN (optional)
	1.	LOUIDENCE Hitchipiac Louisiaco Mitalian		
		Print Full Name Signature	2 ,,	
		908 Post OAK Ct. Va. Beach 22464	2/7/2024	
		Full Residential Address (including city/state/zip) (PO Box not acceptable)	1 90 0	
		SANDRA PSYGNATERON BY - CG	21	
9	2.	Print Full Name Signature	2/7/	
-		Full Residential Address (including city/state/zip) (PO Box not acceptable)	4 1/20	- 4. 2
			/ 1	
- 1		Print Full Name Signature	1	
7	3.	and D. In Vertila 2	2/7/24	
		Full Residential Address (including city/state/zip) (PO Box not acceptable)	14/	
		Scort Poilgon Jew Pr		
	4.	Print Full Name Signature	_	
2	٠.	4849 Admiration Drive 33464	2-7-24	
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	5.	Print Full Name Signature		
				gridings
_		Full Residential Address (including city/state/zip) (PO Box not acceptable)		11 11 11
		4		
6	6.	Print Full Name Signature	1 Tans	**** *** *
	, e		×	
		Full Residential Address (including city/state/zip) (PO Box not acceptable)	1 6 01	ARMS /

Virginia Petition of Qualified Voters (continued from reverse side)

Candidate Ballot Name: John F SUTTON Office Sought! B

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:
 - o Providing the last four digits of your SSN is optional. You may sign the petition without providing this information.
 - o The information provided will be checked against the official voter registration roll.
 - o 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	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
	7.	Print Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	8.	Print Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	9.	Print Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	10.	Print Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	11.	Print Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)		
-	12.	Print Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	ulator davit	residential address (including city/state/zip) is 1856 Advantation and VQ (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving circulation of petitions, or signatures contained therein. I understand that falsely signing this Affidavit is a felor up to \$2,500 and/or imprisonment up to the years. Circulator Signature: Date:	Bench esignature of each any disputes concerny punishable by a	person who rrning the maximum fine
Not Not 1°3	ARI ARI I-2	toury Signature 283924 Registration #	, 20 Longitude Spiritude	34
MAYEA	LTH C	Flact of etop solucell, Reproducible Stamp/Seri Here Of Reproducible Sept/Status Here		Rev. 7/2020

Can		Candidate Ballot Name:	F SUTTOR		
Information		Full Residence Address (including city/state/zip):	4856 Admiration d	rive V	a Beach
		Office Sought: School B	District: 3		10 234
		Congressional District (optional):			
Note		Review Instructions on page 3. The Conduct of School in the Condu			
Petit	_		nust be completed and signed in front of a Notary. the above candidate seeks nomination or election and of		
Sign		Virginia Beach	signed hereunder or on the reverse side of this page,	do horoby notitio	the shave
State		County/City/Town		do nereby petition	i the above
		named individual to become a candidate for the		_	
		 	Election Democratic Primary	Republican Pri	W.
		to be held on the and we do further petition that his/her name be	printed upon the official ballots to be used at the election.	, 20_2	- 7
Note	to		own and does not signify an intent to vote for the candidate.		
Petit		 You may sign petitions for more than one can Privacy notice: 	didate.		
Signe	er		I is optional. You may sign the petition without providing this ed against the official voter registration roll.	information.	
		o This form is available for public inspection	on but your SSN, or any part thereof, will not be provided.		
		 Fraud notice: Any willfully false material state be punishable as a Class 5 felony. 	ment or entry made on this form by any person shall constitu	ate the crime of ele	ection fraud and
		1	i i	Date Signed	<u></u>
Office Use	, I			(Must be after January 1st of	Last 4 Digits of SSN
Only	#	Petiti	ion Signer	election year.)	(optional)
	1.	Print Full Name	Signature		
		Full Residential Address (including city/state/zip) (PO Box no	t accentable)		
	T	, , , , , , , , , , , , , , , , , , , ,			
	2.	Print Full Name	Signature		
	-				
	2	Full Residential Address (including city/state/zip) (PO Box no	t acceptable)		
	3.	Print Full Name	Signature		
_		Full Residential Address (including city/state/zip) (PO Box not	t acceptable)		
Ì		, , , , , , , , , , , , , , , , , , , ,			
	4.	Print Full Name	Signature	-	
	-	Full Residential Address (including city/state/zip) (PO Box not	acceptable)		
- 1			1		1
	5.	Print Full Name	Signature		
	- 1	Full Residential Address (including city/state/zip) (PO Box not	acceptable)		** 1720
				100	4. 11 24
	6.	Print Full Name	Signature		
	1			1 /= +	TANTA T
		Full Residential Address (including city/state/zip) (PO Box not	acceptable)		
					10 St. 10
ECT-506/	521	Additional Signature Lines a	and Required Circulator Affidavit on Reverse Side		Rev. 7/2020

