COMMONWEALTH OF VIRGINIA **SHAUN D. BROWN** PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] [Must be filed with Declaration of Candidacy] **3683 WINDMILL DRIVE** When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each VIRGINIA BEACH, VA 23453 county or city to facilitate the processing of the For a statewide office ENTER ABOVE, ZIP + 4 ENTER ABOVE, CITY/TOWN It is suggested that you file petitions in county/city 2ND **HOUSE OF REPRESENTATIVES** to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, DISTRICT, IF APPLICABLE ENTER ABOVE, OFFICE SOUGHT enter district no.: [optional]. We, the qualified voters of the district in which the above candidate seeks nomination or election and of All signatures required by law need not be on HampTON signed hereunder or on the reverse the same page of the petition. Numerous pages may be circulated. The circulator of 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 each page must be a person who is her\himself a legal resident of the United States of America above in the [check only one] and who is not a minor nor a felon whose 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. 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. DATE OFFICE SIGNED USE POST OFFICE BOXES ARE NOT *SEE NOTE BELOW [Must be ONLY **ACCEPTABLE** after **LAST 4 DIGITS OF** RESIDENCE ADDRESS January 1 SOCIAL SECURITY House Number and Street Name or of election NUMBER SIGNATURE OF REGISTERED VOTER Rural Route and Box Number and City/Town year] [OPTIONAL] [PRINT NAME IN SPACE BELOW SIGNATURE] RESIDENCE SIGN 1. CITY/Town RESIDENCE SIGN 2. CITY/Town PRINT RESIDENCE SIGN 3.

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

CITY/TOWN

RESIDENCE

CITY/Town

RESIDENCE

CITY/TOWN

RESIDENCE

CITY/Town

PRINT

SIGN

PRINT

SIGN

PRINT

SIGN

PRINT

4

5.

^{*} 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

	JED FROM REVERSE SIDE CANDIDATE NAME:	OFFICE SOUGHT: AT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMER		PESENTATIVES
	VOTING RIGHTS HAVE NOT BEEN RESTORED AND THA	AT 5/HE PERSONALLY WITNESSED EACH SIGNATURE. DWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CAN		
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 C SOCIAL SECURIT 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		
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12.	SIGN	RESIDENCE		
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omm	onwealth of Virginia	AFFIDAVIT -		T60 380
sident id (v) l	is 36 83 Windmill Dri VIX9 IV, A ; in the County/City/Town of of the United States of America; (iii) I am not a minor; witnessed the signature of each person who signed t is a felony punishable by a maximum fine up to \$2,50	; (iv) I am not a felon whose voting rights have not been this page or its reverse side. I understand that falsely s	of a legal a restored:	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE NAME OF STATE THAT ISSU THE CIRCULATOR'S DRIVER
	IOTOGRAPHICALLY REPRODUCIBLE DTARY SEAL/STAMP BELOW State of	COUNTY/City of Hampy	1	CIRCULATOR'S LAST 4 DIGION OF SOCIAL SECURITY NUMBER
MY C	SHREE F. GREEN NOTARY PUBLIC REG. #7643635 OMMONWEALTH OF VIRGINIA OMMISSION EXPIRES MAY 31, 2019	strument was subscribed and sworn before me this MA , 20 L 8, by RSON CIRCULATING THE PETITION 764 3635 5 31	19	STORIGEN STORIGEN

SBE-506/521 REV 1.2013

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.

COMMONWEALTH OF VIRGINIA **SHAUN D. BROWN** PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] [Must be filed with Declaration of Candidacy] **3683 WINDMILL DRIVE** When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each **VIRGINIA BEACH, VA 23453** county or city to facilitate the processing of the filing. For a statewide office ENTER ABOVE, ZIP + 4 ENTER ABOVE, CITY/TOWN It is suggested that you file petitions in county/city 2ND **HOUSE OF REPRESENTATIVES** to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, DISTRICT, IF APPLICABLE ENTER ABOVE, OFFICE SOUGHT enter district no.: [optional]. We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN 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 day of November, 20 18, and we do further that his/her name be printed upon the official ballots to be used at the election. signature of each voter.

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

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. 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 SIGNER: THAN ONE CANDIDATE. DATE OFFICE SIGNED USE POST OFFICE BOXES ARE NOT *SEE NOTE BELOW [Must be ONLY **ACCEPTABLE** after **LAST 4 DIGITS OF** RESIDENCE ADDRESS January 1 SOCIAL SECURITY House Number and Street Name or of election NUMBER SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE] Rural Route and Box Number and City/Town year] [OPTIONAL] -, VA 23669 5/1/18 RESIDENCE 1. CITY/Town PRINT RESIDENCE SIGN CITY/Town PRINT RESIDENCE SIGN 3. CITY/TOWN PRINT RESIDENCE SIGN PRINT CITY/Town RESIDENCE SIGN 5. CITY/TOWN PRINT RESIDENCE SIGN PRINT CITY/Town

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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CONTINUED FROM REVERSE SIDE CANDIDATE NAME:	OFFICE SOUGHT:	OUSE OF MEN	ESENTATIVES
CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OW THAN ONE CANDIDATE.	S/HE PERSONALLY WITNESSED EACH SIGNATURE		· -
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 SECURITE NUMBER [OPTIONAL]
PRINT CRACIELLE - DEVIKIS GARNELL	CITY/TOWN Hampton VA 23/109	5-1-18	o nove
8. PRINT DUNE !! A QUASA	CITY/TOWN+Compton VA	5-1-18	
9. PRINT	RESIDENCE CITY/Town		
10. SIGN PRINT	RESIDENCE City/Town		
11. Sign PRINT	RESIDENCE CITY/Town		
12. SIGN PRINT	RESIDENCE CITY/Town		
I, address is 36 23 Wind will Drive resident of the United States of America; (iii) I am not a minor; (iv and (v) I witnessed the signature of each person who signed this affidavit is a felony punishable by a maximum fine up to \$2,500 and 10 and 1	, swear or affirm that (i) my full in the State/Commonwealth ; (ii) I am v) I am not a felon whose voting rights have not been spage or its reverse side. I understand that falsely si	residential of a legal restored; gning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE NAME'OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'
SHREE F. GREEN NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31, 2019 PRINT NAME OF PERSONNESS	ument was subscribed and sworn before me this 10 16, by 10 CIRCULATING THE PETITION 7643635 5/31	<u> </u>	CIRCULATOR S LAST 4 DIGITOR SOCIAL SECURITY NUMBER
* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24,2- checking this petition with the official voter registration reco	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 SHAUN D. BROWN PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE ISHOULD BE AS IT IS TO APPEAR ON BALLOTI [Must be filed with Declaration of Candidacy] 3683 WINDMILL DRIVE When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each **VIRGINIA BEACH, VA 23453** county or city to facilitate the processing of the filina. For a statewide office ENTER ABOVE, ZIP + 4 ENTER ABOVE, CITY/TOWN It is suggested that you file petitions in county/city 2ND **HOUSE OF REPRESENTATIVES** to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, OFFICE SOUGHT ENTER ABOVE, DISTRICT, IF APPLICABLE enter district no.: [optional]. We, the qualified voters of the district in which the above candidate seeks nomination or election and of All signatures required by law need not be on 1 ampton signed hereunder or on the reverse the same page of the petition. Numerous COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself above in the [check only one] a legal resident of the United States of America ☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary and who is not a minor nor a felon whose voting rights have not been restored. The to be held on the circulator also must swear or affirm in the that his/her name be printed upon the official ballots to be used at the election. 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 DATE **SIGNED** USE POST OFFICE BOXES ARE NOT *SEE NOTE BELOW [Must be ONLY **ACCEPTABLE** after **LAST 4 DIGITS OF** RESIDENCE ADDRESS January 1 SOCIAL SECURITY SIGNATURE OF REGISTERED VOTER of election House Number and Street Name or **NUMBER** Rural Route and Box Number and City/Town year] [OPTIONAL] RESIDENCE 1. CITY/TOWN RESIDENCE CITY/Town RESIDENCE SIG 3. City/Town PRINT

