

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

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

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

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

OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
	SIGN <u>Carl Devine</u> PRINT <u>CARL DEVINE</u>	RESIDENCE <u>734 Weymouth Court</u> CITY/TOWN <u>VIRGINIA BEACH</u>	<u>9 JUN 2018</u>	
	SIGN <u>Jake Devine</u> PRINT <u>SAKE DEVINE</u>	RESIDENCE <u>5909 BRINDA AVE</u> CITY/TOWN <u>NORFOLK</u>	<u>9 JUN 18</u>	
	SIGN <u>M. Dawson</u> PRINT <u>MERVIN DAWSON</u>	RESIDENCE <u>709 Linden CT</u> CITY/TOWN <u>VA BEACH VA 23462</u>	<u>9 JUL 18</u>	
	SIGN <u>Nancy Charlton</u> PRINT <u>Nancy Charlton</u>	RESIDENCE <u>3913 Remy Dr</u> CITY/TOWN <u>VA Beach 23462</u>	<u>9 Jun 18</u>	
	SIGN <u>Elsie Turner</u> PRINT <u>Elsie Turner</u>	RESIDENCE <u>5248 Lake Victoria Ave, VA Beach, VA</u> CITY/TOWN <u>VA Beach</u>	<u>9 Jun 18</u>	
	SIGN <u>Robin Bidot</u> PRINT <u>Robin Bidot</u>	RESIDENCE <u>2109 Grey Fox Lane</u> CITY/TOWN <u>Virginia Beach</u>	<u>9 June</u> <u>6/9/18</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

127A

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OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7	SIGN <i>Mary Kirkland</i> PRINT <i>MARY KIRKLAND</i>	RESIDENCE <i>3501 Stancil</i> CITY/TOWN <i>Va Beach Va</i>	<i>7/10/18</i>	[REDACTED]
8	SIGN <i>McCoy Bx</i> PRINT <i>MCCOY BAXTER</i>	RESIDENCE <i>4479 Hileak Dr</i> CITY/TOWN <i>VA Beach</i>	<i>6-10-18</i>	
9	SIGN <i>Donna Williams</i> PRINT <i>DONNA WILLIAMS</i>	RESIDENCE <i>3756 Silina Drive</i> CITY/TOWN <i>VA Beach VA 23452</i>	<i>6/10/18</i>	[REDACTED]
10	SIGN <i>Robert Wilson</i> PRINT <i>Robert Wilson</i>	RESIDENCE <i>1433 Lake Hum Dr</i> CITY/TOWN <i>Va Beach, VA 23464</i>	<i>6/10/18</i>	
11	SIGN <i>Velma M Wilson</i> PRINT <i>Velma M Wilson</i>	RESIDENCE <i>401 Jefferson</i> CITY/TOWN <i>VA Beach VA 23452</i>	<i>6/10/18</i>	
12	SIGN <i>Debbie Thrasher</i> PRINT <i>Debbie Thrasher</i>	RESIDENCE <i>401 Leffler lane</i> CITY/TOWN <i>Va Beach, Va 23452</i>	<i>6/10/18</i>	

Commonwealth of Virginia

- AFFIDAVIT -

I, Laurice Yarn, swear or affirm that (i) my full residential address is 718 Weymouth Ct 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.

T6720610

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VA

NAME OF STATE THAT ISSUES THE CIRCULATOR'S DRIVER'S LICENSE:

[REDACTED]

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE

NOTARY SEAL/STAMP BELOW
 AUREA LACSON BACALSO
 NOTARY PUBLIC
 REGISTRATION # 7031595
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES
 AUGUST 31, 2018

Laurice M Yarn
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of VA BEACH

The foregoing instrument was subscribed and sworn before me this 11 day of June, 2018, by LAURICE M YARN

PRINT NAME OF PERSON CIRCULATING THE PETITION

Abacado 7031595 08/31/2018
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

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127B

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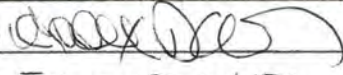