Virgi	nia	Petition of Qualified Voters (continued from reverse side) ot Name: John R SUTTON Office Sought: School	1 Box	RD
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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this i 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 be punishable as a Class 5 felony. 	ite the crime of elec	ction fraud and
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
2	7.	Print Full Name Print Full Name Signature Signature	2/5/24	
	8.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	9.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	10.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box net acceptable)		
	11.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		-
	12.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
Circulator Affidavit		residential address (including city/state/zip) is	any disputes conce	person who erning the
		Circulator Signature:	i ha	
Note	RONDER.	ich Co	100 ()E	Ach.
PIZO	TAA	foregoing instrument was subscribed and sworn before me this	, 20	24
My Con		Tall Control incline)	Commission Expi	1-27
12	BLIG			

	_				
Candidate Information		Candidate Ballot Name:	Virginia	Beach	
		Full Residence Address (including city/state/zip): 4856 Admiration drive Office Sought: School BOARO District:	2	23464	
		Office Sought: South Office Sought: District: Sought: Sought: South Office S	>		
Note	e to	Review Instructions on page 3.			
Circu		The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary.			
Petit Sign		We, the qualified voters of the district in which the above candidate seeks nomination or election and of signed hereunder or on the reverse side of this page.	4.1.1.20		
State		County/City/Town	, do hereby petition t	the above	
		named individual to become a candidate for the office stated above in the (check only one)	7		
	General Election Special Election Democratic Primary Republican Pr				
*		and we do further petition that his/her name be printed upon the official ballots to be used at the election.	, 20 21	<u></u>	
Note Petit Signe	ion	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this 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 constit 	s information.	tion fraud and	
	î l	be punishable as a Class 5 felony.			
Office			Date Signed (Must be after	Last 4 Digits	
Use Only	#	Petition Signer	January 1st of election year.)	of SSN (optional)	
		Print Full Name	Teli2		
\sim	1.	Print Full Name Signature	7 - 7 4		
<u> </u>		Pul Residential Address (including city/state/zip) (PO Box not acceptable)	100.54		
		Letitia W. KREBS Letitestates	2		
n	2.	Print Full Name 925 Chadwick Ct. Va. Brach, Va 23464	(10.3) 2024		
K-		Full Residential Address (including city/state/zip) (PO Box not acceptable)	207		
		JON AUSTIN			
	3.	Print Full Name Signature			
		4872 ADMIRATION DRIVE VANSEACH, 1A 13464	PERS 3		
$\overline{}$		Full Residential Address (including city/state/zip) (PO Box not acceptable)			
_		Print Full Name Signature	FEB3		
2	4.	Print Full Name Signature 23464 4857 ADMIRATION DR VIRGINIABEACH VA	2624		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)	2021		
		boyan Wobles / Will			
	5.	Print Full Name Signature	VEB 3		
R		95 G Ed win Dr Virginia Beach VII 23444 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2024		
			627		
	6.	Print Full Name Signature Signature	かりり		
		960 ENWINDR. VABGACH, VA 23464	2024		
		Full Reside mal Address (including city/sn te/zip) (PO Box not acceptable)			
ECT-506	/521	Additional Signature Lines and Required Circulator Affidavit on Reverse Side		Rev. 7/2020	

Virginia Petition of Qualified Voters (continued from reverse side) Office Sought: School L Candidate Ballot Name: John F SUTTON Your signature on this petition must be your own and does not signify an intent to vote for the candidate Note to You may sign petitions for more than one candidate. Petition Privacy notice: Signer o Providing the last four digits of your SSN is optional. You may sign the petition without providing this information. 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. **Date Signed Last 4 Digits** Office (Must be after of SSN January 1st of Use election year.) (optional) Only Signature 7. Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name 8. Print Full Name 9. Full Residential Address (including city/state/zip) (PO Box not acceptable) 10. Full Residential Address (including city/state/zip) (PO Box not acceptable Blisha 11. 988 Laskausae Full Residential Address (including city/state zip) (PO Box not acceptable) 12. VIRGINIA BEACH ADMIRATION DR Full Residential Address (including city/state/zip) (PO Box not acceptable) Circulator swear or affirm that (i) my full **Affidavit** residential address (including city/state/zip) is 4856 Hamiral (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signature of each person who signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving any disputes concerning the circulation of petitions, or signatures contained therein, funderstand that falsely signing this Affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten year, Circulator Signature: **Notary** County/City of State of The foregoing instrument was subscribed and sworn before me this day of ssion Expiration Notary Signatu

