

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

Hampton

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Arlette L. Smith</u> PRINT <u>Arlette L. Smith</u>	RESIDENCE <u>44 Godspeed Way</u> CITY/TOWN <u>Hampton, VA 23663</u>	<u>5/29/18</u>	
2.	SIGN <u>Jusanna D. McKendree</u> PRINT <u>Jusanna D. McKendree</u>	RESIDENCE <u>13 S. Juniper St</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/29/18</u>	
3.	SIGN <u>Pudra Almond J</u> PRINT <u>Pudra Almond J</u>	RESIDENCE <u>1006 E Mercury Blvd</u> CITY/TOWN <u>HAMPTON VA</u>	<u>5/29/18</u>	
4.	SIGN <u>Tatjana Griesinger</u> PRINT <u>GRIESINGER, TATJANA</u>	RESIDENCE <u>163 BERNARD RD</u> <u>FORT MONROE</u> CITY/TOWN <u>HAMPTON</u>	<u>5/29/18</u>	
5.	SIGN <u>[Signature]</u> PRINT	RESIDENCE CITY/TOWN		
6.	SIGN <u>Shaun D. Brown</u> PRINT	RESIDENCE <u>Hampton</u> CITY/TOWN	<u>5/29/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>[Signature]</i> PRINT <u>Liza Preston</u>	RESIDENCE <u>21 LaCrosse</u> CITY/TOWN <u>Hampton</u>	<u>5/29/18</u>	
8.	SIGN <i>[Signature]</i> PRINT <u>LINDA HEARY</u>	RESIDENCE <u>222 W. KELLY AVE</u> CITY/TOWN <u>HAMPTON</u>	<u>5/29/18</u>	
9.	SIGN <i>[Signature]</i> PRINT <u>David Ulrich</u>	RESIDENCE <u>100 Parkview Pl</u> CITY/TOWN <u>Hampton 23064</u>	<u>5/29/18</u>	
10.	SIGN <i>[Signature]</i> PRINT <u>HANNAH WAMPLER</u>	RESIDENCE <u>121 S. WILARD AV</u> CITY/TOWN <u>HAMPTON</u>	<u>5/29/18</u>	
11.	SIGN <i>[Signature]</i> PRINT <u>Harriet Matthews</u>	RESIDENCE <u>240 N. 4th St</u> CITY/TOWN <u>Ham Va. 23664</u>	<u>5/29/18</u>	
12.	SIGN <i>[Signature]</i> PRINT <u>CAROL W. BOSTON</u>	RESIDENCE <u>1810 N. MAGNOLIA ST</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/29/18</u>	

Commonwealth of Virginia

- AFFIDAVIT -

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

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
575218

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 21 day of May, 2018, by

[Signature]
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

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

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

OFFICE USE ONLY		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]
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]			
1.	SIGN <u>Paul Ly</u> PRINT <u>PAUL LYNN</u>	RESIDENCE <u>1519 Adams Circle</u> CITY/TOWN <u>Hampton VA</u>	<u>5/22/2018</u>	
2.	SIGN <u>Priscilla Brown</u> PRINT <u>Priscilla Brown</u>	RESIDENCE <u>30 Goodspeed Ave</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/22/2018</u>	
3.	SIGN <u>Kanesha Smith</u> PRINT <u>Kanesha Smith</u>	RESIDENCE <u>202 Blount Ct.</u> CITY/TOWN <u>Newport News</u>	<u>5/23/18</u>	
4.	SIGN <u>Ewen Bridges</u> PRINT <u>EWEN BRIDGES</u>	RESIDENCE <u>P.O. Box 3734</u> CITY/TOWN <u>Hampton, Va 23663</u>	<u>5/23/18</u>	
5.	SIGN <u>Janil Sand</u> PRINT <u>Janil Sand</u>	RESIDENCE <u>13 Hufungen Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>5/23/18</u>	
6.	SIGN <u>Paula Gathers</u> PRINT <u>Paula Gathers</u>	RESIDENCE <u>1135 Basella</u> CITY/TOWN <u>Hampton VA</u>	<u>5/23/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

SBE-506/521 REV 1.2013

0047

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

OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>Guia McCray</i> PRINT Erica McCray	RESIDENCE 22 Amadose Lane CITY/TOWN Hampton, VA	05-23-18	
8.	SIGN <i>Brenda Williams Wallace</i> PRINT Brenda Wallace	RESIDENCE 118 E. Kelly Ave. CITY/TOWN Hampton, VA 23663	5-23-18	
9.	SIGN <i>Shakira Washington</i> PRINT SHAKIRA WASHINGTON	RESIDENCE 109 LEBBY ST CITY/TOWN HAMPTON, VA 23663	5/23/18	
10.	SIGN <i>Maria Kazantzis</i> PRINT Maria Kazantzis	RESIDENCE 206 E. Community Ave CITY/TOWN Hampton, VA 23663	5/23/18	
11.	SIGN <i>Nichole Wilson</i> PRINT Nichole Wilson	RESIDENCE 1349 Coral Pl. CITY/TOWN Hampton, VA 23669	5/23/18	
12.	SIGN <i>Lillie Mae Jones</i> PRINT Lillie Mae Jones	RESIDENCE Lillie Mae Jones CITY/TOWN Hampton, Va 23663	5/23/18	

Commonwealth of Virginia

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

760359525

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

Octavianus Smith
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hpt.