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

SIGN

PRINT

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Rev 1.2013

SBE-506/521 REV 1.2013

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COMMONWEALTH OF VIRGINIA SHAUN D. BROWN PETITION OF QUALIFIED **VOTERS** ENTER ABOVE, NAME OF CANDIDATE ISHOULD BE AS IT IS TO APPEAR ON BALLOTI [Must be filed with Declaration of Candidacy] 3683 WINDMILL DRIVE When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each **VIRGINIA BEACH, VA 23453** county or city to facilitate the processing of the filing. For a statewide office ENTER ABOVE, CITY/TOWN ENTER ABOVE, ZIP + 4 It is suggested that you file petitions in county/city 2ND **HOUSE OF REPRESENTATIVES** to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, OFFICE SOUGHT ENTER ABOVE, DISTRICT, IF APPLICABLE enter district no.: ____ [optional]. We, the qualified voters of the district in which the above candidate seeks nomination or election and of All signatures required by law need not be on signed hereunder or on the reverse the same page of the petition. Numerous COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself above in the Icheck only one] a legal resident of the United States of America ☑ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary and who is not a minor nor a felon whose voting rights have not been restored. The to be held on the 6 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. 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 DATE USE **SIGNED** POST OFFICE BOXES ARE NOT *SEE NOTE BELOW ONLY [Must be **ACCEPTABLE** after **LAST 4 DIGITS OF** RESIDENCE ADDRESS January 1 SOCIAL SECURITY SIGNATURE OF REGISTERED VOTER House Number and Street Name or of election NUMBER [PRINT NAME IN SPACE BELOW SIGNATURE] Rural Route and Box Number and City/Town [OPTIONAL] SIGN RESIDENCE 1. PRIMI CITY/Town 2 3. RESIDENCE 5.

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

CITY/Town

City/Town

PRINT

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SBE-506/521 REV 1.2013

CONTINU	ED FROM REVERSE SIDE CANDIDATE NAME:	SHAUN D. BKOWN	OFFICE SOUGHT:	SE OF REPP	ESENTATIVES
	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW VOTING RIGHTS HAVE NOT BEEN RESTORED AND SHEET: YOUR SIGNATURE ON THIS PETITION MUST BE YOU THAN ONE CANDIDATE.	THAT S/HE PERSONALLY WITNES	SED EACH SIGNATURE.		
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	AC RESIDI House Num	CE BOXES ARE NOT CEPTABLE ENCE ADDRESS aber and Street Name or Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURIT NUMBER [OPTIONAL]
7.	PRINT HERMANSKI PATTE	RESIDENCE ZUE RESIDE	Admikal CT NPTON, VA	5/1/8	
8.	PRINT brida Shifflette		ryther Ut 2369	5/1/18	
9.	PRINT KIMBERLY RUTT	RESIDENCE CITY/Town	Picolo (F	5/1/8	
10.	PRINT Usterie C. Fauntleren SIGN WWW Pauntleren	RESIDENCE /C 4 8 CITY/TOWN / F RESIDENCE 2	8 Windjammer De nt. V2	5/1/18	
11.	PRINT I L'ISLA POR COL	CITY/TOWN HY	-VA 23469	14.8	
	PRINT Conwealth of Virginia	CITY/Town		7	6038057
address resident and (v)	Shain P. B	of Virginist a felon wheed this page or its reverse s	side. I understand that falsely s	of n a legal n restored;	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER
	HOTOGRAPHICALLY REPRODUCIBLE OTARY SEAL/STAMP BELOW SHREE E GREEN State of	SIGNATURE OF PERSON CIR	CULATING THE PETITION Sounty/City of Llampto		CIRCULATOR'S LAST 4 DIGI OF SOCIAL SECURITY NUMBER
C MY C	NOTARY PUBLIC REG. #7643635 OMMONWEALTH OF VIRGINIA OMMISSION EXPIRES MAY 31, 2019 The foregoin do	g instrument was subscribe ay of MAY Brown	d and sworn before me this, 20 1/6, by		
SIGNATUR	PRINT NAME OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTE	OF PERSON CIRCULATING THE F	35 5 31	19 SION EXPIRES**	
* Priva	cy notice: The Code of Virginia, §§ 24.2-506 and this petition with the official voter registration.	d 24.2-521, authorizes requon record. You are not req	uesting the last four digits of you	ur social securit on and may sig	ly number to facilitate n 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.

SBE-506/521 REV 1.2013

SHAUN D. BROWN

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

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES

We, the qualified voters of the district in which the above candidate seeks nomination or election and of

side of this page, do hereby petition the above named individual to become a candidate for the office stated

ENTER ABOVE, OFFICE SOUGHT

Hamtton

ENTER ABOVE, DISTRICT, IF APPLICABLE

signed hereunder or on the reverse

COMMUNIVEALTE 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.: loptionall.

