

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~~ 5887 Campus Dr

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 23462

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

Yorktown / Williamsburg
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 7th day of ~~June~~ NOV, 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]
1.	SIGN <i>Bella J Brown</i> PRINT <i>Bella J Brown</i>	RESIDENCE 205 Rosetta Dr CITY/TOWN Yorktown, VA 23693	7/2/18	
2.	SIGN <i>Anthony L. Brown</i> PRINT <i>Anthony L. Brown</i>	RESIDENCE 205 Rosetta Dr CITY/TOWN Yorktown VA 23693	7/1/18	
3.	SIGN <i>Destiny Banks</i> PRINT <i>Destiny Banks</i>	RESIDENCE 1410 Old Williamsburg Rd CITY/TOWN Yorktown VA	7/2/18	
4.	SIGN <i>Faith Martin</i> PRINT <i>Faith Martin</i>	RESIDENCE 1402 Curtis Chapel Rd CITY/TOWN McWen TN	6/7/18	
5.	SIGN <i>Jonathan R. ...</i> PRINT <i>Jonathan R. ...</i>	RESIDENCE 49 Spruce St CITY/TOWN Langley, AFB	6/7/18	
6.	SIGN <i>Alan Budd</i> PRINT <i>Alan Budd</i>	RESIDENCE 1767 Newton Rd CITY/TOWN Hpt Va	6/7/2018	

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.

187A

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.
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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>Woodbury</i> PRINT Donna Woodbury	RESIDENCE 119 Woodland Dr CITY/TOWN 777 VA 23606	2018	[REDACTED]
8.	SIGN <i>Cornes</i> PRINT Cornea Khead	RESIDENCE 160 Penrith Xing CITY/TOWN 117 VA 23692	2018	[REDACTED]
9.	SIGN <i>Cynthia Williams</i> PRINT Cynthia Williams	RESIDENCE 16 Westlake Ct CITY/TOWN Williamsburg	2018	[REDACTED]
10.	SIGN <i>Kathy Bunagh</i> PRINT Kathy Bunagh	RESIDENCE 225 Louise Lan CITY/TOWN Toano, Va.	23/68	[REDACTED]
11.	SIGN <i>Bianca Glee</i> PRINT Bianca Glee	RESIDENCE CITY/TOWN		
12.	SIGN <i>Barbara Kresta</i> PRINT Barbara Kresta	RESIDENCE 502 Mary Bierbauer CITY/TOWN Yorktown, VA 23693	War 6/6/2018	[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
 P.L.G. #7643635
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES MAY 31, 2019

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION
 State of Virginia County/City of Yorktown
 The foregoing instrument was subscribed and sworn before me this 10 day of June 20 18, by OCTAVIANUS Smith
 PRINT NAME OF PERSON CIRCULATING THE PETITION
7643635 5/31/19
 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

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

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187B

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ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA ~~23453~~ 23462

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 Yorktown / Williamsburg 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 4th day of JUNE NOV, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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1.	SIGN <u>Sarah R Washington</u> PRINT <u>SARAH R WASHINGTON</u>	RESIDENCE <u>113 Calmont Circle</u> CITY/TOWN <u>Williamsburg, VA 23185</u>	<u>6-7-18</u>	
2.	SIGN <u>Tanya Howell</u> PRINT <u>Tanya Howell</u>	RESIDENCE <u>114 Riverside Drive</u> CITY/TOWN <u>Yorktown, VA 23692</u>	<u>6-7-18</u>	
3.	SIGN <u>Vickie Batchelor</u> PRINT <u>VICKIE BATCHELOR</u>	RESIDENCE <u>100 HARBOR CRES</u> CITY/TOWN <u>SEAFORD, VA 23696</u>	<u>6-7-18</u>	
4.	SIGN <u>B.L. Jerkins</u> PRINT <u>B.L. JERKINS</u>	RESIDENCE <u>Grafton, VA</u> CITY/TOWN <u>Grafton VA</u>	<u>6-7-18</u>	
5.	SIGN <u>Erica Pugh</u> PRINT <u>Erica Pugh</u>	RESIDENCE <u>10 Saddle Dale, Dr</u> CITY/TOWN <u>Yorktown, VA</u>		
6.	SIGN <u>Elizabeth Cusk</u> PRINT <u>Elizabeth Cusk</u>	RESIDENCE <u>315 Park Pl</u> CITY/TOWN <u>Newport News, VA</u>	<u>6-7-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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7.	SIGN <i>[Signature]</i>	RESIDENCE <i>1100 Shield Ln</i>	<i>6-7-18</i>	
	PRINT <i>Wendy Sanders</i>	CITY/TOWN <i>Yorktown</i>		
8.	SIGN <i>[Signature]</i>	RESIDENCE <i>5 Freedom Dr</i>	<i>6-7-18</i>	
	PRINT <i>DARRIN HAILEY</i>	CITY/TOWN <i>Yorktown</i>		
9.	SIGN <i>[Signature]</i>	RESIDENCE <i>Yorktown</i>	<i>6-7-18</i>	
	PRINT <i>Mandi Sykes</i>	CITY/TOWN <i>Yorktown</i>		
10.	SIGN <i>[Signature]</i>	RESIDENCE <i>Yorktown</i>	<i>6-7-18</i>	
	PRINT <i>[Signature]</i>	CITY/TOWN <i>Yorktown</i>		
11.	SIGN <i>[Signature]</i>	RESIDENCE	<i>6-7-18</i>	
	PRINT <i>DANIELA FEJINOTO</i>	CITY/TOWN <i>Yorktown</i>		
12.	SIGN <i>[Signature]</i>	RESIDENCE <i>Embler Str. 105</i>	<i>6-7-18</i>	
	PRINT <i>Olga Jackson</i>	CITY/TOWN <i>Yorktown</i>		

