

# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

Hampton

signed hereunder or on the reverse

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 6<sup>th</sup> day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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

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

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>William W Baker</u> PRINT <u>William W Baker</u>	RESIDENCE <u>4 Jayne Lee Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
2.	SIGN <u>W H Fultz</u> PRINT <u>W H FULTZ</u>	RESIDENCE <u>214 BEACH RD</u> CITY/TOWN <u>HAMPTON VA 23664</u>	<u>5/1/18</u>	
3.	SIGN <u>Christine S Pray</u> PRINT <u>Christine, S. Pray</u>	RESIDENCE <u>7 Adriatic Drive</u> CITY/TOWN <u>HAMPTON VA 23669</u>	<u>5/1/18</u>	
4.	SIGN <u>Victoria Hatt</u> PRINT <u>Victoria Hatt</u>	RESIDENCE <u>20 Edgewater Rd</u> CITY/TOWN <u>Hpt Va</u>	<u>5/1/18</u>	
5.	SIGN <u>Amy McKay</u> PRINT <u>AMY MCKAY</u>	RESIDENCE <u>4 Couch St</u> CITY/TOWN <u>Hampton VA 23664</u>	<u>5/1/18</u>	
6.	SIGN <u>Margaret Spencer</u> PRINT <u>Margaret Spencer</u>	RESIDENCE <u>21 Wallace Rd</u> CITY/TOWN <u>Hampton 23664</u>	<u>5/1/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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7	SIGN <u>MARNA H. MAYO</u> PRINT <u>MARNA H. MAYO</u>	RESIDENCE <u>212 Lighthouse Dr</u> CITY/TOWN <u>Hpt VA 23664-1908</u>	<u>5/1/18</u>	
8.	SIGN <u>Jay Wright-Wilson</u> PRINT <u>Naomi Fay Wright-Wilson</u>	RESIDENCE <u>4 Rhoda Ct.</u> CITY/TOWN <u>Hampton 23664 VA</u>	<u>5/1/18</u>	
9.	SIGN <u>Willie Simpson</u> PRINT <u>Willie Simpson</u>	RESIDENCE <u>10 ROSE LAKE</u> CITY/TOWN <u>HAMPTON, VA 23664</u>	<u>5/4/18</u>	
10.	SIGN <u>Kenny Shaffer</u> PRINT <u>Kenny Shaffer</u>	RESIDENCE <u>32 Sea Breeze Lane</u> CITY/TOWN <u>Hpt 23664</u>	<u>5/1/18</u>	
11.	SIGN <u>Lulu Jean Field</u> PRINT <u>Lulu Jean Field</u>	RESIDENCE <u>61 Chowanig Dr.</u> CITY/TOWN <u>Hampton, VA 23664</u>	<u>5/1/18</u>	
12.	SIGN <u>Rosalind E. Felder</u> PRINT <u>ROSALIND E. FELDER</u>	RESIDENCE <u>1813 LAFAYETTE D.</u> CITY/TOWN <u>Hampton, VA 23664</u>	<u>5/1/18</u>	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Octavianus Smith, swear or affirm that (i) my full residential address is 11 Triple Crown Ct. #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

TL0359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

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

State of Virginia County/City of Hampton

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

PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

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

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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 Hampton 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]

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

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1.	SIGN <u>Kirsten Bostic</u> PRINT <u>KIRSTEN BOSTIC</u>	RESIDENCE <u>111 Glenwood Rd</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Tom Wagoner</u>	RESIDENCE <u>100 Wagoner Ln</u> CITY/TOWN <u>Hampton VA 23668</u>	<u>5/1/18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Bryan D. Whitfield</u>	RESIDENCE <u>302 N. Main St</u> CITY/TOWN <u>Hampton VA 23664</u>	<u>5/1/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>James Book</u>	RESIDENCE <u>101 Horseshoe Ln</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/1/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>Dall Strand</u>	RESIDENCE <u>5 Lillian Ct</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>John Yarn</u>	RESIDENCE <u>126 Quaker</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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7	SIGN <u>[Signature]</u> PRINT <u>Stacey Cole</u>	RESIDENCE <u>126 Riverton Road</u> CITY/TOWN <u>Hampton, Va 23664</u>	<u>5/1/18</u>	
8	SIGN <u>[Signature]</u> PRINT <u>Marsha J. Edlow</u>	RESIDENCE <u>3 Chattanooga Ct</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/1/18</u>	
9	SIGN <u>[Signature]</u> PRINT <u>Kimberly Cress</u>	RESIDENCE <u>207 Valirey Dr</u> CITY/TOWN <u>Hpt, VA 23669</u>	<u>5/1/18</u>	
10	SIGN <u>[Signature]</u> PRINT <u>Henry Biggs Jr.</u>	RESIDENCE <u>124 Margaret Dr.</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/1/18</u>	
11	SIGN <u>[Signature]</u> PRINT <u>Frances Bolden</u>	RESIDENCE <u>3 El Paso Court</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/1/18</u>	
12	SIGN <u>[Signature]</u> PRINT <u>Jeffrey Bostic</u>	RESIDENCE <u>114 GLENWOOD RD</u> CITY/TOWN <u>Hampton VA 23669</u>	<u>5/1/18</u>	