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.

above in the [check only one] ☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary to be held on the $_{-}$ $\ensuremath{\not\leftarrow}$ 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. 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. 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 SIGNER: THAN ONE CANDIDATE. DATE OFFICE SIGNED USE POST OFFICE BOXES ARE NOT *SEE NOTE BELOW [Must be ONLY ACCEPTABLE after **LAST 4 DIGITS OF RESIDENCE ADDRESS** January 1 SOCIAL SECURITY of election House Number and Street Name or NUMBER SIGNATURE OF REGISTERED VOTER Rural Route and Box Number and City/Town vear1 [OPTIONAL] [PRINT NAME IN SPACE BELOW SIGNATURE] RESIDENCE 59 CITY/Town RESIDENCE RESIDENCE CITY/Town PRINT RESIDENCE City/Town RESIDENCE SIGN 5. CITY/Town RESIDENCE PRINT 18 CITY/Town CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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0020

	S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA S/HE PERSONALLY WITNESSED EACH SIGNATURE. N AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANE	CA, NOT A MINOR	NOR A FELON WHOS
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 SECURIT NUMBER {OPTIONAL}
PRINT HARRY W AMES	RESIDENCE 95 APOLL DR. CITY/TOWN HAMPTON 23469	1 MAY 18	
8. SIGN Bluely K ames PRINT BEVERLY K AMES	RESIDENCE 95 APCILO DE CITY/TOWN HAMY PTON VA 2366	7 (Maex	048
9. SIGN PRINT Crosh	RESIDENCE 7 Hatteress Landing CITY/TOWN Hampton VA 23669	1/may 20	18
10. SIGN DATUREN ROOF	CITY/TOWN Hampton, V42366	1 15/18	
11. SIGN Jacklyn D. Ray	Julian Files	5/1/18	
12. PRINT Catherine S. Blow	CITYTOWN HIMPTON, Va 2360] 69 5/1/	18
commonwealth of Virginia address is in the County/City/Town of esident of the United States of America; (iii) I am not a minor; (iv) and (v) I witnessed the signature of each person who signed this iffidavit is a felony punishable by a maximum fine up to \$2,500 ar	NOME Of its reverse eide. Lundowstendate auf it is in the	f I legal estored; ning this	GIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE LICENSE APPLICABLE APPLICABL
SHREE F. GREEN State of 'VICEN	nent was subscribed and sworn before me this		IRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
	N CIRCULATING THE PETITION 7643636 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION	1/19 EXPIRES**	**

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COMMUNICATION OF VINGINIA SHAUN D. BROWN PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] [Must be filed with Declaration of Candidacy] 3683 WINDMILL DRIVE When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each **VIRGINIA BEACH, VA 23453** county or city to facilitate the processing of the filing. For a statewide office ENTER ABOVE, CITY/TOWN ENTER ABOVE, ZIP + 4 It is suggested that you file petitions in county/city 2ND **HOUSE OF REPRESENTATIVES** to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, OFFICE SOUGHT ENTER ABOVE, DISTRICT, IF APPLICABLE enter district no.: optional). We, the qualified voters of the district in which the above candidate seeks nomination or election and of All signatures required by law need not be on signed hereunder or on the reverse Hantton the same page of the petition. Numerous COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself above in the [check only one] a legal resident of the United States of America and who is not a minor nor a felon whose ☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary 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. DATE OFFICE SIGNED USE POST OFFICE BOXES ARE NOT *SEE NOTE BELOW [Must be ONLY ACCEPTABLE after **LAST 4 DIGITS OF** RESIDENCE ADDRESS January 1 SOCIAL SECURITY SIGNATURE OF REGISTERED VOTER House Number and Street Name or of election NUMBER PRINT NAME IN SPACE BELOW SIGNATURE Rural Route and Box Number and City/Town year] [OPTIONAL] PRINT RESIDENCE SIGN PRINT CITY/Town RESIDENCE SIGN 3.

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

EDGE WATER

1-12 m 190 N VA 2361

CITY/Town

RESIDENCE

CITY/TOWN

RESIDENCE

CITY/Town

RESIDENCE

CITY/Town

PRINT

SIGN

SIGN

PRINT

SIGN

5.

^{*} 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.

	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT SINER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	HE PERSONALLY WITNESSED EACH SIGNATURE.		
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 SECURIT NUMBER [OPTIONAL]
7.	PRINT James Abbatt	RESIDENCE 3Stedlyw C. T. CITY/TOWN HAMPHON VO	5/1/14	
8.	SIGN PAR COYL PRINT Bries A. Tyle	RESIDENCE 28 Felds Dr CITY/TOWN Hampton VA	8ا/ ارائد	
9.	SIGN Valerie Yalore PRINT VALERIE Vaccovac	RESIDENCE Duke high thouse or CITY/TOWN Hampton VA	5/1/18	
10.	SIGN COLD ELLAC	RESIDENCE TO RESID	9 US	
11.	PRINT RUTH SHAULIS	RESIDENCE 27 WALLACE RA CITY/TOWN HAMPTON, VA	5/1/18	
12.	SIGN Paritableshes PRINT ERITH GLEGHES	RESIDENCE 18 Colonial Acres CITY/TOWN Namenton Va	5/1/15	
, Ocaddress resident and (v)	tavianvas , Smith	spage or its reverse side. I understand that falsely si	of a legal restored;	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE VICALIA NAME OF VATE THAT ISSU THE CIRCULATOR'S DRIVER
N	SHREE F. GREEN NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA COMMISSION EXPIRES MAY 31, 2019	County/City of Lampion ument was subscribed and sworn before me this 20 1 , by		LICENSE CIRCULATOR'S LAST 4 DIGI' OF SOCIAL SECURITY NUMBER
	PRINT NAME OF PERS	SON CIRCULATING THE FETITION 7643635 5-3	1-19	, h

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COMMUNICATION OF VIRGINIA **SHAUN D. BROWN** PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] [Must be filed with Declaration of Candidacy] 3683 WINDMILL DRIVE When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each **VIRGINIA BEACH, VA 23453** county or city to facilitate the processing of the filing. For a statewide office ENTER ABOVE, ZIP + 4 ENTER ABOVE, CITY/TOWN It is suggested that you file petitions in county/city 2ND HOUSE OF REPRESENTATIVES to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, DISTRICT, IF APPLICABLE ENTER ABOVE, OFFICE SOUGHT enter district no.: [optional]. We, the qualified voters of the district in which the above candidate seeks nomination or election and of All signatures required by law need not be on signed hereunder or on the reverse the same page of the petition. Numerous COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself a legal resident of the United States of America above in the [check only one] and who is not a minor nor a felon whose ☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary voting rights have not been restored. The _ day of _ Notre bt _____, 20 10, and we do further petition circulator also must swear or affirm in the that his/her name be printed upon the official ballots to be used at the election. 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. DATE OFFICE SIGNED USE POST OFFICE BOXES ARE NOT *SEE NOTE BELOW [Must be ONLY **ACCEPTABLE** after **LAST 4 DIGITS OF** RESIDENCE ADDRESS January 1 SOCIAL SECURITY of election SIGNATURE OF REGISTERED VOTER House Number and Street Name or NUMBER Rural Route and Box Number and City/Town year] [OPTIONAL] RESIDENCE SIGN RESIDENCE PRINT

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

RESIDENCE

CITY/Town

RESIDENCE

CITY/Town

City/Town

RESIDENCE -

PRINT

5.