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 Octavianus Smith
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

Hampton, Virginia Beach signed hereunder or on the reverse

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

OFFICE USE ONLY		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>Sandra L. Foy</u> PRINT <u>Sandra L. Foy</u>	RESIDENCE <u>1815 LaFayette Dr</u> CITY/TOWN <u>Hampton, 23664</u>	<u>5/26/18</u>	
2.	SIGN <u>Barbara A. White</u> PRINT <u>Barbara A. White</u>	RESIDENCE <u>13 Mainsail Dr</u> CITY/TOWN <u>Hampton, VA 23664</u>	<u>5/26/18</u>	
3.	SIGN <u>Daria Williams</u> PRINT <u>Daria Williams</u>	RESIDENCE <u>9628 12th Bay</u> CITY/TOWN <u>Virginia Beach 23454</u>	<u>5/27/18</u>	
4.	SIGN <u>Anthony Woodhouse</u> PRINT <u>Anthony Woodhouse</u>	RESIDENCE <u>4013 Pleasant Valley Rd.</u> CITY/TOWN <u>VA Beach VA 23464</u>	<u>5/27/18</u>	
5.	SIGN <u>Ashley Williams</u> PRINT <u>Ashley Williams</u>	RESIDENCE <u>256 Lynden Rd</u> CITY/TOWN <u>Virginia Beach VA</u>	<u>5/27/18</u>	
6.	SIGN <u>Ashley Williams</u> PRINT <u>Ashley Williams</u>	RESIDENCE <u>PO Box 2453</u> CITY/TOWN <u>Chesapeake VA 23827</u>	<u>5/27/18</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.

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 PRINT Peter D. Xon	RESIDENCE 6321 Brynmar CITY/TOWN VA Beach	5/27/18	
8.	SIGN PRINT Jacqueline Scott	RESIDENCE 2413 Blue Creek CITY/TOWN VA Beach	5/27/18	
9.	SIGN PRINT Monica Smith	RESIDENCE 1313 Elk Ct CITY/TOWN VA Beach, VA	5/27/18	
10.	SIGN PRINT Derek Fuller	RESIDENCE 3669 Steam Bird Loop CITY/TOWN VA Beach, VA	5/27/18	
* 11.	SIGN PRINT Christie Shields	RESIDENCE 1893 Finsbury Ln CITY/TOWN VA Beach VA	5/27/18	
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia **- AFFIDAVIT -**
 I, Shaun Brown, swear or affirm that (i) my full residential address is 3683 Windmill Drive in the State/Commonwealth of Virginia; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

760380579
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 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

State of VA County/City of Hampton

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

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

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

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

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

Hampton signed hereunder or on the reverse

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

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

General Election Special Election Democratic Primary Republican Primary

to be held on the 6th day of November, 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>Sharon Green</u> PRINT <u>Sharon Green</u>	RESIDENCE <u>8 Elizabeth Rd.</u> CITY/TOWN <u>Hampton, 23669</u>	<u>5-29-18</u>	
2.	SIGN <u>Linda Thompson</u> PRINT <u>Linda Thompson</u>	RESIDENCE <u>130 N First St</u> CITY/TOWN <u>Hot. Va</u>	<u>5-29-18</u>	
3.	SIGN <u>David Howard</u> PRINT <u>David Howard</u>	RESIDENCE <u>107 Frist St</u> CITY/TOWN <u>Buckroe/Hampton</u>	<u>5/29/2018</u>	
4.	SIGN <u>Stacey D Duran</u> PRINT <u>Stacey D Duran</u>	RESIDENCE <u>20 Wells Ct (23669)</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/29/18</u>	
5.	SIGN <u>Christian Cushman</u> PRINT <u>Christian Cushman</u>	RESIDENCE <u>16 A East Chamberlin Ave</u> CITY/TOWN <u>Hampton</u>	<u>5/29/18</u>	
6.	SIGN <u>Olga Gardner</u> PRINT <u>Olga Gardner</u>	RESIDENCE <u>709 Waterside</u> CITY/TOWN <u>Hot VA</u>	<u>5/29/18</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		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>Darin Miller</u>	RESIDENCE <u>2027 Cunningham Dr apt</u> CITY/TOWN <u>Hampton</u>	<u>05/29/18</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>K. Belanger Barber</u>	RESIDENCE <u>11 Ivory Bull Cres</u> CITY/TOWN <u>Hampton</u>	<u>5/29/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>ESTHER POPO</u>	RESIDENCE <u>1757 Lafayette Dr</u> CITY/TOWN <u>Hampton, VA 23664</u>	<u>5/29/18</u>	
10.	SIGN <u>[Signature]</u> PRINT <u>Edith A Thompson</u>	RESIDENCE <u>21 Cummings Ave</u> CITY/TOWN <u>Hampton, VA 23663</u>	<u>5/29/18</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>Merde Michaels</u>	RESIDENCE <u>221 S. Curry St.</u> CITY/TOWN <u>Hampton</u>	<u>5/29/18</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>Latasha Dudley</u>	RESIDENCE <u>35 W Virginia</u> CITY/TOWN <u>7104</u>	<u>5-29-18</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.