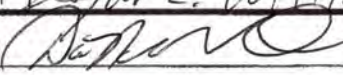
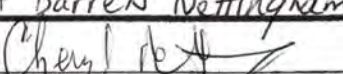
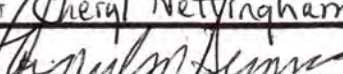
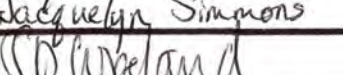
General Election Special Election Democratic Primary Republican Primary

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

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1.	SIGN  PRINT ESSEX D. WATSON	RESIDENCE 2516 Unbridled Lane CITY/TOWN Virginia Beach 23456	6-10-18	
2.	SIGN  PRINT Edgar L. Williams	RESIDENCE 820 Catrina Lane CITY/TOWN Chesapeake 23322	6/10/18	
3.	SIGN  PRINT Darren Nottingham	RESIDENCE 3712 Kings Point Rd CITY/TOWN Virginia Beach	6/10/18	
4.	SIGN  PRINT Cheryl Nottingham	RESIDENCE 3712 Kings Point Rd CITY/TOWN VA Beach	6/10/18	
5.	SIGN  PRINT Jacquelyn Simmons	RESIDENCE 4717 Chalfont Dr CITY/TOWN Virginia Beach 23464	6-10-18	
6.	SIGN  PRINT Sandra B. Copeland	RESIDENCE 2333 Newstead Dr CITY/TOWN Virginia Beach 23454	6-10-18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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7	SIGN <i>Linda M. Slaughter</i> PRINT Linda M. Slaughter	RESIDENCE 160 Coral Gables CITY/TOWN Virginia Beach 23453	6/10/18	
8	SIGN <i>Valerie Matthews</i> PRINT Valerie Matthews	RESIDENCE 2108 Fence Post CITY/TOWN VA Beach 23453	6/10/18	
9	SIGN <i>Samuel C. Simmons</i> PRINT Samuel C. Simmons	RESIDENCE 4717 Chalfont Dr. CITY/TOWN Va. Beach, Va. 23464	6/10/18	
10	SIGN <i>Joyce D. Leach</i> PRINT Joyce D. Leach	RESIDENCE 420 Casselberry Ln. CITY/TOWN VA Beach, VA 23452	6/10/18	
11	SIGN <i>EL. COPELAND</i> PRINT EL. COPELAND	RESIDENCE 2353 NEWSSTAND DR CITY/TOWN VA BEACH, VA 23454	6-10-18	
12	SIGN <i>Ralph Wormley</i> PRINT Ralph Wormley	RESIDENCE 2477 Orchard Hill Lane CITY/TOWN VA Beach, VA 23456	6/10/18	

Commonwealth of Virginia

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767206110

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AUREA LACSON BACALSO
NOTARY PUBLIC
REGISTRATION # 7031595
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
AUGUST 31, 2018

Laurice M Yarn
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of VA BEACH

The foregoing instrument was subscribed and sworn before me this 11 day of June, 20 18, by LAURICE M YARN

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General Election Special Election Democratic Primary Republican Primary