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SBE-506/521 REV 1.2013

CIRCUL	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/I GNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	HE PERSONALLY WITNESSED EACH SIGNATURE	CA, NOT A MINOR	
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7.	PRINT (IN A) FA CO AL	CITY/TOWN STORY & AVE	5/1/5	
8.	PRINT DESCREE JORE	CITY/TOWN Hangford VA 23669	5//8	
9.	PRINT MARY BROTTIERS	RESIDENCE / 23 Fax Ni // RD CITY/TOWN Hampton V.p. 2669	5/1/18	
10.	SIGN LEVOY E TAY LOR	RESIDENCE 275 Apt Clamwood Pro CITY/TOWN Hampto Virginin	5/1/18	
11.	PRINT JOHNINY L. SIPSCOMB	RESIDENCE 125 QUAKEN ROAD CITY/TOWN HAMPSON	41/18	
12.	PRINT MARY JOAN SOVA	RESIDENCE 85 APOLLO DR CITY/TOWN HAMPTON, YA 23619	5/1/18	
esideo	ctavianus South	, swear or affirm that (i) my full in the State/Commonwealth of the state in the St	of a legal restored; aning this -	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE VICTORIA NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S
	State of Victor	TURE OF PERSON CIRCULATING THE PETITION 1 9 County/City of 1 Ampto	<u> </u>	CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
	SHREE F. GREEN NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA COMMISSION EXPIRES MAY 31, 2019 PRINT NAME OF PERSON OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS	nent was subscribed and sworn before me this , 20 16, by N CIRCULATING THE PETITION 1643635 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION	19 N EXPIRES**	Sint Const

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51	D. Brown		. –		F QUALIFIED
ENTER A	BOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR OF	N BALLOT]	[Must b	_	claration of Candidacy]
360	183 Windmill Driv	'e			includes more than one
ENTER A	BOVE, RESIDENCE ADDRESS OF CANDIDATE		county of separate	r city, it is sug petition form for	ggested that you use a gualified voters in each
	rginia Beach, VA	23453	county or filing.	r city to facilitat	te the processing of the
1 1	ouse of Representati	VCS 2 NO	to facilitat	te the processing	ile petitions in county/city g of the filing. If you track
ENTER A	ABOVE, OFFICE SOUGHT	ENTER ABOVE, DISTRICT, IF APPLICABLE		rict no.: [op	by congressional district tional].
side of the above in	county or City or, For town council, NAME OF TOWN this page, do hereby petition the above named individual to be the [check only one] General Election	signed hereunder or on the reverse ecome a candidate for the office stated imary Republican Primary, 20_1\(\frac{1}{2} \), and we do further petition	the same pages ma each pag a legal re and who voting rig circulator affidavit t	p page of the pe ay be circulated the must be a pe sident of the U is not a minor r this have not be also must swe	by law need not be on estition. Numerous d. The circulator of erson who is her/himself nited States of America nor a felon whose een restored. The ear or affirm in the nally witnessed the
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USE ONLY 1.	SIGNATURE OF REGISTERED VOTER [PRINT AAME IN SPACE BELOW SIGNATURE] SIGN PRINT CONTROLS SIG	RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/To RESIDENCE /D M. Che (C) CITY/Town HAMIPHOIN V RESIDENCE /O MICHEL CITY/Town Town Town A RESIDENCE / A OVERS CITY/Town Town Town A RESIDENCE / A OVERS CITY/Town Town A RESIDENCE / A OVERS CITY/Town Town A RESIDENCE / A OVERS CITY/Town A RESIDENCE / A OVERS CITY/	· :	SIGNED [Must be after January 1 of election year]	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

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SBE-506/521 REV 1.2013

CONTINUED FROM REVERSE SIDE CANDIDATE NAME:	haun D. Brown Sought: +	Jouse	of Represa
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7. STEN CE JOHNSUN	RESIDENCE // VENERIS CT	MAY 1, 2018	
8. SIGN Daris J. Williams	RESIDENCE 34 Old Meribeth R CITY/TOWN + Tampton, Va.	JMay 1, 2018	
9. SIGN ATTE Alice Gustice	RESIDENCE 9 W Prestow & + CITY/TOWN Hampston	May. Jus	
10. SIGN B MITCHELL	RESIDENCE 22-W PRESTON CITY/TOWN 1/PT 28669	may 1 Jers	
sign HildegardA Locklites	RESIDENCE 301 Tysinger Dr.	5/1-2018	
12. SIGNACH M Had	RESIDENCE 24 Bland St CITY/TOWN HD+ VA 23669	5/1/18	
Commonwealth of Virginia I, CALLANU address is Tiple ; in the County/City/Town of resident of the United States of America; (iii) I am not a minor; (iv and (v) I witnessed the signature of each person who signed this affidavit is a felony punishable by a maximum fine up to \$2,500 a	swear or affirm that (i) my full in the State/Commonwealth (ii) I am or a felon whose voting rights have not been page or its reverse side. I understand that falsely sides	of a legal restored:	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE VIGINIA NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S
NOTARY SEAL/STAMP BELOW State of SHEEF F CREEN	, ,	- Jan	CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA	ment was subscribed and sworn before me this 20 16, by ON CIRCULATING THE PETITION 76 43635 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION	19 ON EXPIRES**	54