ELECT-506/521

Rev. 7/2020

Candidate Information		Candidate ballot Name:	Vg Beau 3	2340
Note to Circulator Petition Signer Statement Note to Petition Signer		We, the qualified voters of the district in which the above candidate seeks nomination or election and of signed hereunder or on the reverse side of this page County/City/Town named individual to become a candidate for the office stated above in the (check only one) General Election Special Election Democratic Primary to be held on the day of and we do further petition that his/her name be printed upon the official ballots to be used at the election. 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this 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 constitutions.	Republican Prim , 20 Z s information.	nary
Office Use Only	#	be punishable as a Class 5 felony. Petition Signer	Date Signed {Must be after January 1st of election year.}	Last 4 Digits of SSN (optional)
R	1.	Print Full Name Signature Signature VA BCACH, VA 23-164 Full Residential Address (including city/riale/zip) (PO Box not acceptable)	2 3 24	(Speciality)
R	2.	Print Full Name Signature 4772 MARL BOROUGH DR UA BEACH VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	osfebzy	
2	3.	Print Full Name Print Full Name Signature Signature Signature Signature Signature Pull Residential Address (including city/state/zip) (PO Box not acceptable)	23.24	
R	4.	Print Full Name 9 3 3 1 1 1	2/3/24	
2	5.	Print Full Name 924 Darby Rd. Vn Beach Vn 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
	6.	Print Full Name Print Full Name 924 Tarth Rd. Va. Beach VA 13464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	

Virgi Candida	nia te Bal	Petition of Qualified Voters (continued from reverse side) Note Name: Tohn & Surrow Office Sought: School	8B 1 BOA	RD_
Note in Petition Signer	on	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this in 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 be punishable as a Class 5 felony. 		rtion fraud and
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
R	7.	Print Full Name Print Full Residential Address [Including Eity/state/zip) (PO Box not acceptable) Signature Signature Pla Darby Rd. Virginia Beggin 4 734 64	2.3.24	
	8.	Print Full Name Full Residential Address (including city/state/zip) (PO Box not acceptable)		\wedge
2	9.	Phint Full Name Y790 Dauby Ct. Wyginia Blach, UA 234W Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/200	1
R	10.	Frint Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/2024	
R	11.	Print Full Name 4783 DAR Sy CT- Full Residential Address (including city/state/zip) (PO Box not acceptable) Tender of the state of t	2/5/24	
R	12.	Linda L. Dyrkee Signature / Clunkee Print Full Name 4776 Mar (Novoudy Or Va Beady VA 23464 Full Residential Address (including city/state/pip) (PO Box not acceptable)	2/3/2024	
Circu Affid	lator avit		any disputes concei	person who
Nota	06/521	State of County/City of County/City of The foregoing instrument was subscribed and sworn before me this	, 20 , 20 Commission Expir	2.4 2.7 ation

Candidate Information			Candidate Ballot Name: John F SUTTON Full Residence Address (including city/state/zip): H856 Admiration of IVE Office Sought: SChool BOXRD District: 3 Congressional District (optional):	Jirginia Va á	Beach 3464
	e to		 Review Instructions on page 3. The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary. 		
Sign	ition ner teme		We, the qualified voters of the district in which the above candidate seeks nomination or election and of Signed hereunder or on the reverse side of this page County/City/rown named individual to become a candidate for the office stated above in the (check only one) General Election Special Election Democratic Primary to be held on the and we do further petition that his/her name be printed upon the official ballots to be used at the election.	e, do hereby petition Republican Prir	mary
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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this 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 be punishable as a Class 5 felony. 	is information.	ection fraud and
Office Use Only	#		Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
2	1.	9	Deboral Hill Signature Signature No. Anesbury Rd. Va. Beach, VA 23464 Residential Address (including city/state/zip) (PO Box not acceptable)	2/4/24	
C	2.	Prin	CELLAN JONES EFUIL Name Signature SE A MESBURY ROAD VA BU VA 73464 Residential Address (including city/state/zip) (PO Box not acceptable)	2/4/24	
2	3.	4	Full Name 130 Post OAL DR Va Blach (a 33464) Residential Address (including city/state/zip) (PO Box not acceptable)	2/4/24	
2	4.	4	Pull Name Full Name Table Signature Table Tabl	2/4/27	C
2	5.	901	ORMAN D. BARC/AY Full Name Norma W. Bardy Signature VAST GAK CT VABEACH, VA Z3464 esidential Address (including city/state/zip) (PO Box not acceptable)	2/4/24	
_	6.	9	Full Name Signature Part Disk of Va Beach VA 23464 address (inglyding-city/state/zip) (PO Box not acceptable)	2-4-24	

Virgi	nia	Petition of Qualified Voters (continued from reverse side)	D - 4	0 %
Candida	te Ball	Petition of Qualified Voters (continued from reverse side) ot Name: Office Sought: School	DOA	CD_
Note to Petition Signer	to on	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this in 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 be punishable as a Class 5 felony. 	oformation.	
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
	7.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		81
	8.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	9.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	10.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		_
	11.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
		Tall headerfully reason (managery)		1
	12.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
Circu Affid	lator lavit	residential address (including city/state/zip) is 4856 Admiration (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving circulation of petitions, or signatures contained therein. Tunderstand that falsely signing this Affidavit is a felon	ally disputes conce	person who erning the
		up to \$2,500 and/or imprisonment up to tell years. Circulator Signature: Date:	2 4 2	323
Nota	arv	State of VIAGINIC County/City of VIRGINI	a BE	Ach
	y	The foregoing instrument was subscribed and sworn before me this 19th day of Factorial day of 19th day	, 20	24
		In the same of the	-	1
		by (circulator name) Notary Signature Notary Signature Notary Signature	Samulassion Expi	ration
		Motery Signature	I I want	
		8 263926		Rev. 7/2020