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

160359525
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
 [Redacted]
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE
 NOTARY SEAL/STAMP BELOW
SHREE F. GREEN
 NOTARY PUBLIC
 REG. #7643635
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES MAY 31, 2019

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

[Signature]
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS
7643635 NOTARY REGISTRATION NUMBER**
531-2019 DATE NOTARY COMMISSION EXPIRES**

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

OFFICE USE ONLY		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]
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]			
1.	SIGN <u>Nairobi Gaines</u> PRINT Nairobi Gaines	RESIDENCE 113 Cameron St CITY/TOWN Hampton VA 23663	8/23/2018	
2.	SIGN <u>Paul D. Galaway, Jr.</u> PRINT PAUL D. GALAWAY, JR.	RESIDENCE 239 CAMFORD DRIVE CITY/TOWN HAMPTON, VA 23665	8/23/2018	
3.	SIGN <u>Bruce Turner</u> PRINT BRUCE TURNER	RESIDENCE 1516 SLATER AVE CITY/TOWN Hampton VA 23664	8/23/2018	
4.	SIGN <u>Kabunta Dummer</u> PRINT Kabunta Dummer	RESIDENCE 201 W Taylor Ave CITY/TOWN Hampton VA	5/23/2018	
5.	SIGN <u>Willie Barger</u> PRINT WILLIE BARGER	RESIDENCE 421 Chamberlin Ave CITY/TOWN Hampton VA	5/23/18	
6.	SIGN <u>Willie Barger</u> PRINT WILLIE BARGER	RESIDENCE 103 E. Sherwood Ave CITY/TOWN Hampton VA	5/23/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7	SIGN <u>Sharon Benson</u> PRINT Sharon Benson	RESIDENCE 314 ATLANTIC CITY/TOWN West, VA 23664	May-23-18	
8	SIGN <u>April Jackson</u> PRINT April Jackson	RESIDENCE 307 Clay Street CITY/TOWN Hampton, VA 23662	5/20/2018	
9	SIGN <u>Troy Dicker</u> PRINT Troy Dicker	RESIDENCE 2 28 Street West Ave CITY/TOWN Newport News, VA 23662	5/20/2018	
10	SIGN <u>Wilfred Hobbs</u> PRINT Wilfred Hobbs	RESIDENCE 719 Allendale dr. CITY/TOWN Hampton, VA	5/28/2018	
11	SIGN <u>Danielle Falvo</u> PRINT Danielle Falvo	RESIDENCE 46 Joyner Rd CITY/TOWN Hampton, VA 23666	5/23/18	
12	SIGN <u>Desiree Sweeney</u> PRINT Desiree Sweeney	RESIDENCE 53 N. Willard Ave CITY/TOWN Hampton, VA 23663	5.23.18	

Commonwealth of Virginia

- AFFIDAVIT -

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

160359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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 21 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

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

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

OFFICE USE ONLY		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>Maria Williams</u> PRINT <u>MARIA WILLIAMS</u>	RESIDENCE <u>949 North Mallory Ave</u> CITY/TOWN <u>Hampton, VA 23663</u>	<u>5/23/2018</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Shirley R Speed</u>	RESIDENCE <u>12 Phelps Cir</u> CITY/TOWN <u>Hampton, VA 23663</u>	<u>5/23/2018</u>	
3.	SIGN <u>Patricia Fox</u> PRINT <u>PATRICIA FOX</u>	RESIDENCE <u>1721 Beach Rd</u> CITY/TOWN <u>Hpt 23664</u>	<u>5/23/2018</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>Yolanda Richardson</u>	RESIDENCE <u>405 Institute Dr.</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/23/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>Joseph Popuz</u>	RESIDENCE <u>114 E. Virginia Ave</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>5/23/18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>Jacqueline Small</u>	RESIDENCE <u>100-A Cummings</u> CITY/TOWN <u>Hpt VA 23663</u>	<u>5/23/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

SBE-506/521 REV 1.2013

0051

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>Donna A. Satisfield</i> PRINT Donna A Satisfield	RESIDENCE 313 Webster ST CITY/TOWN Hampton, VA 23068	2/23/2018	
8.	SIGN <i>Evalina Keith</i> PRINT Evalina Keith	RESIDENCE 2014 E. Pembroke CITY/TOWN Hampton VA 23064	2/24/2018	
9.	SIGN <i>Angellee Hutton</i> PRINT Angellee Hutton	RESIDENCE 1420 Windward Dr CITY/TOWN HPT VA 23063	2/24/2018	
10.	SIGN <i>Thomas Pearly</i> PRINT THOMAS PEARLY	RESIDENCE 39 Baint Lodge Ave CITY/TOWN HPT, VA 23063	4/24/2018	
11.	SIGN <i>John Armstrong</i> PRINT <i>John Armstrong</i>	RESIDENCE 8 Buckrose 23064 CITY/TOWN Hampton	5/24	
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia - **AFFIDAVIT.**
 I, Shaun D. Brown, swear or affirm that (i) my full residential address is 3683 Windmill DRIVE in the State/Commonwealth of Virginia; in the County/City/Town of 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.