SBE-506/521 REV 1.2013

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COMMONWEALTH OF VIRGINIA **SHAUN D. BROWN** PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] [Must be filed with Declaration of Candidacy] 3683 WINDMILL DRIVE When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each VIRGINIA BEACH, VA 23453 county or city to facilitate the processing of the filing. For a statewide office ENTER ABOVE, ZIP + 4 ENTER ABOVE, CITY/TOWN It is suggested that you file petitions in county/city 2ND HOUSE OF REPRESENTATIVES to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, DISTRICT, IF APPLICABLE ENTER ABOVE, OFFICE SOUGHT enter district no.: [optional]. We, the qualified voters of the district in which the above candidate seeks nomination or election and of All signatures required by law need not be on signed hereunder or on the reverse the same page of the petition. Numerous Hampton COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself a legal resident of the United States of America above in the [check only one] and who is not a minor nor a felon whose ☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary voting rights have not been restored. The ____, 20 💢, and we do further petition day of 1/00ember circulator also must swear or affirm in the that his/her name be printed upon the official ballots to be used at the election. 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. DATE **OFFICE** SIGNED USE POST OFFICE BOXES ARE NOT *SEE NOTE BELOW [Must be ONLY **ACCEPTABLE** after **LAST 4 DIGITS OF RESIDENCE ADDRESS** January 1 SOCIAL SECURITY of election SIGNATURE OF REGISTERED VOTER House Number and Street Name or NUMBER Rural Route and Box Number and City/Town [OPTIONAL] vearl SIGN City/Town PRINT

SIGNATURE OF REGISTERED VOTER
[PRINT NAME IN SPACE BELOW SIGNATURE]

1. SIGN BURGET STEPHES RESIDENCE IS VAIVED DK
PRINT EN WEST STEPHES CHYTOWN HAMPIN VA

2. SIGN BOUND & PRINT

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RESIDENCE 302 MINIMARY RUSS

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CITY/TOWN HEMPTON VA

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CITY/TOWN HEMPTON VA

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CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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SBE-506/521 REV 1.2013

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	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/I GNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	HE PERSONALLY WITNESSED FACH SIGNATURE		-
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 SECURIT NUMBER [OPTIONAL]
7.	PRINT Elasys M. Clarke	RESIDENCE 9/1- Sknrock Or. CITY/TOWN +lampton, Va.	5-1-18	
8.	PRINT Jamis Jones	RESIDENCE 10 (URNELIUS D. CITY/TOWN #Jpl. Va.	2 5-1-18	
9.	PRINTSURY TOVERTON	RESIDENCE 103 PARSON AGE LN CITY/TOWN HAM PTON	3=1-19	
10.	PRINT DECAMA HOLDRICH	125 (5-1-18	
11.	PRINT GURTIS L. GUARD	RESIDENCE 119 MARGARET DR. CITY/TOWN HAMOTON, VA	5-1-18	
12.	PRINT Charlo Y-RO 17023	RESIDENCE D. Blackwotylas CITY/TOWN Hongin VA.	5-1-12	
address resident and (v) I	CTALIANUS SMITH	lage or its reverse side. I understand that falsely sig	of a legal restored; aning this -	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE VALUE OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S
	SHREE F. GREEN State of V. CONT.		<u> </u>	CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
MYCO	REG. #7643635 MMONWEALTH OF VIRGINIA MMISSION EXPIRES MAY 31, 2019	nent was subscribed and sworn before me this 100 18, by 100 CIRCULATING THE PETITION 100 CIRCULATING THE PETITION 100 CIRCULATING THE PETITION 100 DATE NOTARY COMMISSION	19 N EXPIRES**	CANAL TO THE STATE OF THE STATE

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SHAUN D. BROWN

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

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES

We, the qualified voters of the district in which the above candidate seeks nomination or election and of

side of this page, do hereby petition the above named individual to become a candidate for the office stated

☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary

ENTER ABOVE, OFFICE SOUGHT

Hampton

above in the [check only one]

ENTER ABOVE, DISTRICT, IF APPLICABLE

signed hereunder or on the reverse

COMMUNICATION 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

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].

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.

CIRC		MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REV MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT B YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	ÉEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EA	CH SIGNATURE.	
OFFIC 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		RINT MERLY OF 115KG	CITYTOWN Hampton Ut	May 1.	
. 2		IGN PLEAS S. A. IF	CITY/TOWN Hampton, VA	May 1, 2018	
3	•	IGN Vernita I. Brown	CITY/TOWN Hampton, VP	May 1, 2018	
4		RINT Levery E Armston	RESIDENCE / 809 Old Buken fram. CITY/TOWN Hampfor VA	\$ 5-1/8	
5	•	IGN A PANY RINT A ICL PASS	RESIDENCE 432 Walnut St. CITY/TOWN Hampton	5/1/8	
6		GN Hudrey C. Cherton	RESIDENCE 408 Gilbert St.	5/1/18	
			ONTINUE ADDITIONAL SIGNATURES AND COMPL	ETE AFFIDAV	IT ON REVERSE SIDE

8825

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

CONTINU	PED FROM REVERSE SIDE UANDIDATE NAME: Share	OFFICE SOUGHT:1	Tero	HHALS_
	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT SANER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	HE PERSONALLY WITNESSED EACH SIGNATURE.		
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 O SOCIAL SECURIT NUMBER [OPTIONAL]
7.	PRINT LOSA, Benton	CITY/TOWN HAS LOS CONTRACTOR	May 318	
8.	PRINT MANUAL HOLDER	CITY/TOWN HAMPHON, VA.	MHY 1, 201	8
9.	PRINT John I. Wheeler sign Croxstal Stickle	RESIDENCE 148 Kove DS CITY/TOWN Hampton Val RESIDENCE 1 River Shore Lane	May 1/20	9
10.	PRINT Crystell Stickle	CITY/TOWN Hampton, VA RESIDENCE 104 Hampstend Ct	May 1.2018	5
11.	PRINT Snannon Pittman-Rice	RESIDENCE 2740476125 EXCEC	may 1,1)	
	nonwealth of Virginia	FFIDAVIT-	3/1/18	16035952
resident and (v)	is; in the County/City/Town of; the United States of America; (iii) I am not a minor; (iv I witnessed the signature of each person who signed this is a felony punishable by a maximum fine up to \$2,500 a	page or its reverse side. I understand that falsely s	ı a legal ı restored;	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE APPLICABLE NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER
	OTARY SEAL/STAMP BELOW	ATURE OF PERSON CIRCULATING THE PETITION 1.5 County/City of HAT	Non	CIRCULATOR'S LAST 4 DIGITOR OF SOCIAL SECURITY NUMBER
	NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA COMMISSION EXPIRES MAY 31, 2019 The foregoing instru	ument was subscribed and sworn before me this	,,	
SIGNATUR	PRINT NAME OF PERS LOCAL PRINT NAME OF PERS LE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS	ON CIRCULATING THE PETITION 7643635 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISS	ION EXPIRES**	al XIII
	cy notice: The Code of Virginia, §§ 24.2-506 and 24.2-king this petition with the official voter registration reco			

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.