ELECT-506/521

	ndida orma	California Dallot Name: 201777 1 30	Virginia Va,	Beach 73464
- Not	te to	Congressional District (optional): • Review Instructions on page 3.		
Circ	ulato	The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary.		
Sign	ition ner teme	We, the qualified voters of the district in which the above candidate seeks nomination or election and of signed hereunder or on the reverse side of this page, County/City/Town named individual to become a candidate for the office stated above in the (check only one) General Election Special Election Democratic Primary	, do hereby petition Republican Prim	
		to be held on the	, 20	24
	e to tion er	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this 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 constit be punishable as a Class 5 felony. 	s information.	ction fraud and
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN
2	1.	Print Full Name 4936 ROSCOV 3 Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)	214"14	
R	2.	Print Full Name 4940 Russecrift Street 185 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2.4-81	
R	3.	Print Full Name 49 40 Rose (1st-flat Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/4/24	
?	4.	Marcella Guillen March Giuld Print Full Name 904 Amesbury Rd VB, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/4/24	
2	5.	Print Full Name And Ames busy Rt VB VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	44/24	
2	6.	Print Full Name 901 Ames Signature 901 Ames Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/4/24	

Rev. 7/2020

Virginia Petition of Qualified Voters (continued from reverse side)

Candidate Ballot Name: John F SUTTUN Office Sought: Schoe Your signature on this petition must be your own and does not signify an intent to vote for the candidate. Note to You may sign petitions for more than one candidate. **Petition Privacy notice:** Providing the last four digits of your SSN is optional. You may sign the petition without providing this information. Signer 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. **Date Signed Last 4 Digits** (Must be after Office of SSN January 1st of Use (optional) * election year.) **Petition Signer** Only Print Full Name Signature 7. Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature Print Full Name 8. Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature Print Full Name 9. Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature Print Full Name 10. Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature Print Full Name 11. Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 12. Full Residential Address (including city/state/zip) (PO Box not acceptable) Ohn swear or affirm that (i) my full, Circulator (print full name) **Affidavit** residential address (including city/state/zip) is 485 (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signature of each person who signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving any disputes concerning the circulation of petitions, or signatures contained therein. 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, Circulator Signature: **Notary** State of The foregoing instrument was subscribed and sworn before me this ission Expiration Registration # Notary Signature

	didat	Candidate ballot Name: JOTAL TO COLOR		
Info	rmat	Full Residence Address (including city/state/zip): 1856 Admiration drive	e Virgin	19 Beal
		Office Sought: SChOO! BOARD District:	3 Va	.23461
		Congressional District (optional):		
Note	e to	Review Instructions on page 3.		
	ulato			
Petit		We, the qualified voters of the district in which the above candidate seeks nomination or election and of		
Sign	er emer	Signed hereunder or on the reverse side of this page	, do hereby petition	the above
Stati	CINCI	named individual to become a candidate for the office stated above in the (check only one)		
		General Election Special Election Democratic Primary	Republican Prim	ary
		to be held on the	, 20_2	4
Note	to.	 and we do further petition that his/her name be printed upon the official ballots to be used at the election. Your signature on this petition must be your own and does not signify an intent to vote for the candidate 		
Petit		You may sign petitions for more than one candidate.	•	
Sign	er	 Privacy notice: Providing the last four digits of your SSN is optional. You may sign the petition without providing this 	s information.	
		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 provided. Fraud notice: Any willfully false material statement or entry made on this form by any person shall constit 	ute the crime of elec	tion fraud and
	a 2	be punishable as a Class 5 felony.		
Office			Date Signed (Must be after	Last 4 Digits
Use Only	#	Petition Signer	January 1st of	of SSN
y	\vdash		election year.)	(optional)
		Print Full Name Signature	2/2/	
0	1.	820 Moffat LANE VIRGINIA BEACH 23464	19/24	
2		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	2.	Print Full Name Signature	2/3/24	-
0	۷.	825 MOFFAT LANE VIRGILIA BACH, VA 2346H		
-		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
		Hansah Staab Henrich Hagb	111	
_	3.	Print Full Name Signature	2/3/24	
1		821 Boxhill Kd. VIIguea Brach, V.+ 23464	'	
		Full Residential Address (including city/state/zip) (PO/Box not acceptable)	,	
		Print Full Name Signature	2/2/24	
0	4.	805 ENWIN DR. VABEACH VA 27460	2/3/29	
1		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
		South Deplace Graff D. Mm		
	5.	Print Full Name Signature		
\mathbb{K}		4747 Roxcraft St VABeach, VA 32 464	2/3/24	
		Full Residential Address (including city/state/zip) (PO Box not acceptable)	1	
7	6.	Print Full Name Signature	71710.1	
4		47-11 ROSGCROFT ST, 23464	4714	
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
		- 2 MOMERNANI 2 Pagnina		
		S. O. CONST.		