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

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1.	SIGN <u>Joyce B. Hobson</u> PRINT <u>Joyce B. Hobson</u>	RESIDENCE <u>3 Baccus Ct</u> CITY/TOWN <u>Hampton VA 23664</u>	<u>6/4/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Jonathan Marrow</u>	RESIDENCE <u>62 Arden Dr</u> CITY/TOWN <u>Newport news VA 23608</u>	<u>6/5/18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>[Signature]</u>	RESIDENCE <u>121 Beech Point Tr</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/5/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>[Signature]</u>	RESIDENCE <u>4016 Towne VA 23664</u> CITY/TOWN <u>505 Showalter</u>	<u>6/5/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>[Signature]</u>	RESIDENCE <u>10305 Geo. Washington Mem. Hwgh</u> CITY/TOWN <u>Yorktown</u>	<u>6/5/18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>[Signature]</u>	RESIDENCE <u>208 Crestwood Ct.</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/5/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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7.	SIGN <u>Venus K. Wheeler</u> PRINT Venus K. Wheeler	RESIDENCE 16002 Edgewood CITY/TOWN Chester Va 22834	4/5/18	
8.	SIGN PRINT	RESIDENCE CITY/TOWN		
9.	SIGN PRINT	RESIDENCE CITY/TOWN		
10.	SIGN PRINT	RESIDENCE CITY/TOWN		
11.	SIGN PRINT	RESIDENCE CITY/TOWN		
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia - AFFIDAVIT -
 I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5501 Campus Drive in the State/Commonwealth of VA; 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.

Shaun D. Brown
 SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

State of Virginia County/City of Hampton
 The foregoing instrument was subscribed and sworn before me this 10 day of June, 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**

7603857
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
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~~3683~~ WINDMILL DRIVE ⁵⁸⁸⁷ Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA ~~23453~~ 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

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1.	SIGN <u>[Signature]</u> PRINT <u>Paul Adams</u>	RESIDENCE <u>VA Beach, Ship Shoal way</u> CITY/TOWN <u>VA Beach 2345</u>	<u>June 2 18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Alfreda Thompson</u>	RESIDENCE <u>100 McDonald</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>6/5/18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Bico Taylor</u>	RESIDENCE <u>2200 Piccadilly Ln</u> CITY/TOWN <u>Yorktown Va 23690</u>	<u>6/5/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>SANDRA LECOUNT</u>	RESIDENCE <u>1200 D Piccadilly Loop</u> CITY/TOWN <u>YORK (VA) 23692</u>	<u>6/5/18</u>	
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

Commonwealth of Virginia

- AFFIDAVIT -

760380379

I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5887 Campus Drive in the State/Commonwealth of VA; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

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

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

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

Shaun D. Brown
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

The foregoing instrument was subscribed and sworn before me this 10 day of June, 20 18, by Shaun D. Brown
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

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 ** If not included in seal/stamp.

130B

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 *5887 Campus Drive*

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 *23462*

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>Pamela Person</i> PRINT PAMELA PERSON	RESIDENCE <i>122 Jonique</i> CITY/TOWN HAMPTON, VA 23668	<i>6/10</i> <i>2018</i>	
2.	SIGN <i>Erica Hatcher</i> PRINT ERICA HATCHER	RESIDENCE <i>226 BAILEY PARK DR.</i> CITY/TOWN HAMPTON, VA 23669	<i>6/10</i> <i>2018</i>	
3.	SIGN PRINT	RESIDENCE CITY/TOWN		
4.	SIGN PRINT	RESIDENCE CITY/TOWN		
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

Commonwealth of Virginia - **AFFIDAVIT.**
 I, Shaun Brown, swear or affirm that (i) my full residential address is 3587 Camp 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.

760380529
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

Shaun Brown
 SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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 10 day of June, 2018, by Shaun 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.

131B

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE 5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY		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>Tacara Barrington</u> PRINT Tacara Barrington	RESIDENCE 3552 Stephen Ct CITY/TOWN Norfolk Va 23513	6/10/18	
2.	SIGN <u>William Barrington</u> PRINT William Barrington	RESIDENCE 3552 Stephen Ct CITY/TOWN Norfolk Va 23513	6/10/18	
3.	SIGN <u>Lorena Bagby</u> PRINT Lorena Bagby	RESIDENCE Williamsburg Va 23185 CITY/TOWN 216 th	6/10/18	
4.	SIGN <u>Douglas Bagby</u> PRINT Douglas Bagby	RESIDENCE Williamsburg, VA CITY/TOWN 216 PARKER ST BOUNS	6/10/18	
5.	SIGN <u>William Bagby</u> PRINT William Bagby	RESIDENCE 17325 Kiffes Creek Cir. CITY/TOWN Williamsburg, VA 23186	6/10/18	
6.	SIGN <u>Arceneaux, Juanita</u> PRINT Arceneaux, Juanita	RESIDENCE 7930 Becket St. 14 CITY/TOWN Norfolk VA 23518	6/10/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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7.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
8.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