51	D. Brown				TH OF VIRGINIA F QUALIFIED
ENTER	ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON	BALLOT]	(Must b		laration of Candidacy]
36	83 Windmill Driv	e	When an	election district	includes more than one
ENTER	ABOVE, RESIDENCE ADDRESS OF CANDIDATE		county or separate	city, it is sug	gested that you use a qualified voters in each
Vi	rginia Beach, VA	23453	county or filing.	city to facilitat	e the processing of the
1	ouse of Representati	VCS 2 PAGENTER ABOVE, ZIP+4	to facilitat	e the processing	le petitions in county/city of the filing. If you track
ENTER	ABOVE, OFFICE SOUGHT	ENTER ABOVE, DISTRICT, IF APPLICABLE			by congressional district tional].
side of above to be h	e qualified voters of the district in which the above candidate Itany tor COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN this page, do hereby petition the above named individual to b n the [check only one] General Election	signed hereunder or on the reverse ecome a candidate for the office stated mary Republican Primary, 20 1 , and we do further petition	the same pages ma each pag a legal re and who voting rig circulator affidavit ti	page of the pe by be circulated e must be a pe sident of the Units not a minor r hts have not be also must swe	y law need not be on tition. Numerous I. The circulator of irson who is her/himself nited States of America nor a felon whose een restored. The ar or affirm in the nally witnessed the
	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVE MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BE IGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	EN RESTORED AND THAT S/HE PERSONALLY WITN	IESSED EAC	H SIGNATURE.	
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE N ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/T		DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
USE	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE] SIGN Philing Worth	RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/T	own	SIGNED [Must be after January 1 of election	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE] SIGN MILLIE WITCH PRINT THE MALL WAS NILED ON	ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/T RESIDENCE 107 House Source Lo	own andz	SIGNED [Must be after January 1 of election	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE] SIGN PRINT THE MALL WAS MEJEN. SIGN Summer to Was legton.	RESIDENCE 107 HOUSE No. 18 CONTINUED NO.	iown Lucky 169	SIGNED [Must be after January 1 of election	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
USE ONLY 1.	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE] SIGN MILLL MASSINGTON. SIGN SUMMEL T WAShington PRINT Samuel T Washington SIGN SOMERIA K WASHINGTON	RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/T RESIDENCE 107 House Shall CITY/TOWN House for Va 234 CITY/TOWN House for Va 23	iown Lucky 169	SIGNED [Must be after January 1 of election year]	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
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SBE-506/521 REV 1.2013

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CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

CONTINU	JED FROM REVERSE SIDE CANDIDATE NAME:	haun D. Broffice sought:	-louse	Et Repression	
	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/19 GNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	HE PERSONALLY WITNESSED EACH SIGNATURE.			
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME] N 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.	PRINT Anthony Arres SIGN Melan Arres PRINT Melan le Ames	RESIDENCE 16 Vallveyer. CITY/TOWN Hungton VA RESIDENCE 16 Vallvey dv.	5/1/8		
. 9.	SIGN (ROUDING). T PRINT JL OVER FOU, Jr SIGN Charles P. Brown	RESIDENCE 103 Parablege da CITY/TOWN Harreton, VA 23669 RESIDENCE 13 Margantal	5/1/18		
10.	BRIMARCE ST. BROWN IR SIGN Jamel C. Brown PRINT Amela C. Brown	CITY/TOWN Hampton VA 23669 RESIDENCE /3 Wargand 10- CITY/TOWN Hampton VA 2341	5/18		
12.	PRINT D. M. ROAVEK	CITY/TOWN HAMPTON 23/669	5/1/18		
I, O Charles I I I I I I I I I I I I I I I I I I I					
S COMI	OTARY SEAL/STAMP BELOW HREE F. GREEN NOTARY PUBLIC REG. #7643635 MONWEALTH OF VIRGINIA MISSION EXPIRES MAY 31, 2019 State of VIRGINIA The foregoing instruct day of VIRGINIA	TURE OF PERSON CIRCULATING THE PETITION County/City of 1 Amount The person circulation of 1 Amount The person circulation of 1 Amount County/City of 1 Amount The person circulation of 1 Amount The person	<u>on</u>	CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
SIGNATUR	MOR - JACON E OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS	7643635 513 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION	DN EXPIRES**		

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SHAUN D. BROWN

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

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TÓWN

ENTER ABOVE, ZIP + 4

2ND **HOUSE OF REPRESENTATIVES**

We, the qualified voters of the district in which the above candidate seeks nomination or election and of

side of this page, do hereby petition the above named individual to become a candidate for the office stated

☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary

ENTER ABOVE, OFFICE SOUGHT

above in the [check only one]

ENTER ABOVE, DISTRICT, IF APPLICABLE

signed hereunder or on the reverse

COMMUNITY EALTH 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

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].