760380579
 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

SHAUN D. BROWN
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

** If not included in seal/stamp.

Shaun D. Brown

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

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Tanalisia Pigott</u> PRINT <u>Tanalisia Pigott</u>	RESIDENCE <u>530 Chamberlin Ave</u> CITY/TOWN <u>Hampton 23663</u>	<u>5/29/2018</u>	
2.	SIGN <u>D. White</u> PRINT <u>Dwain L. White</u>	RESIDENCE <u>105 N Mallory St</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>5/29/18</u>	
3.	SIGN <u>Robert Jones</u> PRINT <u>Robert Jones</u>	RESIDENCE <u>70-Box Hill</u> CITY/TOWN <u>Hpt VA 23661</u>	<u>5/29/18</u>	
4.	SIGN <u>Kim C. Hopkins</u> PRINT <u>Kim Hopkins</u>	RESIDENCE <u>414 Thom Hall Dr.</u> CITY/TOWN <u>Hpt. VA 23668</u>	<u>5/29/18</u>	
5.	SIGN <u>L. Cogdell</u> PRINT <u>L. Cogdell</u>	RESIDENCE <u>134 Camerick St</u> CITY/TOWN <u>Hpt VA 23663</u>	<u>5/29/18</u>	
6.	SIGN <u>JoAnn M. Owens</u> PRINT <u>JoAnn M. Owens</u>	RESIDENCE <u>205 Camarster Ct</u> CITY/TOWN <u>HPT, VA 23669</u>	<u>5/29/18</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.

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>Elizabeth L. Brown</u> PRINT <u>Elizabeth Brown</u>	RESIDENCE <u>141 S. Dogwood Ct</u> CITY/TOWN <u>Newport News, VA</u>		
8.	SIGN <u>[Signature]</u> PRINT <u>[Signature]</u>	RESIDENCE <u>2 Franklin St</u> CITY/TOWN <u>Hampton VA.</u>	<u>05/29/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>Whitney Robinson</u>	RESIDENCE <u>Hampton VA</u> CITY/TOWN <u>212 S hope ST</u>		
10.	SIGN <u>Cherrell Bailey</u> PRINT <u>Cherrell Bailey</u>	RESIDENCE <u>425 Highland ave</u> CITY/TOWN <u>Hampton, VA</u>	<u>5-29-18</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>Jewel Grant</u>	RESIDENCE <u>13 Scotsman Rd</u> CITY/TOWN <u>Hampton VA</u>	<u>5-29-18</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>Joan Bastian</u>	RESIDENCE <u>1200 Laney St.</u> CITY/TOWN <u>Hot VA 23063</u>	<u>5/29/18</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.

160359525
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
 [Redacted]
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

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, 20 18, 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** 5/31/2019

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

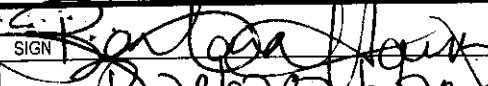
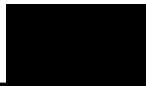
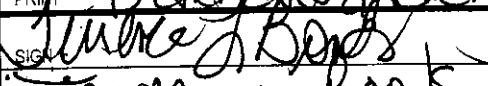

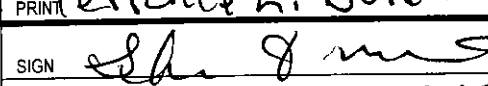

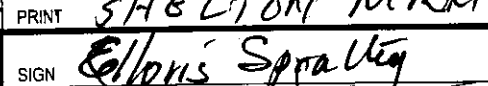

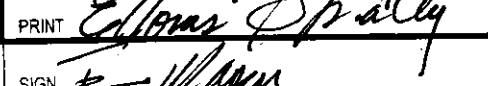


We, the qualified voters of the district in which the above candidate seeks nomination or election and of Hampton signed hereunder or on the reverse side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election Special Election Democratic Primary Republican Primary

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	 PRINT <u>Barbara Hines</u>	RESIDENCE <u>22 Amherst</u> CITY/TOWN <u>Hampton Va 23663</u>	<u>5/23</u>	
2.	 PRINT <u>Terrence L. Bonds</u>	RESIDENCE <u>11 Crestwood Circle</u> CITY/TOWN <u>Hampton, Va. 23669</u>	<u>5/25</u>	
3.	 PRINT <u>SHELTON MARTIN</u>	RESIDENCE <u>102 WATTS DR</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/25</u>	
4.	 PRINT <u>Ellison Spratley</u>	RESIDENCE <u>1308 Colebrook Dr</u> CITY/TOWN <u>Hpt, Va.</u>	<u>5/25</u>	
5.	 PRINT <u>Fieber Mason</u>	RESIDENCE <u>114 S. Curry St</u> CITY/TOWN <u>Hampton Va</u>	<u>5/25</u>	
6.	 PRINT <u>Ofesia McCoy</u>	RESIDENCE <u>1457 E Pembroke</u> CITY/TOWN <u>Hampton VA</u>	<u>5/25</u>	<u>N/A</u>