Virginia Petition of Qualified Voters (continued from reverse side)

Candidate Ballot Name: Tohn F SUTTON Office Sought: School Candidate Ballot Name: John F SUTTON Your signature on this petition must be your own and does not signify an intent to vote for the candidate. Note to You may sign petitions for more than one candidate. **Petition** Privacy notice: Signer o Providing the last four digits of your SSN is optional. You may sign the petition without providing this information. o The information provided will be checked against the official voter registration roll. o 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. **Date Signed Last 4 Digits** Office (Must be after of SSN January 1st of Use # election year.) (optional) Only EULIE RIGGS 7. Full Residential Address (including city/state/zip) (PO Box not acceptable Signature Print Full Name 8. Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name 9. Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature Print Full Name **10**. Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 11. Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 12. Full Residential Address (including city/state/zip) (PO Box not acceptable) Circulator , swear or affirm that (i) my full (print full name) Colin Found **Affidavit** residential address (including city/state/zip) is 2304 Wh Complete. (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signature of each person who signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving any disputes concerning the circulation of petitions, or signatures contained therein. 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. Circulator Signature: **Notary** State of Wyginia The foregoing instrument was subscribed and sworn before me this (circulator name) Colin Fogorty

EX 5/31/20.

Signature

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

Candidate Information		Candidate ballot Name:	Va Be	4ch Va 2346
Note	e to ulato			
Peti Sign State		We, the qualified voters of the district in which the above candidate seeks nomination or election and of signed hereunder or on the reverse side of this page County/City/Town named individual to become a candidate for the office stated above in the (check only one) General Election Special Election Democratic Primary tobe held on the and we do further petition that his/her name be printed upon the official ballots to be used at the election.	e, do hereby petition Republican Prim	nary
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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this of 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 be punishable as a Class 5 felony. 	is information.	ction fraud and
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
R	1.	Mark R. Benson Signature 812 Agredact Ct VABour 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/2024	
R	2.	Print Full Name of France Signature 808 A QUE JUCT VR 15 CH VR Full Residential Address (including city/state/zip) (PO Box not acceptable)	2-3-24	
R	3.	Print Full Name Signature	2-3-24	
2	4.	Print Full Name Signature 822 Rovinghow C7 VA Boach VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
2	5.	Jessica Vigili Print Full Name 825 Rakingham & VA Brach VA 23444 Full Residential Address (including city/sjate/zip) (PO Box not acceptable)	2/3/24	r.
R	6.	Print Full Name By 1 Rocks in Gircum CT /ABCh 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	

Fitter

Virginia Petition of Qualified Voters (continued from reverse side) School Candidate Ballot Name: John F SUTTON Office Sought: Your signature on this petition must be your own and does not signify an intent to vote for the candidate. Note to You may sign petitions for more than one candidate. **Petition** Privacy notice: o Providing the last four digits of your SSN is optional. You may sign the petition without providing this information. Signer o The information provided will be checked against the official voter registration roll. o 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. Date Signed Last 4 Digits (Must be after Office January 1st of of SSN Use (optional) election year.) # **Petition Signer** Only Print Full Name 7. Full Residential Address (including city/state/zip) (PO Box not acceptable licholas Dalus Print Full Name 8. Virainia Beach Hanover Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature Print Full Name 9. 4690 Luse Croft Full Residential Address (including city/state/zip) (PO Box not acceptable) 10. Beach Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature Full Residential Address (including city/state/tip) (PO Box not acceptable) Mederro branson Print Full Name 12. 23464 Rd VA Full Residential Address (including city/state/zip) (PO Box not acceptable) , swear or affirm that (i) my full Circulator I, (print full name) **Affidavit** Ot. Virgina Reach Ut residential address (including city/state/zip) is (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signature of each person who signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving any disputes concerning the circulation of petitions, or signatures contained therein. 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. Circulator Signature: **Notary** State of Vivginia day of Fabruary The foregoing instrument was subscribed and sworn before me this MICHAEL colin Fogorty by (circulator name) Commission Expiration REG# **Notary Signature** SA SASIZE 8066375 COMMISSION OF THE PROPERTY OF Rev. 7/2020 ELECT-506/521

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

Cand		Candidate Ballot Name: 1877/1 7 3 4 1 1 2 1	Va B	each V
		Office Sought: School BOARD District:	3	2346
		Congressional District (optional):		
Note Circu				
Petit Signe State	er	We, the qualified voters of the district in which the above candidate seeks nomination or election and of Viviria Beach signed hereunder or on the reverse side of this page County/City/Town named individual to become a candidate for the office stated above in the (check only one) General Election Special Election Democratic Primary to be held on the day of November and we do further petition that his/her name be printed upon the official ballots to be used at the election.	Republican Prin, 20	nary
Note Petiti Signe	ion	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing th 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 be punishable as a Class 5 felony. 	is information.	ection fraud and
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
2	1.	Print Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
2	2.	Print Full Name Signature 4825 Michael X Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/2t	
R	3.	Print Full Name Signature W829 M1CHAUX DR Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
2	4.	CHARLES H WART Charle H Ward Print Full Name 953 MICHAUX CT Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
2	5.	Print Full Name 97841 Michaux Pr. Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
2	6.	Print Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	

