

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above 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 6th day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>[Signature]</i>	RESIDENCE		5/1/18	
	PRINT <i>Ruby Carter</i>	CITY/TOWN			
2.	SIGN <i>[Signature]</i>	RESIDENCE <i>5 SWAN/ CIRCLE</i>		5/1/18	
	PRINT <i>Timothy R Daseb</i>	CITY/TOWN <i>HAMPTON VA 23669</i>			
3.	SIGN	RESIDENCE			
	PRINT	CITY/TOWN			
4.	SIGN	RESIDENCE			
	PRINT	CITY/TOWN			
5.	SIGN	RESIDENCE			
	PRINT	CITY/TOWN			
6.	SIGN	RESIDENCE			
	PRINT	CITY/TOWN			

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* **Privacy notice:** The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

0016

SBE-506/521 REV 1.2013

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
8.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

I, Shaun D. Brown, swear or affirm that (i) my full residential address is 36 P3 Windmill Drive in the State/Commonwealth of Virginia; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

T60 380

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

Shaun D. Brown
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 31 day of May, 2018, by Shaun D. Brown

PRINT NAME OF PERSON CIRCULATING THE PETITION

SHREE F. GREEN
NOTARY PUBLIC
REG. #7643635
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MAY 31, 2019

Shree F. Green
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7643635 5/31/19
NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

5/31/18

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampden signed hereunder or on the reverse side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>Shaun D. Brown</i> PRINT <i>Sherrie W. Beales</i>	RESIDENCE <i>15 Admiral Ct.</i> CITY/TOWN <i>Hampton, VA 23669</i>	<i>5/1/18</i>	
2.	SIGN PRINT	RESIDENCE CITY/TOWN		
3.	SIGN PRINT	RESIDENCE CITY/TOWN		
4.	SIGN PRINT	RESIDENCE CITY/TOWN		
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* **Privacy notice:** The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

SBE-506/521 REV 1.2013

0017

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOS VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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 MOR THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>Graciele Garnett</i> PRINT Graciele-Devilia GARNETT	RESIDENCE 429 Galveston Ct CITY/TOWN Hampton VA, 23169	5-1-18	
8.	SIGN <i>Durrell A Quist</i> PRINT Durrell A Quist	RESIDENCE 719 Fairfield SWP CITY/TOWN Hampton VA	5-1-18	
9.	SIGN PRINT	RESIDENCE CITY/TOWN		
10.	SIGN PRINT	RESIDENCE CITY/TOWN		
11.	SIGN PRINT	RESIDENCE CITY/TOWN		
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

I, Shaun D. Brown, swear or affirm that (i) my full residential address is 3683 Windmill Drive in the State/Commonwealth of Virginia; in the County/City/Town of _____; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

760 380 57

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia
NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 31 day of May, 2018, by Shaun D. Brown (Shaun D. Brown)
 PRINT NAME OF PERSON CIRCULATING THE PETITION

SHREE F. GREEN
NOTARY PUBLIC
 REG. #7643635
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES MAY 31, 2019

Shree F. Green
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7643635 5/31/19
 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: _____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above 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 6th day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN PRINT Angela Odum Austin	RESIDENCE 115 Drummonds CITY/TOWN Hampton Va	05/01/18	
2.	SIGN PRINT Robert J. [unclear]	RESIDENCE CITY/TOWN		
3.	SIGN PRINT Judith Boyon	RESIDENCE CITY/TOWN		
4.	SIGN PRINT Deborah L. Rothwell	RESIDENCE 2 Ross Ct CITY/TOWN Hampton VA	05/01/18	
5.	SIGN PRINT RHONDA DAVIS	RESIDENCE 5 Quarry Cir CITY/TOWN Hampton VA 23669	5/1/18	
6.	SIGN PRINT Katrina Hubbs	RESIDENCE 719 Alenlake Dr CITY/TOWN Hampton VA 23669	5/1/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* **Privacy notice:** The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

0018

SBE-506/521 REV 1.2013

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

Table with 5 columns: OFFICE USE ONLY, SIGNATURE OF REGISTERED VOTER, POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS, DATE SIGNED, *SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER. Rows 7-12 contain signatures and addresses of voters like Katie Arredondo, Fawcette Cooper, Nancy Geith, Freddie Bynum, Celeste Moody, and Jayme van Schagen.

Commonwealth of Virginia

- AFFIDAVIT -

I, Shaun P. Brown, swear or affirm that (i) my full residential address is 3683 Windmill Drive in the State/Commonwealth of Virginia; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side.

T60 380579

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

SHREE F. GREEN NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31, 2019

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 31 day of May, 2018, by

Shaun D. Brown PRINT NAME OF PERSON CIRCULATING THE PETITION

Signature of Shree F. Green

7643635 5/31/19 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so.