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER <small>[PRINT NAME IN SPACE BELOW SIGNATURE]</small>	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS <small>House Number and Street Name or Rural Route and Box Number and City/Town</small>	DATE SIGNED <small>[Must be after January 1 of election year]</small>	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <small>[OPTIONAL]</small>
7.	SIGN <u>[Signature]</u> PRINT <u>Sandra Hale</u>	RESIDENCE <u>120 Taylor Ave E</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>5/28/18</u>	[REDACTED]
8.	SIGN <u>[Signature]</u> PRINT <u>Paulken Dennis</u>	RESIDENCE <u>157 Chesapeake Ave</u> CITY/TOWN <u>Hampton 23669</u>	<u>5/29/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>De Jona Mayo</u>	RESIDENCE <u>340 Newport News</u> CITY/TOWN <u>Newport News</u>	<u>5/29/18</u>	
10.	SIGN <u>[Signature]</u> PRINT <u>Nadia Andrews</u>	RESIDENCE <u>16 W. Sewell Lane</u> CITY/TOWN <u>Hampton, VA 23663</u>	<u>5/29/18</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>LOUISE SCHAEFFER</u>	RESIDENCE <u>FARMOUTH TURNING</u> CITY/TOWN <u>HAMPTON, VA 23669</u>	<u>5/29/18</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>Shontea Harrison</u>	RESIDENCE <u>202 ESSEX PARKS</u> CITY/TOWN <u>Hampton, VA 23669</u>	<u>5/29/18</u>	

Commonwealth of Virginia - AFFIDAVIT -
 I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 Triple Crown Ct #204 in the State/Commonwealth of VIRGINIA; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SHREEL 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 8 day of MAY, 2018, by

[Signature]
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

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

8/15/18

0053

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

Hampton

signed hereunder or on the reverse

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Rodzell Cutchin</u> PRINT <u>Rodzell Cutchin</u>	RESIDENCE <u>3 Pine Cone Dr</u> CITY/TOWN <u>Hampton</u>	<u>5-21-18</u>	██████
2.	SIGN <u>Dennis Wilkins</u> PRINT <u>Dennis Wilkin</u>	RESIDENCE <u>17 Lucas Dr</u> CITY/TOWN <u>Hampton</u>	<u>5-21-18</u>	
3.	SIGN <u>Veronica Preston</u> PRINT <u>Veronica Preston</u>	RESIDENCE <u>29 Booker street</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/11/18</u>	██████
4.	SIGN <u>James E Blackwell</u> PRINT <u>JAMES E BLACKWELL</u>	RESIDENCE <u>508 Hurlock</u> CITY/TOWN <u>Hampton VA</u>	<u>5/21/18</u>	
5.	SIGN <u>Willie N. Senus</u> PRINT <u>Willie N Senus</u>	RESIDENCE <u>150 Eberly Ter.</u> CITY/TOWN <u>Hampton Va.</u>	<u>5/11/18</u>	
6.	SIGN <u>Ter. Zach</u> PRINT <u>Ter. Zach</u>	RESIDENCE <u>201 Sharda Dr</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/21/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>[Signature]</u> PRINT <u>C Flippen</u>	RESIDENCE <u>420 Cedar Dr</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/24/18</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>JOHN G CARTER</u>	RESIDENCE <u>121 EBERLY TER</u> CITY/TOWN <u>HAMPTON VA 23669</u>	<u>5/21/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>Wendy Parker</u>	RESIDENCE <u>1834 Neger Drive</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>5/21/18</u>	
10.	SIGN <u>[Signature]</u> PRINT <u>SHERRY McCloud</u>	RESIDENCE <u>Stephens Rd.</u> CITY/TOWN <u>Hampton</u>	<u>5-21-18</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>Patricia Bunn</u>	RESIDENCE <u>9 South Hill Lds</u> CITY/TOWN <u>Hampton</u>	<u>5-21-18</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>John Rynce</u>	RESIDENCE <u>18 KINGSSTANDING</u> CITY/TOWN <u>Hampton VA</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.