Commonwealth of Virginia - AFFIDAVIT.  
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7643635 5-31-19  
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 REG. #7643635  
 COMMONWEALTH OF VIRGINIA  
 MY COMMISSION EXPIRES MAY 31, 2019

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

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 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE  
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to be held on the 06<sup>th</sup> 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.

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1.	SIGN <u>Shelia Peartree</u> PRINT <u>SHELIA PEARTREE</u>	RESIDENCE <u>131 Raymond Dr</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	
2.	SIGN <u>Bob McMillen</u> PRINT <u>Bob McMillen</u>	RESIDENCE <u>8 Hodges Dr</u> CITY/TOWN <u>Hampton Va</u>	<u>5/1/18</u>	
3.	SIGN <u>Archie R. Scott, Jr.</u> PRINT <u>ARCHIE R. SCOTT, JR.</u>	RESIDENCE <u>41 Kerit Dr.</u> CITY/TOWN <u>HPT, VA 23666</u>	<u>5/1/18</u>	
4.	SIGN <u>Sylvia Moore</u> PRINT <u>Sylvia Moore</u>	RESIDENCE <u>32 Towler Dr</u> CITY/TOWN <u>Hpt VA 23666</u>	<u>5/1/18</u>	
5.	SIGN <u>Wilhelmina Littlejohn</u> PRINT <u>Wilhelmina Littlejohn</u>	RESIDENCE <u>12 Raymond Dr</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	
6.	SIGN <u>James Ruffin</u> PRINT <u>James Ruffin</u>	RESIDENCE <u>12 Commander Dr</u> CITY/TOWN <u>Hpt VA</u>	<u>5/1/18</u>	

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7.	SIGN <u>Raymond W. Alston Jr</u> PRINT Raymond W. Alston Jr	RESIDENCE <u>6 Egret Cr.</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	
8.	SIGN <u>Ronald Jackson</u> PRINT Ronald Jackson	RESIDENCE <u>2284 Westminster Ave</u> CITY/TOWN <u>Hampton, VA 23066</u>	<u>05/01/18</u>	
9.	SIGN <u>Henry Lynde Jr</u> PRINT Henry Lynde Jr	RESIDENCE <u>2016 Cunningham A</u> CITY/TOWN <u>Hampton</u>	<u>5/2/18</u>	
10.	SIGN <u>Valencia Lee</u> PRINT Valencia Lee	RESIDENCE <u>25 n Cameron way</u> CITY/TOWN <u>Hampton</u>	<u>5/21/18</u>	
11.	SIGN <u>Ronald Moore</u> PRINT Ronald Moore	RESIDENCE <u>23 Boxley Lane</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/01/18</u>	
12.	SIGN <u>Shaun D. Brown</u> PRINT R W Brown	RESIDENCE <u>6 Coker Rd</u> CITY/TOWN <u>Hampton</u>	<u>5/21/18</u>	

Commonwealth of Virginia - AFFIDAVIT - TW0359525

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.

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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>Adrianna J. Green</u> PRINT <u>Adrianna Green</u>	RESIDENCE <u>44 Inglewood Dr</u> CITY/TOWN <u>Hampton</u>	<u>5/1/2018</u>	
2.	SIGN <u>William T. Fordham Jr.</u> PRINT <u>William T. Fordham Jr.</u>	RESIDENCE <u>14 Shiny Drive</u> CITY/TOWN <u>HAMPTON VA</u>	<u>5/1/2018</u>	
3.	SIGN <u>Dianne B. Ruffin</u> PRINT <u>Dianne B. Ruffin</u>	RESIDENCE <u>12 Commander Dr.</u> CITY/TOWN <u>Hampton, VA 23666</u>	<u>5/1/2018</u>	
4.	SIGN <u>Derrick Stephenson</u> PRINT <u>Derrick Stephenson</u>	RESIDENCE <u>16 Inglewood Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
5.	SIGN <u>Deregan Stephenson</u> PRINT <u>Deregan Stephenson</u>	RESIDENCE <u>16 Inglewood Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
6.	SIGN <u>Angelo L. Suggs Jr.</u> PRINT <u>Angelo L. Suggs Jr.</u>	RESIDENCE <u>3 Renee Ct.</u> CITY/TOWN <u>Hampton, VA 23664</u>	<u>5/1/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