L RESIDENT OF THE UNITED STATES OF AMERICA, NOT		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
	L	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. 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 MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE. YOUR SIGNATURE. YOU MAY SIGN PETITIONS FOR MORE SIGNED IN THAN ONE CANDIDATE. POST OFFICE BOXES ARE NOT IN THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE. YOU MAY SIGN PETITIONS FOR MORE SIGNED IN THAN ONE CANDIDATE. *SEE NOTE BELOW LAST 4 DIGITS OF	tha	t his/l	ner name be printed upon the official ballots to be used at the	e election.		hat s/he persor of each voter.	nally witnessed the
POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE] 1. SIGN IS CLUE PRINT JOSH CLUE SIGN JAMES RESIDENCE 12 MIX Libe 11 Rd CITY/TOWN HUMP AND TO N 22/1/2018 3. SIGN JAMES MUMB RESIDENCE 12 MIX Libe 11 Rd CITY/TOWN HUMP AND TO N 22/1/2018 3. SIGN JAMES MUMB RESIDENCE 12 MIX Libe 11 Rd CITY/TOWN HUMP AND TO N 23/1/2018 4. SIGN JOHN BALKWILL RESIDENCE 27 MITCHALL RD PRINT JAMES CITY/TOWN HAMPT ON 23/16/2018 5. SIGN Melissa Love CITY/TOWN HAMPT ON 23/16/2018 THE SIDENCE 2018 Shore I'M DY SI/2018 THE SIDENCE 2018 SHORE 2018 Shore I'M DY SI/2018 THE SIDENCE 2018 SIGN DY SI/2018 THE SIDENCE 2018 SHORE 2018 SHORE 2018 Shore I'M DY SI/2018 THE SIDENCE 2018 SIGN	CII	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					
DERINT Josh Colles CITYTOWN Hampton: RESIDENCE (Donald St. 1/30/3) RESIDENCE (RESIDENCE ST. 1/30/3)	U	SE		ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or		SIGNED [Must be after January 1 of election	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
RESIDENCE (DORALD ST. 1/30/3 RESIDE		1.	7.1		2d :: '	\$/1/18.	
3. SIGN AND MINE RESIDENCE L'AM, FENELL R.D. 4. SIGN JOHN BALKWILL RESIDENCE 27 MITCHALL R.D. 5. SIGN Melissa Coll RESIDENCE 308 Shoreline Dr. 6. SIGN Nelissa Cova City/Town Hamfon & 23469 6. SIGN Nelissa Cova RESIDENCE 18740 Nebuckingham Residence 511/18		2.		RESIDENCE GRONALA St	the G	5/1/2018	, , , , , , , , , , , , , , , , , , , ,
5. SIGN Melissa Cove RESIDENCE 308 Shoreline Dr PRINT Melissa Cove CITY/TOWN HAMPTON 23669 6. SIGN Delvorah Johnson RESIDENCE 18740 HeBuckingham Re 5/1/8		3.	1	RESIDENCE LA M. tohell Rd			
5. SIGN Melissa COVE RESIDENCE 308 Shoreline Dr PRINT Melissa Cove CITY/TOWN Hampton Va 23669 5/1/2018 6. SIGN Delyrak Johnson RESIDENCE 18740 deBuckingham Re 5/1/18		4.	Al Pile 1			5/1/2018	
6. SIGN Delvorah Johnson RESIDENCE 18740 HeBuckinghamke 51,118		5.		RESIDENCE 308 Shoreline I	Dr	5/1/2018	·
T J J		6.	The state of the s	RESIDENCE 18740 de Bucking	amko	-4 (

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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SIC	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/I SHER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	HE PERSONALLY WITNESSED EACH SIGNATURE.		
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 O SOCIAL SECURIT NUMBER [OPTIONAL]
7.	PRINT JULIE Zollicoffer	CITY/TOWN Hampton, VA	5-1-18	
8.	PRINT Card A. W. Marski	RESIDENCE 200 Antistam Ct. CITY/TOWN Hampton, UA	31.118	
9.	SIGN TABLET CALES	CITY/TOWN LAMBON, VA.	5/1/18	
10.	PRINT Richard Everett	CITY/TOWN Hampton, VA	5/1/18	
11.	PRINT F F DUIONS	RESIDENCE 106 STEPSINGAY	5,1.18 E	
12.	PRINT OLVER D. PORTY	RESIDENCE 204 CAMISTER CT	5/1/16	
iddress esident and (v) I	octaviables Snith	, swear or affirm that (i) my full in the State/Commonwealth (ii) in the State/Commonwealth (iii) in the State/Commonwealth (iiii) in the State/Commonwealth (iii) in the State/Commonwealth (iiii) in the State/Commonwealth (iiiii) in the State/Commonwealth (iiiiii) in the State/Commonwealth (iiiiiiiiii) in the State/Commonwealth (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	of a legal restored; gning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE LICENSE NUMBER, IF APPLICABLE APPLICABLE NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'
C	SHREE F. GREEN NOTARY PUBLIC REG. #7643635 State of	TURE OF PERSON CIRCULATING THE PETITION County/City of LAM ment was subscribed and sworn before me this A 20 18, by	1	CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
)) IGNATURE	PRINTMAME OF PERSON OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS	ON CIRCULATING THE PETITION 7643635 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION	119 IN EXPIRES**	CANA,
Privac	y notice: The Code of Virginia, §§ 24.2-506 and 24,2-5	521, authorizes requesting the last four digits of your	social security	number to facilitate

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SHAUN D. BROWN

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

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

2ND **HOUSE OF REPRESENTATIVES**

We, the qualified voters of the district in which the above candidate seeks nomination or election and of

side of this page, do hereby petition the above named individual to become a candidate for the office stated

ENTER ABOVE, OFFICE SOUGHT

above in the [check only one]

Hampton

ENTER ABOVE, DISTRICT, IF APPLICABLE

signed hereunder or on the reverse

CONTRICINANEAL ITT OF A INCHINA 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

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].

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 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 LEGICAL MAYO PRINT LOONARD S/ MAYO	RESIDENCE 212 LIGHTROUPE W	5/1/18	
2	SIGN MUTKUY LAIM PRINT Markus Lewis	RESIDENCE 205 Benthall Rd. CITY/TOWN Ham Pton	5/1/18	
3.	PRINT Sylvia L. Boston	CITY/TOWN HANDY JOH UT	5/1/18	
4.	PRINT HARRY BORNER	RESIDENCE 1818 LARAYE ITE CITY/TOWN LAMPTON	5/11	
5.	PRINT JORDAN Ward	RESIDENCE 30 Societya (Canding	511/18	·
6.	PRINT GIORIA HARRIS	RESIDENCE 58 HALL RD CITY/TOWN HAM PTON	5/1/18	•

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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7.	PRINT KAY BLACK	RESIDENCE 152 Bol RQ. CITY/TOWN 15th	5(1)18	
8.	PRINT SCOT ANDUNG	RESIDENCE 9 HORAW RD	5-1-48	
9.	PRINT SHIANNA MINSKNZADEA	RESIDENCE # 1763 CAPPLINGEDE CITY/TOWN HAMPTON	51-18	
10.	SIGN OLGA BRITE	RESIDENCE 826 N 57H CITY/TOWN HPT V 4 23644	5-1-18	
11.	PRINT Stere PM Fann	CITY/TOWN Hampton V423C4	5/1/18	
12.	SIGN MONTH CANCLE	CITY/TOWN Harrown IP	5/1/18	
ddress ViC esident nd (v) I	ctavianos Suth	page or its reverse side. I understand that falsely sign	of a legal restored; gning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE VICTORIA NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S
NC	SHREE F. GREEN NOTARY PUBLIC REG. #7643635 State of Visite of Vis	County/City of	ton	LICENSE CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
The state of the s	AMISSION EXPIRES MAY 31, 2019	ON CIRCULATING THE PETITION 7643635 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION	1-19	1 2 2 X

CONTINUED FROM REVERSE SIDE CANDIDATE NAIVIE: - NOON U. BITON UFFICE SOUGHT: - TOO SELECTION

SBE-506/521 REV 1.2013

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.