160354625

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

[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

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

PRINT NAME OF PERSON CIRCULATING THE PETITION 7643635 5-31-19

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS [Signature] NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY		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]
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]			
1.	SIGN <u>[Signature]</u> PRINT <u>Douglas Caudle</u>	RESIDENCE <u>349 CLYDE</u> CITY/TOWN <u>Hampton</u>	<u>5/22/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Colvin Ashton</u>	RESIDENCE <u>117 Sierra Dr</u> CITY/TOWN <u>Hampton</u>	<u>5/22/18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>ANTHONY PRUANTES</u>	RESIDENCE <u>1520 WILTSHIRE PL</u> CITY/TOWN <u>HAMPTON, VA 23664</u>	<u>5/22/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>Devan Tucker</u>	RESIDENCE <u>121 S. Fifth St</u> CITY/TOWN <u>Hampton, VA 23664</u>	<u>5-22-18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>Robert Lee Knight Jr</u>	RESIDENCE <u>712 Burgess Ave</u> CITY/TOWN <u>Hampton Virginia</u>	<u>5-22-18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>Armea Wright</u>	RESIDENCE <u>13 Ireland St</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>5-22</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>John L. Smith Jr</u> PRINT <u>John L. Smith Jr</u>	RESIDENCE <u>1760 Newton</u> CITY/TOWN <u>Hampton V.A. 23663</u>	<u>5/22/18</u>	[REDACTED]
8.	SIGN <u>Sherrill White</u> PRINT <u>Sherrill White</u>	RESIDENCE <u>1411 Spanish Trail 23663</u> CITY/TOWN <u>Hampton VA</u>	<u>5/22/18</u>	[REDACTED]
9.	SIGN <u>Cassandra M. Cooke</u> PRINT <u>Cassandra M. Cooke</u>	RESIDENCE <u>428 Marion Rd</u> CITY/TOWN <u>Hpt 23663</u>	<u>5/22/18</u>	[REDACTED]
10.	SIGN <u>Debra Mackin</u> PRINT <u>Debra Mackin</u>	RESIDENCE <u>1913 E. Pembroke</u> CITY/TOWN <u>Hampton VA</u>	<u>5/22/18</u>	[REDACTED]
11.	SIGN <u>Kadron Vanna</u> PRINT <u>Kadron Vanna</u>	RESIDENCE <u>1476 Morgan Dr</u> CITY/TOWN <u>Hampton</u>	<u>5/22/18</u>	[REDACTED]
12.	SIGN <u>Carly E. Sides</u> PRINT <u>Carly E. Sides</u>	RESIDENCE <u>49 Tide Mill Lane</u> CITY/TOWN <u>Hampton VA 23666</u>	<u>5/22/18</u>	[REDACTED]

Commonwealth of Virginia - AFFIDAVIT -
 I, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 Tripte 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

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

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

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

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN: <u>Paul G. Gee</u> PRINT: <u>PAUL GEE</u>	RESIDENCE: <u>73 REGENCY SW</u> CITY/TOWN: <u>NEARBY N.E.S.</u>	<u>5/22/18</u>	
2.	SIGN: <u>Mike Parker</u> PRINT: <u>Michael Parker</u>	RESIDENCE: <u>Seaboard Ave</u> CITY/TOWN: <u>HAMPTON VA</u>	<u>5/22/18</u>	
3.	SIGN: <u>Lashontay Winstead</u> PRINT: <u>Lashontay Winstead</u>	RESIDENCE: <u>Seaboard Ave.</u> CITY/TOWN: <u>Hampton, Va.</u>	<u>5/22/18</u>	
4.	SIGN: <u>M Williams</u> PRINT: <u>M WILLIAMS</u>	RESIDENCE: CITY/TOWN:		
5.	SIGN: <u>Kenada Williams</u> PRINT: <u>Kenada Williams</u>	RESIDENCE: <u>113 N Sixth St</u> CITY/TOWN: <u>Hampton</u>	<u>5/22/18</u>	
6.	SIGN: <u>Jane Barnes</u> PRINT: <u>Jane Barnes</u>	RESIDENCE: <u>9 Phelps Cir</u> CITY/TOWN: <u>Hampton Va</u>	<u>5-22-18</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>Anastasia Cobey</u> PRINT Anastasia F. Cobey	RESIDENCE 12 Connie St CITY/TOWN Hampton, VA	5/22/18	
8.	SIGN <u>Megan Moore</u> PRINT <u>Megan Moore</u>	RESIDENCE 335-D Silver Isle Blvd CITY/TOWN Hampton	5/22/18	
9.	SIGN <u>Dawn Turner</u> PRINT Dawn Turner	RESIDENCE 1212 Pansy St CITY/TOWN Hampton VA	5/22/18	
10.	SIGN <u>Walter Spang</u> PRINT Walter Spang	RESIDENCE 723 Burgess Ave CITY/TOWN Hampton VA	5/22/18	
11.	SIGN <u>Kenzolia Lewis</u> PRINT Kenzolia Lewis	RESIDENCE 217-W. Taylor Ave CITY/TOWN Hampton VA 23663	5/22/18	
12.	SIGN <u>Samuel Blue</u> PRINT Samuel Blue	RESIDENCE 753 Calveston, Court CITY/TOWN Hampton VA 23663	5/22/18	

Commonwealth of Virginia

AFFIDAVIT.