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7.	SIGN <u>Byron Wynn</u> PRINT <u>Byron Wynn</u>	RESIDENCE <u>438 Walnut St.</u> CITY/TOWN <u>Hampton</u>	<u>5/21/18</u>	
8.	SIGN <u>Ciarra Wynn</u> PRINT <u>Ciarra Wynn</u>	RESIDENCE <u>507 Sibley rd</u> CITY/TOWN <u>Hampton</u>	<u>5/21/18</u>	
9.	SIGN <u>Zadaya Green</u> PRINT <u>Zadaya Green</u>	RESIDENCE <u>36 mainville ln</u> CITY/TOWN <u>Hampton</u>	<u>5/21/18</u>	
10.	SIGN <u>Joset Taylor</u> PRINT <u>Joset Taylor</u>	RESIDENCE <u>1793 Bush St Hampton</u> CITY/TOWN <u>Hampton 23666</u>	<u>5/21/18</u>	
11.	SIGN <u>Robert Matica</u> PRINT <u>Robert Matica</u>	RESIDENCE <u>10 Pavilion Pl</u> CITY/TOWN <u>Hampton VA</u>	<u>5-21-18</u>	
12.	SIGN <u>Nikkia Logan</u> PRINT <u>Nikkia Logan</u>	RESIDENCE <u>1209 Palmerton Dr</u> CITY/TOWN <u>Newport News</u>	<u>5/21/18</u>	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 Triple Crown Ct. #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

160354523  
 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

[Signature]  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

[Signature]  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

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

7643635 5-31-19  
 NOTARY REGISTRATION NUMBER\*\* DATE NOTARY COMMISSION EXPIRES\*\*

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# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton 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<sup>th</sup> day of November, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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


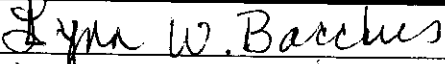

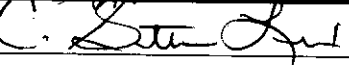
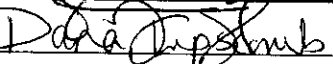
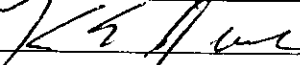
**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Lynn Hudnall</u> PRINT Lynn Hudnall	RESIDENCE 31 Fox Grove Dr CITY/TOWN Hampton VA	5/1/18	
2.	SIGN <u>Carissa L. Duncan</u> PRINT Carissa L. Duncan	RESIDENCE 122 Grandview Dr CITY/TOWN Hampton, VA	5/1/18	
3.	SIGN <u>Robert J. Sanchez</u> PRINT Robert J. Sanchez	RESIDENCE 311 Dandy Haven Rd. CITY/TOWN Hampton, VA 23664	5/1/18	
4.	SIGN <u>Karol A. Johnson</u> PRINT Karol A. Johnson	RESIDENCE 3 Chattanooga Ct CITY/TOWN Hpt. 23669	5/1/18	
5.	SIGN <u>Kamisha Perry</u> PRINT Kamisha Perry	RESIDENCE 204 Connister Ct CITY/TOWN Hampton Va 23669	5/1/18	
6.	SIGN <u>Carissa L. Duncan</u> PRINT CARISSA L. DUNCAN	RESIDENCE 285 CLEMWOOD PKW CITY/TOWN Hampton, VA 23669	5/1/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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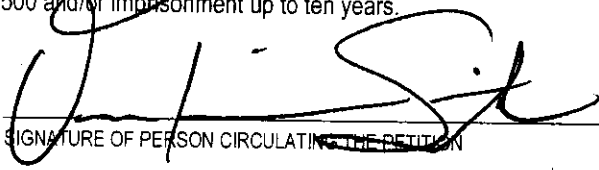
**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
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OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN  PRINT A. GALIB YUSUF	RESIDENCE 109 LONG BRIDGE RD CITY/TOWN HAMPTON, VA 23669	5/1/18	—
8.	SIGN  PRINT Lynn W Barchus	RESIDENCE 108 WILLIS CHURCH YARD CITY/TOWN HAMPTON, VA 23669	5/1/18	
9.	SIGN  PRINT DANIEL JOHNSON	RESIDENCE 316 BURGESS HTS CITY/TOWN HAMPTON	5/1/18	
10.	SIGN  PRINT C. STEVEN LEWIS	RESIDENCE 13 EL DOBADO CT CITY/TOWN HAMPTON, VA 23661	5/1/18	
11.	SIGN  PRINT Dana Lipscomb	RESIDENCE 125 QUAKER RD CITY/TOWN HAMPTON, VA 23669	5/1/18	
12.	SIGN  PRINT KIRK JACOB	RESIDENCE 127 ARTILLERY CITY/TOWN HAMPTON	5-18	