CUIVINUNIVEAL I IT OF VIRGINIA SHAUN D. BROWN PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] [Must be filed with Declaration of Candidacy] 3683 WINDMILL DRIVE When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each **VIRGINIA BEACH, VA 23453** county or city to facilitate the processing of the filing. For a statewide office ENTER ABOVE, CITY/TÓWN ENTER ABOVE, ZIP + 4 It is suggested that you file petitions in county/city 2ND HOUSE OF REPRESENTATIVES to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, OFFICE SOUGHT ENTER ABOVE, DISTRICT, IF APPLICABLE enter district no .: _ [optional]. We, the qualified voters of the district in which the above candidate seeks nomination or election and of All signatures required by law need not be on Hampton signed hereunder or on the reverse the same page of the petition. Numerous COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself above in the [check only one] a legal resident of the United States of America ☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary and who is not a minor nor a felon whose voting rights have not been restored. The day of Nodern ber , 20 1 (and we do further petition circulator also must swear or affirm in the that his/her name be printed upon the official ballots to be used at the election. 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. DATE **OFFICE** USE SIGNED POST OFFICE BOXES ARE NOT *SEE NOTE BELOW [Must be ONLY **ACCEPTABLE** after **LAST 4 DIGITS OF RESIDENCE ADDRESS** January 1 SOCIAL SECURITY SIGNATURE OF REGISTERED VOTER House Number and Street Name or of election NUMBER [PRINT NAME IN SPACE BELOW SIGNATURE] Rural Route and Box Number and City/Town year] [OPTIONAL] CITY/Town. RESIDENCE PRINT CITY/Town

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

RESIDENCE

CITY/Town

RESIDENCE

CITY/TOWN H

CITY/TOWN

SIGN

PRINT

PRINT

SIGN

PRINT

3.

5.

^{*} 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.

	TOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S. VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/H NER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	HE PERSONALLY WITNESSED EACH SIGNATURE.				
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 SECURIT NUMBER [OPTIONAL]		
1.	PRINT CANDICE R. QUENS	RESIDENCE 263 CLEMENTON Phus Apte CITY/TOWN HAMPTON UP 23669	55/1/18			
8.	SIGN STEPHEN LEWIC	RESIDENCE OF BOATRAIL PO	15/11	1		
9.	PRINT JAMES W. REYNOLDS	RESIDENCE SOICHANTILLY OF CITY/TOWN HAMPTON	5/1/16			
10.	PRINT Elizabeth P. Wells	RESIDENCE 103 Madrid Dr. CITY/TOWN Hampton VA	5/1/18	, m		
	PRINT MCDNIC DULKALLE	CITY/TOWN Hampton, MA	5/,/8			
12.	SIGN BRING WHITE	RESIDENCE 302 DIATON SCITY/TOWN (AMPTU)	5/1/18			
address is resident and (v) I v	Commonwealth of Virginia - AFFIDAVIT Swear or affirm that (i) my full residential address is					
CON MY CON	SHREE F. GREEN NOTARY PUBLIC REG. #7643635 MMONWEALTH OF VIRGINIA MISSION EXPIRES MAY 31 2019	nent was subscribed and sworn before me this , 20 18, by NEIRCULATING THE PETITION 5/31/1	9	CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER		
	or notice: The Code of Virginia, §§ 24.2-506 and 24.2-5/	NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSIO				

CONTINUED FROM REVERSE SIDE CANDIDATE NAME: Storn D. Brown Uttice SOUGHT: Torker

^{*} 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.

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].

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.

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

ENTER ABOVE, ZIP + 4

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hamoton 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 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 THAN ONE CANDIDATE. **OFFICE** USE POST OFFICE BOXES ARE NOT ONLY **ACCEPTABLE**

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 DATE SIGNED *SEE NOTE BELOW [Must be after **LAST 4 DIGITS OF** RESIDENCE ADDRESS January 1 **SOCIAL SECURITY** SIGNATURE OF REGISTERED VOTER House Number and Street Name or of election NUMBER PRINT NAME IN SPACE BELOW SIGNATURE Rural Route and Box Number and City/Town vearl [OPTIONAL] RESIDENCE City/Town RESIDENCE CITY/Town SIGN RESIDENCE 3. PŘINT CITY/Town RESIDENCE ŞIĞN PRINT CITY/Town RESIDENCE CITY/Town PRINT 50 Mizzen RESIDENCE SIGN Hampton, Vx 23664 CITY/Town PRINT

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

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					
SIGNER:	VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/ YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN	HE PERSONALLY WITNESSED EACH SIGNATURE. AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CAND	HDATE. 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	DALLA LONG	CITY/TOWN HAMISTER M 23669	5/1/18		
8. SIGN	All and below	RESIDENCE & Saghall LANDIMY CITY/TOWN HAMPEN, UA. 2444	5/1/14		
9. SIGN	S.a. Doward	CITY/TOWN Frankton, UA	5/1/8		
10. SIGN	0 5 0 5	RESIDENCE (7 Bonniale Dr. CITY/TOWN Hampton, UH	5-1-18		
11. SIGN	1 5 1 1 1 0	CITY/TOWN Handle 23/16 8	9//rax		
12. SIGN	1 0 1	CITY/TOWN Haymaton	5/1/12		
address is resident of the and (v) I with	; in the County/City/Town of e United States of America; (iii) I am not a minor; (iv	, swear or affirm that (i) my full in the State/Commonwealth ; (ii) I am) I am not a felon whose voting rights have not been page or its reverse side. I understand that falsely sign od/or imprisonment up to ten years.	of a legal restored; gning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE VICINIA NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S	
	Y SEAL/STAMP BELOW	TURE OF PERSON CIRCULATING THE PETITION) 	LICENSE CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY	
COMM MY COMM	REG. #7643635 IONWEALTH OF VIRGINIA ISSION FXPIRES MAY 31, 2019	ment was subscribed and sworn before me this MAY ON CIRCULATING THE NETHTON 7643635 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION	119 DN EXPIRES**	NUMBER	
checking to doing so. any social	this petition with the official voter registration recor	521, authorizes requesting the last four digits of your d. You are not required to provide this information ar, when copying this document for public inspection.	and may sign , must cover th	the petition without	

0030

SBE-506/521 REV 1.2013

CONTINUED FROM REVERSE SIDE CANDIDATE NAME: SAMON D. BOAN UPFILE SUUGHT: 12012 05 1200