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

(Must be filed with Declaration of Candidacy)

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above 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 6th day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
	SIGN <u>Henry E. Brown</u> PRINT <u>Henry E. Brown</u>	RESIDENCE <u>616 Quincy St.</u> CITY/TOWN <u>Hpt., Va 23661</u>	<u>5/1/18</u>	
	SIGN <u>Curtiss V. Reeves</u> PRINT <u>CURTISS V. REEVES</u>	RESIDENCE <u>3 MULBERRY TURN</u> CITY/TOWN <u>HPT., VA 23669</u>	<u>5/1/18</u>	
	SIGN <u>Therese J. Addison</u> PRINT <u>THERESE J. ADDISON</u>	RESIDENCE <u>123 Drummond's Wy</u> CITY/TOWN <u>HAMPTON, VA 23669</u>	<u>5/1/18</u>	
	SIGN <u>Stephanie W. Durrah</u> PRINT <u>Stephanie W. Durrah</u>	RESIDENCE <u>53 Seafarer Ct.</u> CITY/TOWN <u>Hampton, Va. 23669</u>	<u>5/1/18</u>	
	SIGN <u>Alberta Boyd</u> PRINT <u>Alberta Boyd</u>	RESIDENCE <u>15 Fort Worth St.</u> CITY/TOWN <u>Hampton, Va 23669</u>	<u>5/1/18</u>	
	SIGN <u>SAMPEEN AKRAM</u> PRINT	RESIDENCE <u>Hampton VA 23669</u> CITY/TOWN	<u>5/1/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN: <i>Hermansen Patterson</i> PRINT: HERMANSEN PATTERSON	RESIDENCE: 208 Admiral Ct CITY/TOWN: HAMPTON, VA	5/1/18	
8.	SIGN: <i>Viada Shufflette</i> PRINT: Viada Shufflette	RESIDENCE: 2 Wild Flower Cir CITY/TOWN: Hampton VA 23669	5/1/18	
9.	SIGN: <i>Kimberly Ruff</i> PRINT: Kimberly Ruff	RESIDENCE: 9 Nicole Ct CITY/TOWN: HPT VA	5/1/18	
10.	SIGN: <i>Valerie C Fountleroy</i> PRINT: Valerie C Fountleroy	RESIDENCE: 1048 Windjammer Dr CITY/TOWN: Hpt Va	5/1/18	
11.	SIGN: <i>Tilisha Parker</i> PRINT: Tilisha Parker	RESIDENCE: 2 Yulee Ct CITY/TOWN: Hpt VA 23669	5/1/18	
12.	SIGN: PRINT:	RESIDENCE: CITY/TOWN:		

Commonwealth of Virginia

- AFFIDAVIT -

T60380579

I, Shaun D. Brown, swear or affirm that (i) my full residential address is 3683 Windmill Drive in the State/Commonwealth of Virginia; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

Shaun D. Brown
SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SHREE F. GREEN
NOTARY PUBLIC
REG. #7643635
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MAY 31, 2019

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 31 day of May, 2018, by

Shaun D. Brown
PRINT NAME OF PERSON CIRCULATING THE PETITION

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

Shree F. Green
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7643635 5/31/19
NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA
**PETITION OF QUALIFIED
VOTERS**

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Malikia Boone</u> PRINT <u>Malikia Boone</u>	RESIDENCE <u>593 Tinsley Court Apt 101</u> CITY/TOWN <u>Newport News 23608</u>		
2.	SIGN <u>Kenya Hill-John</u> PRINT <u>Kenya Hill-John</u>	RESIDENCE <u>9300 marion Ct</u> CITY/TOWN <u>Tuano VA 23168</u>		
3.	SIGN <u>Leresa M Bottoms</u> PRINT <u>Leresa M Bottoms</u>	RESIDENCE <u>1 Hards Ct</u> CITY/TOWN <u>HPT VA 23669</u>	5/1/2018	
4.	SIGN <u>Virginia E. Hagin</u> PRINT <u>Virginia E. Hagin</u>	RESIDENCE <u>300 Falmouth Turning</u> CITY/TOWN <u>Hampton VA 23664</u>	5/1/2018	
5.	SIGN <u>EA Van Es</u> PRINT <u>EA Van Es</u>	RESIDENCE <u>216 Missionary Ridge</u> CITY/TOWN <u>Hampton, VA 23669</u>	5/1/18	
6.	SIGN <u>Teresa S. Highfill</u> PRINT <u>TERESA S. Highfill</u>	RESIDENCE <u>57A palmdor 23669</u> CITY/TOWN <u>Hampton VA</u>	5/1/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* **Privacy notice:** The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>Harry W. Ames</u> PRINT HARRY W. AMES	RESIDENCE 95 APOLLO DR CITY/TOWN HAMPTON 23669	1 MAY 18	
8.	SIGN <u>Beverly K Ames</u> PRINT BEVERLY K. AMES	RESIDENCE 95 APOLLO DR CITY/TOWN HAMPTON VA 23669	1 May 2018	
9.	SIGN <u>Judy</u> PRINT Joan Crosby	RESIDENCE 7 Hatteras Landing CITY/TOWN Hampton VA 23669	1/may/2018	
10.	SIGN <u>Datban ROOS</u> PRINT Datban	RESIDENCE 250 Beauregard Hts CITY/TOWN Hampton, VA 23669	4/5/18	
11.	SIGN <u>Jacklyn D. Ray</u> PRINT Jacklyn D. Ray	RESIDENCE 106 Priest Ct. CITY/TOWN Hampton VA 23669	5/1/18	
12.	SIGN <u>Catherine S. Blow</u> PRINT Catherine S. Blow	RESIDENCE 8 Colonies Landing CITY/TOWN Hampton, Va 23669	5/1/18	