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

160359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

[Signature]
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

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

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Sandy Hardwick</u> PRINT SANDY HARDWICK	RESIDENCE 30 BAECH RD CITY/TOWN HAMPTON VA	5/29/18	
2.	SIGN <u>Marcus Dixie</u> PRINT Marcus Dixie	RESIDENCE 949 Malloy St CITY/TOWN Hampton VA	5/24/18	
3.	SIGN <u>Sandra Featherston</u> PRINT Sandra Featherston	RESIDENCE 13 Dury Rd CITY/TOWN Hampton VA	5/24/18	
4.	SIGN <u>TyAsic Featherston</u> PRINT TyAsic Featherston	RESIDENCE 5109 Goldsboro Dr CITY/TOWN Hampton VA	5/24/18	
5.	SIGN <u>Yon Sandra Featherston</u> PRINT Yon Sandra Featherston	RESIDENCE 401 Woodview Dr CITY/TOWN Hampton VA	5/24/18	
6.	SIGN <u>Jaber Featherston</u> PRINT Jaber Featherston	RESIDENCE 113 Libby St CITY/TOWN Hampton VA	5/20/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>Calbert Walker</u> PRINT <u>CALBERT WALKER</u>	RESIDENCE <u>33 Mansford DR.</u> CITY/TOWN <u>Hampton VA</u>	<u>5/24/18</u>	
8.	SIGN <u>Erdestine L. Stewart</u> PRINT <u>ERDESTINE L. STEWART</u>	RESIDENCE <u>125 Eberly Terr</u> CITY/TOWN <u>HAMPTON, VA</u>	<u>5/24/18</u>	
9.	SIGN <u>Terry Hill</u> PRINT <u>TERRY HILL</u>	RESIDENCE <u>107 Ireland St</u> CITY/TOWN <u>Hpt, VA</u>	<u>5/24/18</u>	
10.	SIGN <u>Meryl Grobel</u> PRINT <u>Meryl Grobel</u>	RESIDENCE <u>Hampton VA</u> CITY/TOWN <u>Kelighthouse</u>	<u>5/24/18</u>	
11.	SIGN <u>Kishia Fleming</u> PRINT <u>Kishia Fleming</u>	RESIDENCE <u>949 N Mallory St #14A</u> CITY/TOWN <u>Hampton VA</u>	<u>5/24/18</u>	
12.	SIGN <u>Amber Taylor</u> PRINT <u>Amber Taylor</u>	RESIDENCE <u>1666 Hygrade Ave</u> CITY/TOWN <u>Hampton, VA</u>	<u>5/25/18</u>	

Commonwealth of Virginia

AFFIDAVIT.

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

160359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

[Signature]
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>[Signature]</i> PRINT Kein Tostenson	RESIDENCE 11 Ivory Gull Ges. CITY/TOWN Hampton, VA 23664		
2.	SIGN <i>[Signature]</i> PRINT Katie Parker	RESIDENCE 42 W ca ave CITY/TOWN Hampton, Va	5-24-18	
3.	SIGN <i>[Signature]</i> PRINT Betty L. Adams	RESIDENCE 151 Old Buckens Rd. CITY/TOWN Hampton, Va.	5-24-18	
4.	SIGN <i>[Signature]</i> PRINT Arick Mann	RESIDENCE 708 N Mallory St CITY/TOWN Hampton VA 23661	5-24-18	
5.	SIGN <i>[Signature]</i> PRINT Carl Mann	RESIDENCE 708 N. Mallory St CITY/TOWN Hpt. Va. 23663	5-24-18	
6.	SIGN <i>[Signature]</i> PRINT Kathleen Ederusky	RESIDENCE Chamberlin CITY/TOWN Hampton 23651	5-24-18	

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.

3058

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

OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town		
7.	SIGN <i>John Flagg</i>	RESIDENCE 310 S Hope St.	5/24/18	
	PRINT John Flagg	CITY/TOWN Hampton, VA 23663		
8.	SIGN <i>Cassandra Agard</i>	RESIDENCE 398 Eatm St		
	PRINT Cassandra Agard	CITY/TOWN Hampton, VA 23667		
9.	SIGN <i>Sherry Griggs</i>	RESIDENCE 33 Mansford Dr.	5/24/18	
	PRINT SHERY GRIGGS	CITY/TOWN Hampton VA		
10.	SIGN <i>Margaret Morgan</i>	RESIDENCE 38 Hampton St	5/24/18	
	PRINT Margaret Morgan	CITY/TOWN Fort Monroe, VA		
11.	SIGN <i>Subrina Gran</i>	RESIDENCE 255 Libby wa.	5/24/18	
	PRINT <i>Subrina Gran</i>	CITY/TOWN Hampton, VA		
12.	SIGN <i>Shaun D. Brown</i>	RESIDENCE 336 WEXFORD CT	5/24/18	
	PRINT Shaun D. Brown	CITY/TOWN HPT VA 23669		

Commonwealth of Virginia

- AFFIDAVIT -

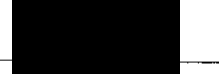
I, OCTAVIANUS Smith swear or affirm that (i) my full residential address is 11 TRIPLE CROWN Ct. #304 in the State/Commonwealth of Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights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