17 PE - 18 NE | 1 3 PE - 12 | 1 3 PE - 12 |

Virginia Petition of Qualified Voters (continued from reverse side)

Candidate Ballot Name: John & SUTTON Office Sought: Schoo

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:
 - o Providing the last four digits of your SSN is optional. You may sign the petition without providing this information.
 - o The information provided will be checked against the official voter registration roll.
 - o 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 purishable as a class 5 felony.		
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN {optional}
2	7.	James Wharton June Dull Print Full Name 4849 A Shares Led Week 4 23 464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	of3/24	
R	8.	Print Full Name Signature Signature VA BOH VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
R	9.	Print Full Name 948 Romeshange Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
2	10.	Print Full Name Signature 941 timber ake drive Virginia Beach VA 22464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
R	11.	Print Full Name 4816 Admir a function of the Signature 4816 Admir a function of the Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
12	12.	Print Full Name GLASHANOVELD IVE Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
Circu Affida		residential address (including city/state/zip) is 9510 Sheads Ct William not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving circulation of petitions, or signatures contained therein. I understand that falsely signing this Affidavit is a felor up to \$2,500 and/or imprisonment up to ten years.	any disputes concer	person who rning the
Nota	ry	State of Vysikol County/City of Coun	05/31/2	927
ELECT-50	6/521	EALTH OF WHITE		Rev. 7/2020

Va

Cand		Candidate Ballot Name:	ve Ja	Beach 13464
Note		 Review Instructions on page 3. The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary. 		
Petit Signe State	ion er	We, the qualified voters of the district in which the above candidate seeks nomination or election and of signed hereunder or on the reverse side of this page	, do hereby petition Republican Prim , 20 2	ary
Note Petit Signe	ion	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing thi 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 be punishable as a Class 5 felony. 	s information.	ction fraud and
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
2	1.	Print Full Name Gt Hangvar Dr. VB 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/03/24	
R	2.	Print Full Name Y875 Knellword C4. B 33464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
R	3.	Print Full Name PLE HARDELL M VIII 2344 Full Residential Address (including city/state/zip) (PO Box not acceptable)	43/24	
2	4.	Print Full Name Signature 105 EASTWIND CT. V.B. VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
12	5.	Print Full Name 900 East Wind Ct VB, VA 27464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
R	6.	Print Full Name Print Full Name Signature Vaboach + 23444 Full Residential Address (including city/state/zip) (PO 80% not acceptable)	2/3/24	

Virgi Candida	i nia ite Ball	Petition of Qualified Voters (continued from reverse side) ot Name: <u>John そ SUTTON</u> Office Sought: <u>School</u>	14B 1 BOA	20
Note to Petitic Signer	to on	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing this is 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 be punishable as a Class 5 felony. 	nformation.	
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
	7.	Print Full Name Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)		
		Full Residential Address (Including City) state/2ip) (PO Box not acceptable)		
	8.	Print Full Name Signature		
-		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	9.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	10.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	11.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	12.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
Circu Affida		residential address (including city/state/zip) is 9810 Sheads Ct Burla WA (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving a circulation of petitions, or signatures contained therein. I understand that falsely signing this Affidavit is a felon up to \$2,500 and/or imprisonment up to ten years.	ny disputes concer	person who
Nete	P1.5	Circulated Signature.	4-4-1	
Nota	ry	State of	, 20 2 	27 ation
ELECT-50	06/521	Notary Signature Registration # 8088375 COMMISSION EXPIRES 5/31/2027		Rev. 7/2020

	didat rmat	California ballot Name.	Va 2	Beach 3464
Note	e to ulato	 Review Instructions on page 3. The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary. 		
Petit Signo State		named individual to become a candidate for the office stated above in the (check only one) General Election	Republican Prim	ary
Note Petit Signe	ion	 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: Providing the last four digits of your SSN is optional. You may sign the petition without providing thi 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 constit be punishable as a Class 5 felony. 	s information.	ction fraud and
Office Use Only	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
R	1.	Print Full Name Signature Haot Adm. Caton Dr. VB 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
VZ	2.	Print Full Name 47 H MAN Bollo VSV VPL 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
R	3.	Kenneth Itarring to Kenneth Haryt Print Full Name Signature 912 Covert Ct, 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
2	4.	Print Full Name 909 Correct Ct, 234Ce 4 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
21	5.	Print Full Name Print Full Name Signature 4729 MALCOLOUGH DE VB 23444 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
	6.	Print Full Name Signature 6 1 6 2 3 7 14 T C C T 23 46 4 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/4	ı

Virginia Petition of Qualified Voters (continued from reverse side) Candidate Ballot Name: John & Soffice Sought: Office Sought: School