Commonwealth of Virginia
 I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is TRIPLE CROWN Ct #304 in the State/Commonwealth of VIRGINIA; in the County/City/Town of HAMPTON; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

T60359525
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
55116

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton
 The foregoing instrument was subscribed and sworn before me this 5 day of May, 20 18, by [Signature]
 PRINT NAME OF PERSON CIRCULATING THE PETITION

SHREE F. GREEN
 NOTARY PUBLIC
 REG. #7643635
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES MAY 31, 2019

Shree F Green 7643636 5/31/19
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.
 ** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>[Signature]</i> PRINT Matthew W. Smith	RESIDENCE 520 W. ... CITY/TOWN Hampton, VA	5/1/18	█
2.	SIGN <i>[Signature]</i> PRINT John D. Pauls	RESIDENCE 23 ... CITY/TOWN Hampton VA	5/1/18	█
3.	SIGN <i>[Signature]</i> PRINT J. F. CREEDON	RESIDENCE 31 ... CITY/TOWN HAMPTON VA	5/1/18	█
4.	SIGN <i>[Signature]</i> PRINT Alisha Foster	RESIDENCE 715 ... CITY/TOWN Hampton VA 23664	5/1/18	█
5.	SIGN <i>[Signature]</i> PRINT Sandra L. Fay	RESIDENCE 1815 ... CITY/TOWN Hampton, VA 23664	5/1/18	█
6.	SIGN <i>[Signature]</i> PRINT James M. Hart	RESIDENCE 28 ... CITY/TOWN HAMPTON VA 23657	5/1/18	█

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* **Privacy notice:** The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>Jamie Abbott</u> PRINT <u>Jamie Abbott</u>	RESIDENCE <u>35 Tedlow Cr</u> CITY/TOWN <u>Hampton Va</u>	<u>5/1/18</u>	
8.	SIGN <u>Brian A. Tyler</u> PRINT <u>Brian A. Tyler</u>	RESIDENCE <u>28 Fields Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
9.	SIGN <u>Valerie Vasovic</u> PRINT <u>Valerie Vasovic</u>	RESIDENCE <u>206 Lighthouse Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
10.	SIGN <u>Carl H. Elmer</u> PRINT <u>Carl H. Elmer</u>	RESIDENCE <u>9 Rivers Way</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
11.	SIGN <u>Ruth Shaulis</u> PRINT <u>RUTH SHAULIS</u>	RESIDENCE <u>27 WALLACE Rd</u> CITY/TOWN <u>HAMPTON, VA</u>	<u>5/1/18</u>	
12.	SIGN <u>Edith Hughes</u> PRINT <u>EDITH HUGHES</u>	RESIDENCE <u>18 Colonial Ave</u> CITY/TOWN <u>Hampton Va</u>	<u>5/1/18</u>	

Commonwealth of Virginia - AFFIDAVIT -
 I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is Triple Crown Ct #304 Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

60359525
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SHREE F. GREEN
 NOTARY PUBLIC
 REG. #7643635
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES MAY 31, 2019

SIGNATURE OF PERSON CIRCULATING THE PETITION
[Signature]
 State of Virginia County/City of Hampton
 The foregoing instrument was subscribed and sworn before me this 31 day of May, 2018, by
[Signature]
 PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS [Signature] NOTARY REGISTRATION NUMBER** 7643635 DATE NOTARY COMMISSION EXPIRES** 5-31-19