Commonwealth of Virginia

- AFFIDAVIT -

I, OCTAVIANUS SMITH, swear or affirm that (i) my full residential address is 11 TRIPLE CROWN CT. #304 in the State/Commonwealth of VIRGINIA; in the County/City/Town of HAMPTON; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

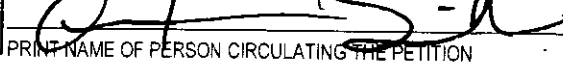
  
SIGNATURE OF PERSON CIRCULATING THE PETITION

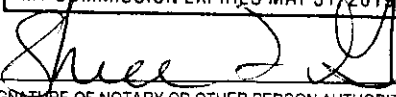
PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

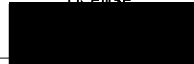
**SHREE F. GREEN**  
NOTARY PUBLIC  
REG. #7643635  
COMMONWEALTH OF VIRGINIA  
MY COMMISSION EXPIRES MAY 31, 2019

State of Virginia County/City of Hampton

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

  
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

T6035925  
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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 \*\* If not included in seal/stamp.

# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 6<sup>th</sup> day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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

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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>[Signature]</u> PRINT Andrew J. Kothman	RESIDENCE 120 Horseshoe Lndg CITY/TOWN Hampton	5/1/18	[REDACTED]
2.	SIGN <u>[Signature]</u> PRINT Robert J. Allen	RESIDENCE 16 LEITCHFIELD CLOSE CITY/TOWN HAMPTON	5-1-18	[REDACTED]
3.	SIGN <u>[Signature]</u> PRINT LAURENCE K. ROSE	RESIDENCE 122 BONARD CT CITY/TOWN HPT	5-1-18	[REDACTED]
4.	SIGN <u>[Signature]</u> PRINT Patrick Whites	RESIDENCE 1 Chichamy GA Pk CITY/TOWN Hampton VA 23669	5-1-18	[REDACTED]
5.	SIGN <u>[Signature]</u> PRINT Heather Watson	RESIDENCE 94 Apollo Dr CITY/TOWN Hampton Va 23669	5-1-18	[REDACTED]
6.	SIGN <u>[Signature]</u> PRINT Carolyn Holmes	RESIDENCE 33 Maple St Dr CITY/TOWN Hpt. Va. 23669	5-1/18	[REDACTED]

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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0035

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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 <u>Betty W. Spangler</u> PRINT <u>Betty W. Spangler</u>	RESIDENCE <u>106 Westphal Dr.</u> CITY/TOWN <u>Hpt, VA 23669-1840</u>	<u>May 1 2018</u>	
8.	SIGN <u>Jennifer Patrick</u> PRINT <u>Jennifer Patrick</u>	RESIDENCE <u>71 Starkeford Way</u> CITY/TOWN <u>Hampton VA 23669</u>	<u>May 1 2018</u>	
9.	SIGN <u>Michelle Grah</u> PRINT <u>Michelle Goodman</u>	RESIDENCE <u>339 DEATH DR</u> CITY/TOWN <u>HPT, VA 23669</u>	<u>5/1/18</u>	
10.	SIGN <u>Karen Bever</u> PRINT <u>Karen Bever</u>	RESIDENCE <u>349 Agecroft</u> CITY/TOWN <u>HPT VA 23669</u>	<u>5-1-18</u>	
11.	SIGN <u>Michael Morris</u> PRINT <u>MICHAEL MORRIS</u>	RESIDENCE <u>3 Cisco Ct</u> CITY/TOWN <u>HPT VA 23669</u>	<u>5-1-18</u>	
12.	SIGN <u>Jeanette Morris</u> PRINT <u>Jeanette Morris</u>	RESIDENCE <u>3 Cisco Ct</u> CITY/TOWN <u>Hpt. VA 23669</u>	<u>5-1-18</u>	

**Commonwealth of Virginia - AFFIDAVIT.**  
 I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 Triple crown Ct #504 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.

TL60359525  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
Virginia  
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE  
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

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

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

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# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 0<sup>th</sup> day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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

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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>Patience Watson</u> PRINT <u>Patience Watson</u>	RESIDENCE <u>6 Jennison's Fall</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	
2.	SIGN <u>Samuel Curbatol</u> PRINT <u>Samuel Curbatol</u>	RESIDENCE <u>6 Jennison's Fall</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
3.	SIGN <u>Robin P.R. Overbey</u> PRINT <u>Robin P.R. Overbey</u>	RESIDENCE <u>115 Zanica Turn</u> CITY/TOWN <u>Yorktown VA</u>	<u>5/1/18</u>	
4.	SIGN <u>DATHY ROZIER</u> PRINT <u>DATHY ROZIER</u>	RESIDENCE <u>317 Falmouth Dr.</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/1/18</u>	
5.	SIGN <u>Joseph R. Byrum</u> PRINT <u>Joseph R. Byrum</u>	RESIDENCE <u>955-14<sup>th</sup> N.N.</u> CITY/TOWN	<u>5/1/18</u>	
6.	SIGN <u>Cheryl C Williams</u> PRINT <u>CHERYL C WILLIAMS</u>	RESIDENCE <u>201 Devils Den Rd</u> CITY/TOWN <u>HAMPTON VA 23649</u>	<u>5/1/18</u>	