160380579

I, Shaun D. Brown, swear or affirm that (i) my full residential address is VA 5887 Campus Drive in the State/Commonwealth of Virginia Beach; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

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

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

Shaun P. Brown
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

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 10 day of June, 2018, by Shaun 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**

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** If not included in seal/stamp.

130 B

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

~~3683 WINDMILL DRIVE~~ *5887 Campus Drive*

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 *23402*

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 Williamsburg signed hereunder or on the reverse COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>William Powell Jr</i> PRINT <i>William Powell Jr</i>	RESIDENCE <i>129 Drew Rd</i> CITY/TOWN <i>Wmbsg VA 2318</i>	<i>6/10/2018</i>	[REDACTED]
2.	SIGN <i>Bruce McMiller</i> PRINT <i>Bruce McMiller</i>	RESIDENCE <i>164 Marguerite Ave</i> CITY/TOWN <i>Wmbsg VA 23185</i>	<i>6/10/2018</i>	[REDACTED]
3.	SIGN <i>Crystal Davenport</i> PRINT <i>Crystal Davenport</i>	RESIDENCE <i>York 117 Weaver Rd.</i> CITY/TOWN <i>Wmbsg, Va. 23185</i>	<i>6/19/2018</i>	
4.	SIGN PRINT	RESIDENCE CITY/TOWN		
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

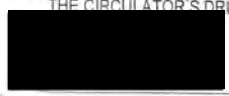
CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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	PRINT	CITY/TOWN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

Commonwealth of Virginia
 I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5507 Campus Drive in the State/Commonwealth of VA; 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.

160380579
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S

Shaun D. Brown
 SIGNATURE OF PERSON CIRCULATING THE PETITION



PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

State of Virginia County/City of Yorktown

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

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 10 day of June, 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**

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** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of York County 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 NOV, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Mildred Horne</u> PRINT Mildred Horne	RESIDENCE 310 Allen Harris Dr. CITY/TOWN Yorktown, VA 23692	6/4/2018	
2.	SIGN <u>Brian Hobson</u> PRINT Brian Hobson	RESIDENCE 249 CAPTAINS CT CITY/TOWN HPT, VA 23669	6/4/18	
3.	SIGN <u>CHRIS RYDER</u> PRINT CHRIS RYDER	RESIDENCE 308 YOUNG DR. CITY/TOWN Yorktown	4/5/18	
4.	SIGN <u>Igor Prokhorov</u> PRINT Igor Prokhorov	RESIDENCE 744 Louise Dr NW VA 23601 CITY/TOWN Yorktown VA	6/5/18	
5.	SIGN <u>Eleanor White</u> PRINT Eleanor White	RESIDENCE 207 Falcon Rd CITY/TOWN Yorktown VA 23690	6/5/18	
6.	SIGN <u>Kelly S Wood</u> PRINT Kelly S Wood	RESIDENCE 312 Shirley Rd CITY/TOWN Seaford VA 23396	6/5/18	

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 <i>[Signature]</i> PRINT Brent Buford	RESIDENCE 1200 Piccadilly Loop G CITY/TOWN Yorktown	6/5/18	
8.	SIGN <i>[Signature]</i> PRINT MONICA SWINTON	RESIDENCE PO Box 167 CITY/TOWN Yorktown	6/5/18	
9.	SIGN <i>[Signature]</i> PRINT Karen Bland	RESIDENCE 509 Brantmade Dr CITY/TOWN Yorktown VA 23693	6/5/18	
10.	SIGN <i>[Signature]</i> PRINT HANNA HARRIS	RESIDENCE 113 Walsley Ct CITY/TOWN Yorktown	6/5/18	
11.	SIGN <i>[Signature]</i> PRINT Logan S. Jarres	RESIDENCE 3900 Piccadilly Loop CITY/TOWN Yorktown	6/5/18	
12.	SIGN <i>[Signature]</i> PRINT Taylor Lowe	RESIDENCE 26 Embers Lane CITY/TOWN Williamsburg 23185	6/5/18	