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.
 ** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Millie M. Dore</u> PRINT <u>millie m. Dore</u>	RESIDENCE <u>91 Apollo Drive</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/1/18</u>	
2.	SIGN <u>Diana Wickbear</u> PRINT <u>Diana Wickbear</u>	RESIDENCE <u>5 Jennisons Fall</u> CITY/TOWN <u>Hampton VA 23669</u>	<u>5/1/18</u>	
3.	SIGN <u>Doris Mayette</u> PRINT <u>Doris Mayette</u>	RESIDENCE <u>305 Little Coal</u> CITY/TOWN <u>Hpt, Va</u>	<u>5/1/18</u>	
4.	SIGN <u>Sharon B Griffin</u> PRINT <u>Sharon B Griffin</u>	RESIDENCE <u>1007 Parkside Avenue</u> CITY/TOWN <u>Hampton Va</u>	<u>5/1/18</u>	
5.	SIGN <u>C. Hurston</u> PRINT <u>Chiquita Hurston</u>	RESIDENCE <u>584 E Little Back River</u> CITY/TOWN <u>Hpt, VA</u>	<u>5/1/18</u>	
6.	SIGN <u>BRENDA L Stokes</u> PRINT <u>BRENDA L Stokes</u>	RESIDENCE <u>3 EDITH CT</u> CITY/TOWN <u>Hampton VA 23669</u>	<u>5/1/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>[Signature]</u> PRINT <u>WILLIAM LACROIX</u>	RESIDENCE <u>329 BUCKROE AVE</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>Desiree Stone</u>	RESIDENCE <u>308 Willow Creek Dr</u> CITY/TOWN <u>Hampton Va 23667</u>	<u>5/1/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>MARY BROTHERS</u>	RESIDENCE <u>123 Fox Hill Rd</u> CITY/TOWN <u>Hampton Va 2669</u>	<u>5/1/18</u>	
10.	SIGN <u>[Signature]</u> PRINT <u>Leroy E Taylor</u>	RESIDENCE <u>275 Apt C Clemwood Pkwy</u> CITY/TOWN <u>Hampto Virginin</u>	<u>5/1/18</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>JOHNNY L. LIPSCOMB</u>	RESIDENCE <u>125 QUAKER ROAD</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>MARY JOAN SOVA</u>	RESIDENCE <u>85 APOLLO DR</u> CITY/TOWN <u>HAMPTON, VA 23669</u>	<u>5/1/18</u>	

Commonwealth of Virginia - AFFIDAVIT -
 I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 Triple Crown Ct. #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

TL0351525
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW
 SIGNATURE OF PERSON CIRCULATING THE PETITION
[Signature]
 State of Virginia County/City of Hampton

SHREE F. GREEN
 NOTARY PUBLIC
 REG. #7643635
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES MAY 31, 2019

The foregoing instrument was subscribed and sworn before me this 31 day of May, 20 18, by
[Signature]
 PRINT NAME OF PERSON CIRCULATING THE PETITION
7643635 5/31/19
 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.
 ** If not included in seal/stamp.

Shaun D. Brown

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 Windmill Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

Virginia Beach, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

House of Representatives 2nd

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED
VOTERS

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

Table with 5 columns: Office Use Only, Signature of Registered Voter, Post Office Boxes Not Acceptable Residence Address, Date Signed, and Last 4 Digits of Social Security Number. Contains 6 rows of voter signatures and addresses.

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so.

0023

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER (PRINT NAME IN SPACE BELOW SIGNATURE)	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>[Signature]</u> PRINT <u>CLARENCE JOHNSON</u>	RESIDENCE <u>11 VENERIS CT</u> CITY/TOWN <u>Hampton VA</u>	<u>May 1, 2018</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>Doris J. Williams</u>	RESIDENCE <u>34 Old Meribeth Rd</u> CITY/TOWN <u>Hampton, Va.</u>	<u>May 1, 2018</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>Alice Justice</u>	RESIDENCE <u>9 W Preston St</u> CITY/TOWN <u>Hampton</u>	<u>May 1, 2018</u>	
10.	SIGN <u>[Signature]</u> PRINT <u>Barbara MITCHELL</u>	RESIDENCE <u>22 W Preston</u> CITY/TOWN <u>HPT 23669</u>	<u>May 1, 2018</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>Hildegard A. Leckliter</u>	RESIDENCE <u>301 Tysinger Dr.</u> CITY/TOWN <u>Hpt</u>	<u>5/1-2018</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>Debra M Harden</u>	RESIDENCE <u>24 Bland St</u> CITY/TOWN <u>HPT VA 23669</u>	<u>5/1/18</u>	

Commonwealth of Virginia

AFFIDAVIT:
I, OCTAVIANUS SMITH, swear or affirm that (i) my full residential address is 11 TRIPLE CROWN CT, #204 in the State/Commonwealth of Virginia; in the County/City/Town of HAMPTON; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

T60359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 31 day of May, 2018, by

[Signature]
PRINT NAME OF PERSON CIRCULATING THE PETITION

SHREE F. GREEN
NOTARY PUBLIC
REG. #7643635
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MAY 31, 2019

[Signature]
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7643635 5/31/19
NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED VOTERS

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Ernest Stephen</u> PRINT <u>Ernest Stephen</u>	RESIDENCE <u>213 Valley Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	
2.	SIGN <u>Darien Stephenson</u> PRINT <u>Darien Stephenson</u>	RESIDENCE <u>101 Iron Bridge Ct</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	
3.	SIGN <u>Dolores E Smith</u> PRINT <u>Dolores E Smith</u>	RESIDENCE <u>314 Apollo Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	
4.	SIGN <u>Ricky Cabler</u> PRINT <u>Ricky Cabler</u>	RESIDENCE <u>302 Missionary Ridge</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	
5.	SIGN <u>Robin Cabler</u> PRINT <u>Robin Cabler</u>	RESIDENCE <u>302 Missionary Ridge</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	
6.	SIGN <u>Karen E Nazareth</u> PRINT <u>Karen E Nazareth</u>	RESIDENCE <u>481 Faso Ct</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