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 WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>[Signature]</u> PRINT <u>Diana Slater</u>	RESIDENCE <u>320 Beaumont Heights</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5-1-18</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>Bethel Neville</u>	RESIDENCE <u>304 Lookout Pass</u> CITY/TOWN <u>Hampton, Va.</u>	<u>5/1/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>LaShonda Maddox</u>	RESIDENCE <u>619 Willow Oaks Blvd</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
10.	SIGN <u>[Signature]</u> PRINT <u>HEBB THOMAS</u>	RESIDENCE <u>114 MARGARET DR</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>RICHARD PRESS</u>	RESIDENCE <u>32 RIDING PATH</u> CITY/TOWN <u>HAMPTON</u>	<u>5/1/18</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>Candice Lewis</u>	RESIDENCE <u>16 Sweet Gum Place</u> CITY/TOWN <u>Hampton, VA 23666</u>	<u>5/1/18</u>	

Commonwealth of Virginia  
 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.

**AFFIDAVIT.**  
 [Signature]  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

State of Virginia County/City of Hampton  
 The foregoing instrument was subscribed and sworn before me this 30 day of May, 2018, by  
[Signature]  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

[Signature] 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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 \*\* If not included in seal/stamp.

# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

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

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

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


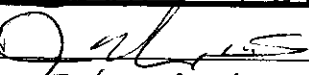
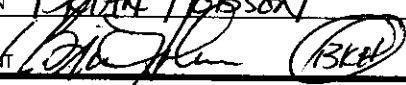


**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>[Signature]</u> PRINT <u>Kimberly J. Middleton</u>	RESIDENCE <u>322 Deaton Dr</u> CITY/TOWN <u>Hampton</u>	<u>5-1-18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Marga Bagwell</u>	RESIDENCE <u>207 Missionary Ln</u> CITY/TOWN <u>Hampton VA 23669</u>	<u>5-1-18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Dawn Head</u>	RESIDENCE <u>41 Madrid Dr.</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/1/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>Taikay Gary</u>	RESIDENCE <u>1820 Bay Ave</u> CITY/TOWN <u>Hampton VA</u>	<u>5/1/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>MaryAnn Winstley</u>	RESIDENCE <u>5 Wilderness Rd</u> CITY/TOWN <u>Hpt VA 23669</u>	<u>1 May '18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>Fletcher Valentine</u>	RESIDENCE <u>209 Missionary Rd</u> CITY/TOWN <u>Hampton VA</u>	<u>1 May '18</u>	

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 WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER <small>[PRINT NAME IN SPACE BELOW SIGNATURE]</small>	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS <small>House Number and Street Name or Rural Route and Box Number and City/Town</small>	DATE SIGNED <small>[Must be after January 1 of election year]</small>	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <small>[OPTIONAL]</small>
7.	SIGN  PRINT <u>Shant Robinson</u>	RESIDENCE <u>1104 Sunset Lane Apt 201</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	
8.	SIGN  PRINT <u>John Richardson</u>	RESIDENCE <u>43 Commonwealth Cir</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/1/18</u>	
9.	SIGN <u>BRIAN HOBSON</u> PRINT  (BKH)	RESIDENCE <u>219 CAPTAINS CT</u> CITY/TOWN <u>HPT., VA 23669</u>	<u>5-1-18</u>	
10.	SIGN <u>Mary Capone</u> PRINT <u>MARY CAPONE</u>	RESIDENCE <u>209 Beverly</u> CITY/TOWN <u>Hampton Va 23669</u>	<u>5-1-18</u>	
11.	SIGN  PRINT <u>Eva Capone</u>	RESIDENCE <u>129 Madrid Drive</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5-1-18</u>	
12.	SIGN  PRINT <u>MARY STEPHENS</u>	RESIDENCE <u>213 Varsity DR</u> CITY/TOWN <u>Hampton</u>	<u>5/1/18</u>	


Commonwealth of Virginia

**AFFIDAVIT.**  
 I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 TRIPLE CROWN CT #304 in the State/Commonwealth of VIRGINIA; in the County/City/Town of HAMPTON; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

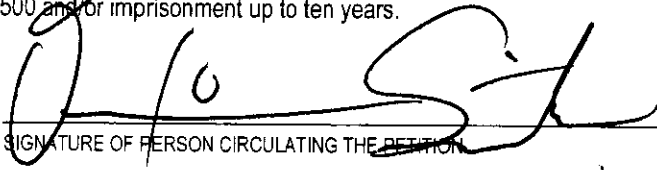
TL035 9529

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

  
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

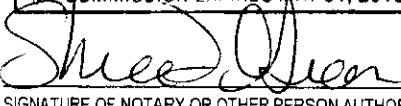
  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

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

  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

  
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

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

5/5/18

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# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

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

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**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.

