Virginia Petition of Qualified Voters

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

Candidate Information

Candidate Ballot Name: Shelly Arnoldi

Full Residence Address (including city/state/zip): 1383 Bishop Crest Ct, Alexandria, VA 22308

Office Sought: US House of Representatives District: 8

Congressional District (optional): _____

Note to Circulator

- Review Instructions on page 3.
- 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 hereby petition the above
County/City/Town

named individual to become a candidate for the office stated above in the (check only one)

[X] General Election [ ] Special Election [ ] Democratic Primary [ ] Republican Primary

to be held on the 3rd day of November, 20 26,

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:**
  - 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.

Office Use Only	#	Petition Signer	Date Signed (Must be on or after January 1st of election year.)	Last 4 Digits of SSN (optional)
	1.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable)		
	2.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable)		
	3.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable)		
	4.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable)		
	5.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable)		
	6.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable)		
	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)		

Virginia Petition of Qualified Voters (continued from reverse side)

Candidate Ballot Name: Shelly Arnoldi **Office Sought:** US House Rep CD 8

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	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) _____		
	13.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable) _____		
	14.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable) _____		
	15.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable) _____		
	16.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable) _____		
	17.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable) _____		
	18.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable) _____		
	19.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable) _____		
	20.	Print Full Name _____ Signature _____ Full Residential Address (including city/state/zip) (PO Box **not** acceptable) _____		

Circulator Affidavit

I, (print full name) _____, swear or affirm that (i) my full 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: _____ Date: _____

Notary

State of _____ County/City of _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20 _____

by (circulator name) _____.

Notary Signature _____ Registration # _____ Commission Expiration _____

Place photographically Reproducible Stamp/Seal Here

or

Place Photographically Reproducible Seal/Stamp Here