0024

SBE-506/521 REV 1.2013

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>Blady M. Clarke</u>	RESIDENCE <u>917 Sknrock Dr.</u>	<u>5-1-18</u>	
	PRINT <u>Blady M. Clarke</u>	CITY/TOWN <u>Hampton, Va.</u>		
8.	SIGN <u>Jamie Jones</u>	RESIDENCE <u>10 CORNELIUS DR</u>	<u>5-1-18</u>	
	PRINT <u>Jamie Jones</u>	CITY/TOWN <u>Hpt. Va.</u>		
9.	SIGN <u>Lucey T Overton</u>	RESIDENCE <u>103 PARSONAGE LN</u>	<u>5-1-18</u>	
	PRINT <u>Lucey T OVERTON</u>	CITY/TOWN <u>HAMPTON</u>		
10.	SIGN <u>Breanna Haysworth</u>	RESIDENCE <u>128 Waverld</u>	<u>5-1-18</u>	
	PRINT <u>Breanna Haysworth</u>	CITY/TOWN <u>Hampton, Va</u>		
11.	SIGN <u>Curtis L. Board</u>	RESIDENCE <u>119 MARGARET DR.</u>	<u>5-1-18</u>	
	PRINT <u>CURTIS L. BOARD</u>	CITY/TOWN <u>HAMPTON, VA</u>		
12.	SIGN <u>Charlotte Olivia</u>	RESIDENCE <u>2 Blackwater Ln</u>	<u>5-1-18</u>	
	PRINT <u>Charlotte Olivia</u>	CITY/TOWN <u>Hampton VA.</u>		

Commonwealth of Virginia - AFFIDAVIT -
 I, Octavianus Smith, swear or affirm that (i) my full residential address is 11111 NOTE CROWN CT. #204 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

T60359525
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
 [Redacted]
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SHREE F. GREEN
 NOTARY PUBLIC
 REG. #7643635
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES MAY 31, 2019

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 30 day of May, 2018, by

[Signature]
 PRINT NAME OF PERSON CIRCULATING THE PETITION

[Signature]
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7643635 5/31/19
 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.
 ** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Mary Opusko</u> PRINT <u>MARY OPUSKO</u>	RESIDENCE <u>414 Cedar Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>May 1, 2018</u>	
2.	SIGN <u>Shaun D. Brown</u> PRINT <u>Shaun D. Brown</u>	RESIDENCE <u>1825 Old Buckingham</u> CITY/TOWN <u>Hampton, VA</u>	<u>May 1, 2018</u>	
3.	SIGN <u>Vernita I. Brown</u> PRINT <u>Vernita I. Brown</u>	RESIDENCE <u>1825 Old Buckingham</u> CITY/TOWN <u>Hampton, VA</u>	<u>May 1, 2018</u>	
4.	SIGN <u>Lenora E. Armstrong</u> PRINT <u>Lenora E. Armstrong</u>	RESIDENCE <u>1809 Old Buckingham</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
5.	SIGN <u>Alice Bass</u> PRINT <u>Alice Bass</u>	RESIDENCE <u>432 Walnut St.</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	
6.	SIGN <u>Andrey C. Overtan</u> PRINT <u>Andrey C. Overtan</u>	RESIDENCE <u>408 Gilbert St.</u> CITY/TOWN <u>HAMPTON</u>	<u>5/1/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER <small>[PRINT NAME IN SPACE BELOW SIGNATURE]</small>	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS <small>House Number and Street Name or Rural Route and Box Number and City/Town</small>	DATE SIGNED <small>[Must be after January 1 of election year]</small>	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <small>[OPTIONAL]</small>
7.	SIGN <u>Rosa Benton</u> PRINT Rosa Benton	RESIDENCE 27 Riverchase Dr CITY/TOWN Hpt, VA	May 1, 2018	
8.	SIGN <u>William J. Holburn</u> PRINT William J. Holburn	RESIDENCE 1 Kingslee Lane CITY/TOWN Hampton, VA	May 1, 2018	
9.	SIGN <u>John T. Wheeler</u> PRINT John T. Wheeler	RESIDENCE 148 Kove Dr CITY/TOWN Hampton Va	May 1, 2018	
10.	SIGN <u>Crystal Strickle</u> PRINT Crystal Strickle	RESIDENCE 1 River Shore Lane CITY/TOWN Hampton, VA	May 1, 2018	
11.	SIGN <u>Shannon Pittman-Price</u> PRINT Shannon Pittman-Price	RESIDENCE 104 Hampstead Ct CITY/TOWN Hampton Va	May 1, 18	
12.	SIGN <u>LARRIE N. SYKES</u> PRINT LARRIE N. SYKES	RESIDENCE 27 WATERS EDGE CT CITY/TOWN HAMPTON	5/1/18	