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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>EVA LOVE</u> PRINT EVA LOVE	RESIDENCE 73 Staple Ford Ave. CITY/TOWN Hampton, VA	5/1/18	
2.	SIGN <u>CONRAD A. JONES</u> PRINT CONRAD A. JONES	RESIDENCE 42 Campbell Circle CITY/TOWN Hampton	5/1/18	
3.	SIGN <u>GARY G. NICHOLS</u> PRINT GARY G. NICHOLS	RESIDENCE 124 Long Pine Road CITY/TOWN HAMPTON, VA	5/1/18	
4.	SIGN <u>Shaun Pauling</u> PRINT Shaune Pauling	RESIDENCE 101 Quaker Rd CITY/TOWN Hampton, VA	5/1/18	
5.	SIGN <u>Edna H. Diggs</u> PRINT Edna H. Diggs	RESIDENCE 309 Radisill Rd CITY/TOWN Hpt Va 23669	5/1/18	
6.	SIGN <u>Math House</u> PRINT Math House	RESIDENCE 106 Willis Church CITY/TOWN Hampton	5/1/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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SBE-506/521 REV 1.2013

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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 <u>JUAN NELSON</u> PRINT <u>JL Nelson</u>	RESIDENCE <u>102 Valley rd</u> CITY/TOWN <u>Hampton, VA 23666</u>	<u>5/21/2018</u>	
8.	SIGN <u>Melissa Turner</u> PRINT <u>Melissa Turner</u>	RESIDENCE <u>1807 Beall Drive</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>5/21/2018</u>	
9.	SIGN <u>Shanna McInnis</u> PRINT <u>Shanna McInnis</u>	RESIDENCE <u>50 N Boxwood drive</u> CITY/TOWN <u>Hampton, Va 23660</u>	<u>5/21/2018</u>	
10.	SIGN <u>Michael D Wade</u> PRINT <u>Michael D Wade</u>	RESIDENCE <u>148 Edna St</u> CITY/TOWN <u>Chesapeake, VA</u>	<u>5/21/2018</u>	
11.	SIGN <u>Fred B. Hudgins Jr</u> PRINT <u>Fred B. Hudgins Jr</u>	RESIDENCE <u>1228 Old Buckroe Road</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>5/22/2018</u>	
12.	SIGN <u>Mattie B. Hudgins</u> PRINT <u>Mattie B. Hudgins</u>	RESIDENCE <u>1228 Old Buckroe Road</u> CITY/TOWN <u>Hampton, VA 23663</u>	<u>5/22/2018</u>	

Commonwealth of Virginia

**AFFIDAVIT.**

I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 Triple Crown Ct #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

TL0359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

[Signature]  
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

[Signature]  
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

7643635 5-31-19  
NOTARY REGISTRATION NUMBER\*\* DATE NOTARY COMMISSION EXPIRES\*\*

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# SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA  
**PETITION OF QUALIFIED  
VOTERS**

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

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 Hampton signed hereunder or on the reverse COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

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

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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>Mildred B. Spencer</u> PRINT <u>Mildred B. Spencer</u>	RESIDENCE <u>109 Wilderness Rd</u> CITY/TOWN <u>Hpt.</u>	<u>5-1-18</u>	
2.	SIGN <u>Carmen Kelley</u> PRINT <u>Carmen Kelley</u>	RESIDENCE <u>103 Stapleford way</u> CITY/TOWN <u>Hpt.</u>	<u>5-1-18</u>	
3.	SIGN <u>Marion Bolden</u> PRINT <u>MARION Bolden</u>	RESIDENCE <u>3 Eh Lane</u> CITY/TOWN <u>Hpt.</u>	<u>5-1-18</u>	
4.	SIGN <u>Willie A Peters</u> PRINT <u>Peters, Willie</u>	RESIDENCE <u>102 Clemwood plus</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	
5.	SIGN <u>Brandon Dilks</u> PRINT <u>Brandon Dilks</u>	RESIDENCE <u>300 Pine Grove Ave</u> CITY/TOWN <u>Hampton VA</u>	<u>5-1-18</u>	
6.	SIGN <u>Katherine Kilgus</u> PRINT <u>Katherine Kilgus</u>	RESIDENCE <u>372 Gaves Mill</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5-1-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>James E. Robinson</u> PRINT James E. Robinson	RESIDENCE 4 HATTONS ROAD HAMPTON VA	5-1-18	
8.	SIGN <u>Betty S. Duncan</u> PRINT Betty S. Duncan	RESIDENCE 112 LONG BRIDGE HAMPTON	5-1-18	
9.	SIGN <u>J. Quick</u> PRINT J. Quick	RESIDENCE 401 WAINUT ST HAMPTON	5/1/18	
10.	SIGN <u>Stephanie Slater</u> PRINT Stephanie Slater	RESIDENCE 320 Beauregard HTS Hampton VA 23669	5/1/18	
11.	SIGN <u>Eric Brockwell</u> PRINT ERIC BROCKWELL	RESIDENCE 307 KOSSEL Hampton VA	5/1/18	
12.	SIGN <u>Mary E. Quick Bear</u> PRINT Mary E. Quick Bear	RESIDENCE 5 JENNISONS FALL Hampton, VA 23669	5/1/18	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 TRIPLE CROWN CT #304 in the State/Commonwealth of VIRGINIA; in the County/City/Town of HAMPTON; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