Commonwealth of Virginia

AFFIDAVIT.

I, Octavianus Smith, swear or affirm that (i) my full residential address is 11 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.

760354525

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 Yorktown

The foregoing instrument was subscribed and sworn before me this 10 day of June, 2018, by

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

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Yorktown / Williamsburg

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

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General Election Special Election Democratic Primary Republican Primary

to be held on the 10 day of June ~~Nov.~~ 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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1.	SIGN <u>Dalila Johnson</u> PRINT <u>Dalila Johnson</u>	RESIDENCE <u>216 ashton DR</u> CITY/TOWN <u>YORKTOWN VA 23690</u>	June 9 2018	
2.	SIGN <u>Mary Hassiter</u> PRINT <u>Mary Hassiter</u>	RESIDENCE <u>101 Lythe Dr</u> CITY/TOWN <u>Williamsburg York County 23185</u>	June 9 2018	
3.	SIGN <u>Leatrice Roberts</u> PRINT <u>Leatrice Roberts</u>	RESIDENCE <u>102 Drew Rd</u> CITY/TOWN <u>Williamsburg VA 23185</u>	June 9 2018	
4.	SIGN <u>Kendra</u> PRINT <u>Kendra Richardson</u>	RESIDENCE <u>202 Barham Blvd APT C</u> CITY/TOWN <u>Yorktown, VA 23690</u>	June 9 2018	
5.	SIGN <u>Michelle Whitby</u> PRINT <u>Michelle Whitby</u>	RESIDENCE <u>307 Leigh Rd.</u> CITY/TOWN <u>Yorktown VA. 23690</u>	June 9 2018	
6.	SIGN <u>Sandra K. Brown</u> PRINT <u>Sandra Brown</u>	RESIDENCE <u>2801 Old Williamsburg Road</u> CITY/TOWN <u>Yorktown 23690</u>	June 9 2018	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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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>Delores L. Perin</u> PRINT <u>Delores L. Perin</u>	RESIDENCE <u>103 Riverwood Ct Apt L</u> CITY/TOWN <u>Yorktown VA 23690</u>	<u>4/9/18</u>	
8.	SIGN <u>William Hayes Jr.</u> PRINT <u>William Hayes Jr.</u>	RESIDENCE <u>124 DREW RD</u> CITY/TOWN <u>Wmsby VA 23108</u>	<u>6/10/18</u>	
9.	SIGN <u>Clayde Foster</u> PRINT <u>Clayde Foster</u>	RESIDENCE <u>119 Drew Rd</u> CITY/TOWN <u>Wmsby, VA 23108</u>	<u>6/10/18</u>	
10.	SIGN <u>Eric Bayh</u> PRINT <u>ERIC BAYH</u>	RESIDENCE <u>120 DREW RD</u> CITY/TOWN <u>WMSBY, VA</u>	<u>6/10/18</u>	
11.	SIGN <u>Chadler Smith</u> PRINT <u>Chadler Smith</u>	RESIDENCE <u>2801 Old Williamsburg Rd</u> CITY/TOWN <u>Yorktown, Va</u>	<u>6/10/18</u>	
12.	SIGN <u>Brenda Small</u> PRINT <u>Brenda Small</u>	RESIDENCE <u>510 B Collinwood Pl</u> CITY/TOWN <u>Newport News 23205</u>	<u>6/10/18</u>	

Commonwealth of Virginia - AFFIDAVIT.

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NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
[REDACTED]
CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

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PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

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to be held on the 6 day of Nov, 2018 and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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1.	SIGN: <i>Chaeti Miller</i> PRINT: Chaeti Miller	RESIDENCE: 118 Barn Swallow Ridge CITY/TOWN: Yorktown	June 7, 2018	3
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

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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 WHO 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, Octavianus Smith, swear or affirm that (i) my full residential address is #1 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.

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 Yorktown

The foregoing instrument was subscribed and sworn before me this 10 day of June, 2018, by

Octavianus Smith
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**

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** If not included in seal/stamp.