Commonwealth of Virginia

- AFFIDAVIT -

I, Octavianus Smith swear or affirm that (i) my full residential address is TRIPLE CROWN CT. #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

T60359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SHREE F. GREEN
NOTARY PUBLIC
REG. #7643635
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MAY 31, 2019

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 31 day of May, 2018, by

PRINT NAME OF PERSON CIRCULATING THE PETITION

Shree F. Green
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7643635 5/31/19
NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

** If not included in seal/stamp.

Shaun D. Brown

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 Windmill Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

Virginia Beach, VA 23453

ENTER ABOVE, CITY/TOWN

House of Representatives 2nd

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED
VOTERS

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

Table with 5 columns: Office Use Only, Signature of Registered Voter, Post Office Boxes Not Acceptable Residence Address, Date Signed, and Last 4 Digits of Social Security Number. Contains 6 rows of voter signatures and addresses.

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER <small>(PRINT NAME IN SPACE BELOW SIGNATURE)</small>	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS <small>House Number and Street Name or Rural Route and Box Number and City/Town</small>	DATE SIGNED <small>[Must be after January 1 of election year]</small>	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <small>[OPTIONAL]</small>
7	SIGN <u>[Signature]</u> PRINT <u>Anthony Ames</u>	RESIDENCE <u>16 Valirey dr.</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
8	SIGN <u>[Signature]</u> PRINT <u>Melanie Ames</u>	RESIDENCE <u>16 Valirey dr.</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	
9	SIGN <u>[Signature]</u> PRINT <u>J L Overton, Jr</u>	RESIDENCE <u>103 Parsonage Ln</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/1/18</u>	
10	SIGN <u>[Signature]</u> PRINT <u>CHARLES P. BROWN JR</u>	RESIDENCE <u>13 Margant Dr</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/1/18</u>	
11	SIGN <u>[Signature]</u> PRINT <u>Pamela C. Brown</u>	RESIDENCE <u>13 Margant Dr</u> CITY/TOWN <u>Hampton VA 23669</u>	<u>5/1/18</u>	
12	SIGN <u>[Signature]</u> PRINT <u>D. M. Rorick</u>	RESIDENCE <u>26 VALIREY DRIVE</u> CITY/TOWN <u>Hampton 23669</u>	<u>5/1/18</u>	<u>---</u>

Commonwealth of Virginia

- AFFIDAVIT -

I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 TRIPLE CROWN Ct. #304 in the State/Commonwealth of Virginia; in the County/City/Town of HAMPTON; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

TU0359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia
NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SHREE F. GREEN
NOTARY PUBLIC
REG. #7643635
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MAY 31, 2019

[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 31 day of MAY, 20 18, by

[Signature]
PRINT NAME OF PERSON CIRCULATING THE PETITION

Shree F Green 7643635 5/31/19
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.
 ** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>[Signature]</u> PRINT Josh Cohen	RESIDENCE 12 Mitchell Rd CITY/TOWN Hampton	5/1/18	
2.	SIGN <u>[Signature]</u> PRINT Sally Myers	RESIDENCE 6 Donald St CITY/TOWN Hampton, VA 23669	5/1/2018	
3.	SIGN <u>[Signature]</u> PRINT John E. Myers	RESIDENCE 12 Mitchell Rd CITY/TOWN Hampton		
4.	SIGN <u>JOHN BACKWILL</u> PRINT John Backwill	RESIDENCE 27 MITCHELL RD CITY/TOWN HAMPTON 23669	5/1/2018	
5.	SIGN <u>Melissa Love</u> PRINT Melissa Love	RESIDENCE 308 Shoreline Dr CITY/TOWN Hampton Va 23669	5/1/2018	
6.	SIGN <u>[Signature]</u> PRINT Deborah J Johnson	RESIDENCE 1874 Old Buckingham Rd CITY/TOWN Hampton Va 23669	5/1/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>[Signature]</u> PRINT <u>Joyce Collicotter</u>	RESIDENCE <u>59 Artillery Rd</u> CITY/TOWN <u>Hampton, VA</u>	<u>5-1-18</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>Carol A. W. narski</u>	RESIDENCE <u>200 Antietam Ct.</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>Robert Carls</u>	RESIDENCE <u>209 Sh. King hwy Dr</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	
10.	SIGN <u>[Signature]</u> PRINT <u>Richard Everett</u>	RESIDENCE <u>105 Bear Creek Xing</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>E F Dulong</u>	RESIDENCE <u>106 SEMINARY</u> CITY/TOWN <u>HAMPTON</u>	<u>5.1.18</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>Oliver D. Perry</u>	RESIDENCE <u>204 Camister Ct</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	

Commonwealth of Virginia - AFFIDAVIT -
 I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 Triple Crown Ct #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page on its reverse side. 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.