Note 1	to
Petitio	or
Signe	•

- 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:
 - o Providing the last four digits of your SSN is optional. You may sign the petition without providing this information.
 - o The information provided will be checked against the official voter registration roll.
 - o 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		be pullishable as a state of taleny.	Date Signed (Must be after January 1st of	Last 4 Digits of SSN
Only	#	Petition Signer	election year.)	(optional)
	7.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	8.	Print Full Name Signature (Including sign/state/sign) (PO Box not acceptable)		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	9.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	10.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	11.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)		
	12.	Print Full Name Signature		
		Full Residential Address (including city/state/zip) (PO Box not acceptable)	J	
Circulator Affidavit		residential address (including city/state/zip) is 7/3 M3511 Paint Dr. Frederick3 (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving circulation of petitions, or signatures contained therein. I understand that falsely signing this Affidavit is a feloup to \$2,500 and/or imprisonment up to ten years. Circulator Signature: Date: 7	e signature of each	person who rning the maximum fine
Notary		State of Vyarian County/City of Coun	14 204	24
ELECT-50	06/521	The foregoing instrument was subscribed and sworn before me this by (circulator name) TUCK() MCKS Notary Signature Registration # Registration # Registration # Sylvania Sy	Commission Expi	Rev. 7/2020

Can	didat	e Candidate Ballot Name: JOHN F SUTTON		_			
Information		Full Residence Address (including city/state/zip): 4856 Admiration drive	MIRBINIC	1 Beac			
		Office Sought: School BOARD District: 3	3 /4	23464			
		Congressional District (optional):					
Note	e to	Review Instructions on page 3.					
Circulator		The Circulator Affidavit on the reverse side must be completed and signed in front of a Notary.					
Petition Signer Statement		We, the qualified voters of the district in which the above candidate seeks nomination or election and of signed hereunder or on the reverse side of this page.	do horoby potition	the chave			
		signed hereunder or on the reverse side of this page, do hereby petition the above County/City/lown named individual to become a candidate for the office stated above in the (check only one)					
		General Election Special Election Democratic Primary	Republican Primary				
		to be held on the 5 day of November	, 20 24				
		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		 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: Privacy notice:					
		 Providing the last four digits of your SSN is optional. You may sign the petition without providing this The information provided will be checked against the official voter registration roll. 	s information.				
		 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 constit 					
		be punishable as a Class 5 felony.	ute the crime of ele	ction fraud and			
06	1		Date Signed	l			
Office Use Only	#	Petition Signer	(Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)			
		Vince Taulal Must day to		(op.nonn)			
		Print Full Name Signature	1-1-1-1				
2	1.	4921 Wh Paway CN VA Brach 23464	1/3/24				
2	1.	Print Full Name 4921 Why favour Co A Brach 23464 Full Residential Address (including city/state/stp) (PO Box not acceptable) By a latest the order of the content of the	1/3/24				
R		4921 Wh Paway CN VA Brach 23464	1/3/24				
2	1. 2.	Full Residential Address (including city/state/s/p) (PO Box not acceptable) Brighton Thordson Bright Mondon Print Full Name 981 kulso Ct, Virginia Beach VA 28444	2/3/24				
R R		Full Residential Address (including city/state/sp) (PO Box not acceptable) Brighton Thordson Bright Mordson	1/3/24 2/3/24				
R		Full Residential Address (including city/state/sip) (PO Box not acceptable) Brandon By	1/3/24 2/3/24				
R		Full Residential Address (including city/state/s/p) (PO Box not acceptable) Brandon Brandon Brandon Signature 981 6150 C4 Virginia Beach V4 28404 Full Residential Address (including city/state/s/p) (PO Box not acceptable) Print Full Name Signature Print Full Name Signature	2/3/24				
RR	2.	Full Residential Address (including city/state/s/p) (PO Box not acceptable) Brandon Thordson Brand Mondon Print Full Name Signature Print Full Residential Address (including city/state/s/p) (PO Box not acceptable) Print Full Name Signature Print Full Name Signature O Cach Un 23464	2/3/24				
RR	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Brandon Thordson Print Full Name Signature Print Full Name Signature Signature Signature Print Full Name Signature Ocach Ocach Ocach Ocach Ocach Ocach Ocach Ocach Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24				
RR	3.	Full Residential Address (including city/state/s/p) (PO Box not acceptable) Brandon Thordson Brand Mondon Print Full Name Signature Print Full Residential Address (including city/state/s/p) (PO Box not acceptable) Print Full Name Signature Print Full Name Signature O Cach Un 23464	2/3/24				
RR	2.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Briandon Mordson Print Full Name Signature Print Full Residential Address (including city/state/zip) (PO Box not acceptable) Linda B. Deviney Print Full Name Signature Print Full Name	2/3/24 2/3/24 2/3/24 2/3/24 2/3/4				
R R 2	3.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Brandon Mondon Print Full Name Signature Print Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature Print Full Name Signature Print Full Residential Address (including city/state/zip) (PO Box not acceptable) Linda B. Deviney	2/3/24 2/3/24 2/3/24 2/3/24 2/3/4				
R R 2	3.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Bright Marke Signature 981 LISO CH VINGING BEACH VIA 28404 Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 989 Kelso CT VISSINIA Deach VIA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Linda B. Deviney Londa B Deviney Print Full Name Signature 993 Kelso CH Vingina Beach, VIA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Jerry Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24 2/3/24 2/3/24 2/3/24 2/3/24				
R R 2	3.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Brighton Thordson Print Full Name 981 6450 Ct Virginia Beach Vt 28444 Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 989 Kelso CT Virginia Beach Full Residential Address (including city/state/zip) (PO Box not acceptable) Linda B. Deviney Print Full Name Signature 993 Kelso Ct Virginia Beach, Vt 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Jerry T-Devivey Print Full Name Signature 993 Kelso Ct Virginia Beach, Vt 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature Signature Signature Signature Signature	2/3/24 2/3/24 2/3/24 2/3/24 2/3/24				
R R R 2	3.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Bright Marke Signature 981 LISO CH VINGING BEACH VIA 28404 Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 989 Kelso CT VISSINIA Deach VIA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Linda B. Deviney Londa B Deviney Print Full Name Signature 993 Kelso CH Vingina Beach, VIA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Jerry Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24 2/3/24 2/3/24 2/3/24 2/3/24 2/3/24				
R R 2 2	3.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Brianton Thordson Print Full Name Signature 981 Lusso Ct Virginia Beach VA 28444 Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 989 Kelso Ct Virginia Beach VA 28444 Full Residential Address (including city/state/zip) (PO Box not acceptable) Linda B. Deviney Londa Beach, VA 28444 Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 993 Kelso Ct Virginia Beach, VA 28444 Full Residential Address (including city/state/zip) (PO Box not acceptable) Signature Print Full Name 993 Kelso Ct Signature Signature Signature Signature Beach, VA 4444 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24 2/3/24 2/3/24 2/3/24 2/3/24				
R R R	2.3.4.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Brandon Thordson Print Full Name Print Full Name Print Full Name Signature Signature Signature Signature Print Full Name Signature Signature Signature Signature Signature Print Full Name Signature Signature Signature Signature Print Full Name Signature Signature Signature Signature Print Full Name Signature Signature Signature Signature Beach, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable) Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24 2/3/24 2/3/24 2/3/24 2/3/24 2/3/24 2/3/24				
R R R R	3.	Full Residential Address (including city/state/zip) (PO Box not acceptable) Briandon Thordson Print Full Name Print Full Name Signature 989 Kelso CT Virginia Beach VA 28444 Full Residential Address (including city/state/zip) (PO Box not acceptable) Print Full Name Signature 989 Kelso CT Virginia Beach VA 28444 Full Residential Address (including city/state/zip) (PO Box not acceptable) Linda B. Deviney Landa B Tearing Print Full Name Signature 993 Kelso CT Virginia Beach, VA 23444 Full Residential Address (including city/state/zip) (PO Box not acceptable) Jerry T Devivey Print Full Name 993 Kelso CT Virginia Beach, VA 23444 Full Residential Address (including city/state/zip) (PO Box not acceptable) Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24 2/3/24 2/3/24 2/3/24 2/3/24				