190B

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~~ 5889 Compass Dr

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 23462

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 Yorktown/Williamsburg 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 6 day of Nov, 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>Gary Pearson</u> PRINT GARY PEARSON	RESIDENCE <u>5825 SUSQUEHANNA DR</u> CITY/TOWN <u>VA BEACH</u>	<u>4/7/18</u>	[REDACTED]
2.	SIGN <u>Patricia Delles</u> PRINT PATRICIA DELLES	RESIDENCE <u>310 ANCHOR DR</u> CITY/TOWN <u>Yorktown, 23692</u>	<u>6/7/18</u>	[REDACTED]
3.	SIGN <u>Denise O'Brien</u> PRINT Denise O'Brien	RESIDENCE <u>103 MISTY DR</u> CITY/TOWN <u>YORKTOWN VA 23692</u>	<u>4/7/18</u>	[REDACTED]
4.	SIGN <u>Vanessa Richardson</u> PRINT Vanessa Richardson	RESIDENCE <u>3922 Box C</u> CITY/TOWN <u>VA Beach</u>	<u>6/7/18</u>	[REDACTED]
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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191A

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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]
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	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

AFFIDAVIT.

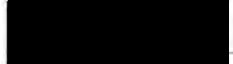
I, OCTAVIANUS Smith swear or affirm that (i) my full residential address is 11 TRIPLE CROWN CT #304 in the State/Commonwealth of Virginia, in the County/City/Town of HAMPTON; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights 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

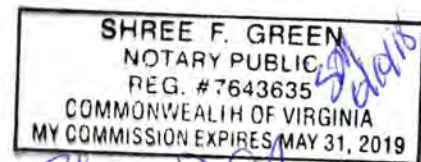
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

The foregoing instrument was subscribed and sworn before me this

10 day of June, 20 18, by

OCTAVIANUS Smith
PRINT NAME OF PERSON CIRCULATING THE PETITION



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

7643635
NOTARY REGISTRATION NUMBER**

5/31/19
DATE NOTARY COMMISSION EXPIRES**

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 ** If not included in seal/stamp.

191B

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 5889 *Campes Dr*

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 *23462*

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 Yorktown/Williamsburg 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 6 day of Nov, 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 <i>Einda Schusztler</i>	RESIDENCE <i>107 Castellow Ct</i> CITY/TOWN <i>Yorktown, VA 23692</i>	<i>6/7/18</i>	
2.	SIGN PRINT <i>John C Schusztler</i>	RESIDENCE <i>109 Daphne Dr</i> CITY/TOWN <i>Yorktown VA 23692</i>	<i>6/7/2018</i>	
3.	SIGN PRINT <i>Hannah Coverston</i>	RESIDENCE <i>Yorktown</i> CITY/TOWN <i>1207 Omega Rd.</i>	<i>6/7/2018</i>	
4.	SIGN PRINT <i>MARY A. SANBORN</i>	RESIDENCE <i>6633 Rextford LANE</i> CITY/TOWN <i>Willowburg 23188</i>	<i>6/7/18</i>	
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

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.

TL00359525

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

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

The foregoing instrument was subscribed and sworn before me this

10 day of June, 20 18, by

Octavianus Smith
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7643635 NOTARY REGISTRATION NUMBER**

5/31/19 DATE NOTARY COMMISSION EXPIRES**

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192B

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~~ 5887 Campus Dr

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 23462

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]

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We, the qualified voters of the district in which the above candidate seeks nomination or election and of Yorktown/Williamsburg 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 6 day of Nov., 2018 and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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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>Whitney Bayse</u> PRINT Whitney Bayse	RESIDENCE 3683 Windmill Drive CITY/TOWN Seaford, VA	6/7/18	
2.	SIGN <u>Laura Williams</u> PRINT Laura Williams	RESIDENCE CITY/TOWN Hampton VA	6/7/18	
3.	SIGN <u>Jenna Ward</u> PRINT Jenna Ward	RESIDENCE CITY/TOWN Yorktown Va	6/7/18	
4.	SIGN <u>Joyce Strong</u> PRINT Joyce Strong	RESIDENCE 13027 Greenfield CITY/TOWN NVVA 23608	6/7/18	
5.	SIGN <u>Charles Hooks</u> PRINT Charles Hooks	RESIDENCE 304 Overland Rd CITY/TOWN NVA 23608	6/7/18	
6.	SIGN <u>Jenna Ward</u> PRINT Jenna Ward	RESIDENCE 114 Walnut Drive CITY/TOWN Yorktown, VA 23690	6/7/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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	PRINT	CITY/TOWN		
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	PRINT	CITY/TOWN		

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.

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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

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[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

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PRINT NAME OF PERSON CIRCULATING THE PETITION

SHREE F. GREEN
NOTARY PUBLIC
REG. #76436 '5
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MAY 31, 2019

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

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