160359525
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S

 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SHREE F. GREEN
 NOTARY PUBLIC
 REG. # 7643635
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES MAY 31, 2019

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION
 State of Virginia County/City of Hampton
 The foregoing instrument was subscribed and sworn before me this 30 day of May, 20 18, by
[Signature]
 PRINT NAME OF PERSON CIRCULATING THE PETITION

[Signature]
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS
7643635 5/31/19
 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.
 ** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above 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 6th day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>[Signature]</u> PRINT <u>LEONARD S. MAYO</u>	RESIDENCE <u>212 Light House Ln</u> CITY/TOWN <u>HAMPTON</u>	<u>5/1/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Markus Lewis</u>	RESIDENCE <u>205 Benthall Rd.</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Sylvia L. Boston</u>	RESIDENCE <u>6 Alexander Tr</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>HARRY BORTON</u>	RESIDENCE <u>1819 LAFAYETTE</u> CITY/TOWN <u>HAMPTON</u>	<u>5/1/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>Jordan Ward</u>	RESIDENCE <u>30 Southhall (Candor)</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>GLORIA HARRIS</u>	RESIDENCE <u>58 HALL RD</u> CITY/TOWN <u>HAMPTON</u>	<u>5/1/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* **Privacy notice:** The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

SBE-506/521 REV 1.2013

0028

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>[Signature]</u> PRINT <u>KAY BLACK</u>	RESIDENCE <u>152 Bell Rd.</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	[Redacted]
8.	SIGN <u>[Signature]</u> PRINT <u>Scott Anderson</u>	RESIDENCE <u>9 HAWK RD</u> CITY/TOWN <u>HPD</u>	<u>5-1-18</u>	[Redacted]
9.	SIGN <u>[Signature]</u> PRINT <u>SHIANNA MUDSAVIZADEH</u>	RESIDENCE <u># 1763 CARRIAGE DR</u> CITY/TOWN <u>HAMPTON</u>	<u>5-1-18</u>	[Redacted]
10.	SIGN <u>[Signature]</u> PRINT <u>OLGA BRITE</u>	RESIDENCE <u>826 N 5TH</u> CITY/TOWN <u>HP T VA 23664</u>	<u>5-1-18</u>	[Redacted]
11.	SIGN <u>[Signature]</u> PRINT <u>Stere PMcFann</u>	RESIDENCE <u>3a Wallace Rd</u> CITY/TOWN <u>Hampton VA 23664</u>	<u>5/1/18</u>	[Redacted]
12.	SIGN <u>[Signature]</u> PRINT <u>Maria C Curie</u>	RESIDENCE <u>753 Chatham</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	[Redacted]

Commonwealth of Virginia - AFFIDAVIT -
 I, OCTAVIANUS SMITH, swear or affirm that (i) my full residential address is 11 TRIPLE CROWN CT #304 in the State/Commonwealth of VIRGINIA; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

T60359525
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VIRGINIA
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
 [Redacted]
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SHREE F. GREEN
 NOTARY PUBLIC
 REG. #7643635
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES MAY 31, 2019

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION
 State of Virginia County/City of Hampton
 The foregoing instrument was subscribed and sworn before me this 31 day of MAY, 2018, by
[Signature]
 PRINT NAME OF PERSON CIRCULATING THE PETITION

[Signature] SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS
7643635 NOTARY REGISTRATION NUMBER**
5-31-19 DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.
 ** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED VOTERS

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse side of this page, do hereby petition the above 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 6th day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Annie R Simmons</u> PRINT ANNIE R SIMMONS	RESIDENCE <u>107 Wedgewood Dr</u> CITY/TOWN <u>Hampton Va 23669</u>		
2.	SIGN <u>Matthew Simmons</u> PRINT MATTHEW SIMMONS	RESIDENCE <u>116 Quaker Rd</u> CITY/TOWN <u>Hampton, Va 23669</u>	<u>5/1/18</u>	
3.	SIGN <u>Jeanelle Valentine</u> PRINT Jeanelle Valentine	RESIDENCE CITY/TOWN		
4.	SIGN <u>Josephine F. Jones</u> PRINT JOSEPHINE F. JONES	RESIDENCE <u>8 Long Bridge Rd.</u> CITY/TOWN <u>Hampton Va. 23669</u>	<u>5/1/2018</u>	
5.	SIGN <u>John Robert</u> PRINT John Robert	RESIDENCE <u>38 Apollo Dr</u> CITY/TOWN <u>Hampton VA 23669</u>	<u>5-1-2018</u>	
6.	SIGN <u>Sharon B Simmons</u> PRINT SHARON B. SIMMONS	RESIDENCE <u>157 Chickamauga</u> CITY/TOWN <u>Hampton Va</u>	<u>5-1-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7	SIGN <u>Candice R. Owens</u> PRINT <u>CANDICE R. OWENS</u>	RESIDENCE <u>263 Cleveland Hwy #16</u> CITY/TOWN <u>Hampton VA 23669</u>	<u>5/1/18</u>	
8	SIGN <u>Stephen Lewis</u> PRINT <u>STEPHEN LEWIS</u>	RESIDENCE <u>205 Bentham Rd</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	
9	SIGN <u>James W. Reynolds</u> PRINT <u>JAMES W. REYNOLDS</u>	RESIDENCE <u>301 CHANTILLY CT</u> CITY/TOWN <u>HAMPTON</u>	<u>5/1/18</u>	
10	SIGN <u>Elizabeth P. Nells</u> PRINT <u>Elizabeth P. Nells</u>	RESIDENCE <u>103 Madrid Dr.</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
11	SIGN <u>Melanie Bourque</u> PRINT <u>Melanie Bourque</u>	RESIDENCE <u>6 Hondo Ct.</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	
12	SIGN <u>Brenda W White</u> PRINT <u>BRENDA W White</u>	RESIDENCE <u>302 Deaton</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	