Virginia Petition of Qualified Voters (continued from reverse side) SUTTON Office Sought: School Candidate Ballot Name: Tohn F

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:
 - o Providing the last four digits of your SSN is optional. You may sign the petition without providing this information.
 - o The information provided will be checked against the official voter registration roli.
 - o 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	#	Petition Signer	Date Signed (Must be after January 1st of election year.)	Last 4 Digits of SSN (optional)
Only	7.	Print Full Name 974 IELSO CT VIRGINIA BEACH, VA 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	213/24	,
2_	8.	Print Full Name Signature Signature Full Residential Address (including city/state/zip) (PO Box not acceptable)	Sky	
R	9.	Print Full Name 4936 Admy ed to DRVB Ut 2764 Full Residential Address (including city/state/zip) (PO Bok not acceptable)	2/3/24	
R	10.	Print Full Name H921 Abnifation Dr. VA Beach 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
R	11.	Print Full Name Print Full Name 4974 ADMIRATION De. 1/a Grach VA- 23464 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/29	
12_	12.	Print Full Name 4916 Full Residential Address (including city/state/zip) (PO Box not acceptable)	2/3/24	
Circu Affid	llator avit	residential address (including city/state/zip) is / 5 T 3 M + 8 + ic Point Pl. Fred (ii) I am not a minor, (iii) I am not a felon whose voting rights have not been restored; (iv) I have witnessed the signed this page and its reversed side; and (v) I consent to the jurisdiction of the courts of Virginia in resolving circulation of petitions, or signatures contained therein. I understand that falsely signing this Affidavit is a felo up to \$2,500 and/or imprisonment up to ten years.	any disputes concer	VA ZZYO
Notary		State of WYGNA County/City of Any of February State of Wygna was subscribed and sworn before me this 27 day of February State of County/City of Aday of February State of County/City of County/City of Aday of February State of County/City of C	, 20	1/2027
ELECT-506/521		EXPIRES SALTH OF THE PROPERTY		Rev. 7/2020