160 35952

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 Not

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

Shree F. Green
 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**

5/31/19

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

OFFICE USE ONLY		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]
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]			
1.	SIGN <u>Chide Braxton</u> PRINT Chide Braxton	RESIDENCE 7 Scotland Rd CITY/TOWN Hampton	5/22/18	
2.	SIGN <u>Whitney Heard</u> PRINT Whitney Heard	RESIDENCE 50 Ireland Street CITY/TOWN Hampton, VA	5/23/18	
3.	SIGN <u>Ruth Davis</u> PRINT Ruth Davis	RESIDENCE 46 Scotland Rd CITY/TOWN Hpt	5/23/18	
4.	SIGN <u>Kelvin Jones</u> PRINT KELVIN JONES	RESIDENCE 61 Fulton Street CITY/TOWN Hampton	5/23/2018	
5.	SIGN <u>Lothar A. Robinson Jr</u> PRINT Lothar A. Robinson Jr	RESIDENCE 615-F Michigan Dr CITY/TOWN Hpt	5/23/18	
6.	SIGN <u>Frankie Watts</u> PRINT Frankie Watts	RESIDENCE 521 Shelton Rd CITY/TOWN Hampton Va	5/23/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town		
7.	SIGN <u>Sherril Knight Stephenson</u> PRINT Sherril Knight Stephenson	RESIDENCE 6 Mill Creek Terrace CITY/TOWN Hampton, VA 23663	5/23/18	
8.	SIGN <u>[Signature]</u> PRINT [Signature]	RESIDENCE 129 Chichester CITY/TOWN Hmp 23669	5.23.18	
9.	SIGN <u>[Signature]</u> PRINT [Signature]	RESIDENCE 129 Chichester CITY/TOWN Hampton VA 23665	5/23/18	
10.	SIGN <u>[Signature]</u> PRINT [Signature]	RESIDENCE 300 Foster Ct CITY/TOWN Hpt 23669	5/23/18	
11.	SIGN <u>[Signature]</u> PRINT Arthur Bright	RESIDENCE 219 Basswell Dr CITY/TOWN Hampton	5/23/18	
12.	SIGN <u>[Signature]</u> PRINT Brenda Roberts	RESIDENCE 15 Calhoun St. CITY/TOWN Hpt VA.	5/23/18	

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.

TU0359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

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

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

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

Hampton

signed hereunder or on the reverse

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

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

General Election Special Election Democratic Primary Republican Primary

to be held on the 1st 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>SanLan Watson</u>	RESIDENCE <u>221 Freedom St</u> CITY/TOWN <u>Hampton Va</u>	<u>5/24/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Aston W. Smith</u>	RESIDENCE <u>625 Bell St.</u> CITY/TOWN <u>Hampton VA</u>	<u>5.24.18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Raymond Nage</u>	RESIDENCE <u>1834 Andrews</u> CITY/TOWN <u>Hampton</u>	<u>5.24/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>T Grant</u>	RESIDENCE <u>526 Settlements Lady</u> CITY/TOWN <u>Hampton</u>	<u>5/24/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>AMANDA WISDOM</u>	RESIDENCE <u>310 S. Hope St</u> CITY/TOWN <u>HAMPTON VA</u>	<u>5/24/18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>HERESA LEE</u>	RESIDENCE <u>7 SOUTHERLAND DR</u> CITY/TOWN <u>HAMPTON VA</u>	<u>5/24/18</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		POST OFFICE BOXES ARE NOT ACCEPTABLE	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town		
7.	SIGN <u>[Signature]</u> PRINT <u>Walter A. Williams</u>	RESIDENCE <u>2612 BARCLAY ST. DR.</u> CITY/TOWN <u>HAMPTON VA 23663</u>	<u>5-25-18</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>Patricia Matthews</u>	RESIDENCE <u>79 MURTON ST</u> CITY/TOWN <u>Hampt, Va 23663</u>	<u>5/24/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>GWENDOLYN SENKINS</u>	RESIDENCE <u>60 PHELPS CIR</u> CITY/TOWN <u>HPT VA</u>	<u>5-24</u>	
10.	SIGN <u>[Signature]</u> PRINT <u>Sharon Zabrowski</u>	RESIDENCE <u>26 Lucas Dr</u> CITY/TOWN <u>Hpt VA 23669</u>	<u>5-24-18</u>	
11.	SIGN <u>[Signature]</u> PRINT <u>Veslie Vigil</u>	RESIDENCE <u>1222 Tulip St</u> CITY/TOWN <u>Hampton VA 2343</u>	<u>24 May 18</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>Stephanie Workon</u>	RESIDENCE <u>121 W. Taylor</u> CITY/TOWN <u>Hpt VA</u>	<u>5/24/18</u>	

Commonwealth of Virginia

- AFFIDAVIT -

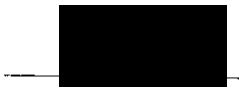
I, Octavianus Smith, swear or affirm that (i) my full residential address is 11 Triple Crown Ct. #304 Virginia; in the County/City/Town of Hampton; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (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.

160359523

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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



CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton

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

[Signature]
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

5-21-18
[Signature]

* 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.