Commonwealth of Virginia - **AFFIDAVIT** -
 I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5877 Campus Drive VA; in the County/City/Town of Yorktown; (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.

168 380579
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA

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 VA County/City of Yorktown

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

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

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 ** If not included in seal/stamp.

134B

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]

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of York County 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 10th day of Nov, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>[Signature]</u> PRINT <u>Celinda Schreier</u>	RESIDENCE <u>519 Sandpiper Cr.</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/5/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Shera M Schreier</u>	RESIDENCE <u>519 Sandpiper Cr</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/5/18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Donna K. Rhoades</u>	RESIDENCE <u>4225 Geo. Wash Mem Hwy Lot 23</u> CITY/TOWN <u>Yorktown, VA 23092</u>	<u>6/5/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>Kelli Gilchrest</u>	RESIDENCE <u>128 Barn Swallow Rdg</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/5/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>Gloria Merritt Robertson</u>	RESIDENCE <u>4358 Broadwood Rd</u> CITY/TOWN <u>3 Kingsly, Va 23188</u>	<u>6/6/18</u>	
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

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

Commonwealth of Virginia - **AFFIDAVIT** -
 I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5557 Campus Drive in the State/Commonwealth of VA; in the County/City/Town of Yorktown; (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 380579
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

Shaun D. Brown
 SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

State of Virginia County/City of Yorktown

The foregoing instrument was subscribed and sworn before me this 10 day of June, 20 18, by Shaun D. Brown
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

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 ** If not included in seal/stamp.

1358

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 5857 Camp 5 Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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, 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 <i>Ronald McCoy</i>	RESIDENCE <i>929-D Chimney Rd</i> CITY/TOWN <i>Portsmouth VA</i>	<i>6/12/18</i>	
2.	SIGN <i>[Signature]</i> PRINT <i>Camilla Ferber</i>	RESIDENCE <i>815 Liberal Art Ct</i> CITY/TOWN <i>Virginia Beach VA</i>	<i>6/12/18</i>	
3.	SIGN <i>[Signature]</i> PRINT <i>Sandra Wiley</i>	RESIDENCE <i>5602 DUDINGTON ST</i> CITY/TOWN <i>Virginia Beach, VA</i>	<i>6/12/18</i>	
4.	SIGN <i>[Signature]</i> PRINT <i>Marc T. Thornton</i>	RESIDENCE <i>1025 Norwich Ave</i> CITY/TOWN <i>Va Beach, VA</i>	<i>6/12/18</i>	
5.	SIGN <i>[Signature]</i> PRINT <i>Delon L. Nichols</i>	RESIDENCE <i>VA Beach, VA</i> CITY/TOWN	<i>6-12-18</i>	
6.	SIGN <i>[Signature]</i> PRINT <i>Natalia Valencia</i>	RESIDENCE <i>VA Beach 625 Kix Ln</i> CITY/TOWN <i>Va Beach</i>	<i>6/12/18</i>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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136A