Commonwealth of Virginia

- AFFIDAVIT -

I, Octavianus Smith, swear or affirm that (i) my full residential address is 11 Triple Crown Ct #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SHREE F. GREEN
NOTARY PUBLIC
REG. #7643635
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MAY 31, 2019

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 31 day of May, 2018, by

[Signature]
PRINT NAME OF PERSON CIRCULATING THE PETITION

[Signature] SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS
7643635 NOTARY REGISTRATION NUMBER**
5/31/19 DATE NOTARY COMMISSION EXPIRES**

160359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia
NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

[Redacted]
CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

801531-16

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

** If not included in seal/stamp.

COMMONWEALTH OF VIRGINIA
**PETITION OF QUALIFIED
VOTERS**

[Must be filed with Declaration of Candidacy]

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above 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 6th day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Cassie V. McLaughlin</u> PRINT Cassie V. McLaughlin	RESIDENCE <u>P.O. Box 65266</u> CITY/TOWN <u>Hampton, VA 23665</u>	<u>5/1/2018</u>	
2.	SIGN <u>Angela Lewis</u> PRINT Angela Lewis	RESIDENCE <u>Hampton 205 Benthal Rd</u> CITY/TOWN <u>Hampton, VA 23664</u>	<u>5/1/2018</u>	
3.	SIGN <u>STEPHEN LEWIS</u> PRINT STEPHEN LEWIS	RESIDENCE <u>205 Benthal Rd</u> CITY/TOWN <u>HAMPTON, VA 23664</u>	<u>5/1/18</u>	
4.	SIGN <u>Ruth Bonner</u> PRINT Ruth Ruth Bonner	RESIDENCE <u>1818 Lafayette Dr</u> CITY/TOWN <u>HPT VA</u>	<u>5/1/18</u>	
5.	SIGN <u>Terra Harris</u> PRINT Terra Harris	RESIDENCE <u>56 Hall Road</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-2018</u>	
6.	SIGN <u>Linda E. Hanson</u> PRINT Linda E. Hanson	RESIDENCE <u>50 Mizen Cir</u> CITY/TOWN <u>Hampton, VA 23664</u>	<u>5/1/2018</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7	SIGN <i>Alice L. Owen</i> PRINT Alice L. OWEN	RESIDENCE 313-d-Silver Isles CITY/TOWN Hampton VA 23664	5/1/18	
8	SIGN <i>Alvin Beisid</i> PRINT Alvin Beisid	RESIDENCE 6 Southall LANE CITY/TOWN Hampton, VA 23664	5/1/18	
9	SIGN <i>S.A. Howard</i> PRINT S.A. Howard	RESIDENCE 20 Rhoda Ct CITY/TOWN Hampton, VA	5/1/18	
10	SIGN <i>Phillip Truitt</i> PRINT Phillip Truitt	RESIDENCE 17 Bonnuide Dr. CITY/TOWN Hampton, VA	5-1-18	
11	SIGN <i>Timothy Moody</i> PRINT Tim Moody	RESIDENCE 11 Southall Lodge CITY/TOWN Hampton 23664	5/1/2018	
12	SIGN <i>Harry Curtis</i> PRINT Harry Curtis	RESIDENCE 122 Grandview CITY/TOWN Hampton	5/1/18	

Commonwealth of Virginia

- AFFIDAVIT -

I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 TRIPLE CROWN CT. #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. 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.

160359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia
NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

SHREE F. GREEN
NOTARY PUBLIC
REG. #7643635
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MAY 31, 2019

The foregoing instrument was subscribed and sworn before me this 30 day of MAY, 2018, by

[Signature]
PRINT NAME OF PERSON CIRCULATING THE PETITION

[Signature]
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7643635 5/31/19
NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-521, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

** If not included in seal/stamp.