[Signature]  
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 31 day of May, 20 18, by [Signature]  
PRINT NAME OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

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

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  
[Redacted]

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

Shaun D. Brown

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

3683 Windmill Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

Virginia Beach, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

House of Representatives 2nd

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

COMMONWEALTH OF VIRGINIA  
PETITION OF QUALIFIED  
VOTERS

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

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

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

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

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Nikia Reid</u> PRINT <u>NIKIA Reid</u>	RESIDENCE CITY/TOWN	5/30/18	
2.	SIGN <u>Shirley Carey</u> PRINT <u>Shirley Carey</u>	RESIDENCE <u>420 Shenandoah Rd</u> CITY/TOWN <u>Hampton VA 23441</u>	5/30/18	
3.	SIGN <u>Vanessa Perry</u> PRINT <u>Vanessa Perry</u>	RESIDENCE <u>PO BOX 3041</u> CITY/TOWN <u>Hampton VA 23063</u>	5/30/18	
4.	SIGN <u>James Gallup</u> PRINT <u>James Gallup</u>	RESIDENCE <u>720 Oakland</u> CITY/TOWN <u>Hampton VA</u>	5/30/18	
5.	SIGN <u>James Sawyer</u> PRINT <u>James Sawyer</u>	RESIDENCE <u>1823 Beall Dr.</u> CITY/TOWN <u>Hampton VA</u>	5/30/18	
6.	SIGN <u>C. Sargent</u> PRINT <u>C. Sargent</u>	RESIDENCE <u>509 Smith Rd</u> CITY/TOWN <u>Hampton</u>	5/30/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

CANDIDATE NAME: Shaun D. Brown OFFICE SOUGHT: House of Representative

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	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 Triple Crown Ct. #504 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.

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

PRINT NAME OF PERSON CIRCULATING THE PETITION

Shaun D. Brown 7643635 MAY 31, 2018

**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

NOTARY REGISTRATION NUMBER\*\*

DATE NOTARY COMMISSION EXPIRES\*\*

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

\*\* If not included in seal/stamp.

# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

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

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

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

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼		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>Lindsey Shifflett</u> PRINT <u>Lindsey Shifflett</u>	RESIDENCE <u>2006 Wintree Road</u> CITY/TOWN <u>Hampton VA</u>	<u>May 30</u>	
2.	SIGN <u>Jasmine Jacob</u> PRINT <u>Jasmine Jacob</u>	RESIDENCE <u>2203 Gurley Ct</u> CITY/TOWN <u>Hampton VA</u>	<u>May 30</u>	
3.	SIGN <u>Alex Burre</u> PRINT <u>Alex Burre</u>	RESIDENCE <u>523 Pine St</u> CITY/TOWN <u>Hampton, VA</u>	<u>May 30</u>	
4.	SIGN <u>Lisa DeStefano</u> PRINT <u>Lisa DeStefano</u>	RESIDENCE <u>6 Reynolds drs</u> CITY/TOWN <u>Hampton, VA</u>	<u>May 30</u>	
5.	SIGN <u>Toni DeStefano</u> PRINT <u>Toni DeStefano</u>	RESIDENCE <u>Hampton, VA</u> CITY/TOWN <u>6 Reynolds Dr</u>	<u>May 30</u>	
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

0042

SBE-506/521 REV 1.2013

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

Shree F. Green

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

[Signature]  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 21 day of MAY, 2018, by

[Signature]  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

5053118

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\*\* If not included in seal/stamp.



# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

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

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

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

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>[Signature]</u> PRINT <u>Clenda Shifflet</u>	RESIDENCE <u>2008 W. ...</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>06/30/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Michael Johnson</u>	RESIDENCE <u>436 Hampton</u> CITY/TOWN <u>Hampton</u>	<u>6/30/18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>JUNE M. BRANCH</u>	RESIDENCE <u>1911 McCulloch Rd</u> CITY/TOWN <u>Hampton VA</u>	<u>6/30/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>Jene Mosley</u>	RESIDENCE <u>315 Chamberlin</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>5-30-18</u>	
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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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 11 TRIPLE CROWN 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



CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 23 day of MAY, 2018, by

PRINT NAME OF PERSON CIRCULATING THE PETITION

Shree F. Green 7643635 5/31/19

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

NOTARY REGISTRATION NUMBER\*\*

DATE NOTARY COMMISSION EXPIRES\*\*

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\*\* If not included in seal/stamp.

# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 5th 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.

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

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>Tyvan LaMont Carnie</i> PRINT Tyvan Carnie	RESIDENCE 651 Aberdeen Rd CITY/TOWN Hampton, Va 23661	5/26/2018	
2.	SIGN PRINT	RESIDENCE CITY/TOWN		
3.	SIGN PRINT	RESIDENCE CITY/TOWN		
4.	SIGN PRINT	RESIDENCE CITY/TOWN		
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

0044

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

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

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

**Commonwealth of Virginia - AFFIDAVIT -**  
 I, Stephanie Sterner, swear or affirm that (i) my full residential address is 913 Shuman Cres. Apt # 204 in the State/Commonwealth of Virginia; in the County/City/Town of Virginia Beach (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

T631-46609  
 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: [Signature]  
 State of Virginia County/City of Hampton  
 The foregoing instrument was subscribed and sworn before me this 31 day of MAY, 2018, by Stephanie Sterner  
 PRINT NAME OF PERSON CIRCULATING THE PETITION  
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS: [Signature]  
 NOTARY REGISTRATION NUMBER\*\* 7643635 DATE NOTARY COMMISSION EXPIRES\*\* 5/31/19

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 \*\* If not included in seal/stamp.

# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

**HOUSE OF REPRESENTATIVES 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton 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 6<sup>th</sup> day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Alecia Logan</u> PRINT Alecia Logan	RESIDENCE <u>602 W Backriover Rd</u> CITY/TOWN <u>Hampton VA</u>	<u>5/23/18</u>	
2.	SIGN <u>T. Ryan</u> PRINT Tianna Ryan	RESIDENCE <u>103 Clyde St.</u> CITY/TOWN <u>Hampton VA</u>	<u>5/23/18</u>	
3.	SIGN <u>Shay Bernick</u> PRINT <u>Lloyd Bernick</u>	RESIDENCE <u>115 Primrose Ave</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>5/23/18</u>	
4.	SIGN <u>Antonio Bartral</u> PRINT Antonio Bartral	RESIDENCE <u>111 Roane dr 23669</u> CITY/TOWN <u>Hpt VA</u>	<u>5/23/18</u>	
5.	SIGN <u>James Rayner</u> PRINT James Rayner	RESIDENCE <u>10 East hill ct</u> CITY/TOWN <u>Hampton</u>	<u>5/23/18</u>	
6.	SIGN <u>Jacqueline E. McKie</u> PRINT Jacqueline E. McKie	RESIDENCE <u>473 Algonquin Rd</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/23/18</u>	

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 WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>Grace Rose</u> PRINT <u>Grace Rose</u>	RESIDENCE <u>323-11 Silver 1st St Blvd</u> CITY/TOWN <u>Hampton</u>	<u>5/23/18</u>	
8.	SIGN <u>Timothy Musawwir</u> PRINT <u>Timothy Musawwir</u>	RESIDENCE <u>410 Lobbey Street</u> CITY/TOWN <u>Hpt VA 23663 (Phoebe)</u>	<u>5/23/18</u>	
9.	SIGN <u>Judie Parank</u> PRINT <u>Judie Parank</u>	RESIDENCE <u>455 Seaboard, Hpt</u> CITY/TOWN	<u>5/23/18</u>	
10.	SIGN <u>[Signature]</u> PRINT <u>RANDALL DOTSON</u>	RESIDENCE <u>106 Yukon St</u> CITY/TOWN <u>HAMPTON</u>	<u>5/23/18</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>Eric Lubrano</u>	RESIDENCE <u>106 Yukon Ave</u> CITY/TOWN <u>Hampton</u>	<u>5/23/18</u>	
12.	SIGN <u>Dylan T Kennedy</u> PRINT <u>Dylan T. Kennedy</u>	RESIDENCE <u>1516 Wiltshire Place</u> CITY/TOWN <u>Hampton</u>	<u>5/23/18</u>	

Commonwealth of Virginia : **AFFIDAVIT.**  
 I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 Triple Crown Ct #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

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

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

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

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

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