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>[Signature]</i> PRINT <u>Lakeeta Goffigon</u>	RESIDENCE <u>650 Warwick Ave.</u> CITY/TOWN <u>Norfolk, VA 23508</u>	<u>6/11/18</u>	<u> </u>
8	SIGN <i>[Signature]</i> PRINT <u>Nina Goodale</u>	RESIDENCE <u>444 Wayman Rd</u> CITY/TOWN <u>Virginia Beach VA 23451</u>	<u>6/12/18</u>	
9	SIGN <i>[Signature]</i> PRINT <u>Kami Hines</u>	RESIDENCE <u>920 Townsend Dr.</u> CITY/TOWN <u>Virginia Beach, VA 23452</u>	<u>6/12/18</u>	
10	SIGN <i>[Signature]</i> PRINT <u>Hazel Turner</u>	RESIDENCE <u>4373 Bonney Rd</u> CITY/TOWN <u>Va Beach, VA 23452</u>	<u>6/12/18</u>	
11	SIGN <i>[Signature]</i> PRINT <u>Emily Labans</u>	RESIDENCE <u>219 52nd St.</u> CITY/TOWN <u>Virginia Beach VA</u>	<u>6/12/18</u>	
12	SIGN <i>[Signature]</i> PRINT <u>Denise A Mowry</u>	RESIDENCE <u>1104 Millway Ct</u> CITY/TOWN <u>VA Beh VA</u>	<u>6/12/18</u>	

Commonwealth of Virginia
 I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5887 Campus 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.

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of VA Beh

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 12 day of June, 2018, by Shaun D Brown
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

T60380579
 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

* 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.

134B

COMMONWEALTH OF VIRGINIA
**PETITION OF QUALIFIED
 VOTERS**

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE
852 ~~Levy Loop~~ 5587 Campus Drive

ENTER ABOVE, CITY/TOWN
Virginia Beach

ENTER ABOVE, OFFICE SOUGHT
House of Representatives

ENTER ABOVE, DISTRICT, IF APPLICABLE
2nd

ENTER ABOVE, ZIP + 4
23462
23454
69604

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Virginia Beach 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>Anwar Myles</u> PRINT <u>Anwar Myles</u>	RESIDENCE <u>5587 Campus Dr</u> CITY/TOWN <u>VA Beach, VA ²³⁴62</u>	<u>5/30/18</u>	—
2.	SIGN <u>Jackie Bowe</u> PRINT <u>Jackie Bowe</u>	RESIDENCE <u>1017 Fairlawn Ave</u> CITY/TOWN <u>VA Beach, VA ²³⁴54</u>	<u>6/9/18</u>	—
3.	SIGN <u>James Belin</u> PRINT <u>JAMES BELIN</u>	RESIDENCE <u>1505 Biddle Creek Blvd</u> CITY/TOWN <u>VA Beach, VA ²³⁴62</u>	<u>6/9/18</u>	—
4.	SIGN <u>Ernest E Gregory Jr</u> PRINT <u>Ernest E Gregory Jr</u>	RESIDENCE <u>1132 Orkney Dr</u> CITY/TOWN <u>VA Beach, VA ²³⁴64</u>	<u>6/9/18</u>	—
5.	SIGN <u>Laurice M Yam</u> PRINT <u>Laurice M Yam</u>	RESIDENCE <u>718 Weymouth Ct</u> CITY/TOWN <u>Virginia Beach ²³⁴62</u>	<u>6/9/18</u>	—
6.	SIGN <u>Aly B. Fentress</u> PRINT <u>Aly B. Fentress</u>	RESIDENCE <u>505 Treble Ct</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</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.

CONTINUED FROM REVERSE SIDE CANDIDATE NAME: Shaun D. Brown OFFICE SOUGHT: House of Representatives

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>Alexia Williams</u> PRINT <u>Alexia Williams</u>	RESIDENCE <u>1600 Atlantic Ave.</u> CITY/TOWN <u>Chesapeake, VA 23324</u>	<u>6/9/18</u>	
8.	SIGN <u>Emily V. Cross</u> PRINT <u>Emily V. Cross</u>	RESIDENCE <u>4604 Brantingham</u> CITY/TOWN <u>Va. Beach, VA 23416</u>	<u>6/9/18</u>	
9.	SIGN <u>Sybil Smith</u> PRINT <u>Sybil Smith</u>	RESIDENCE <u>734 Gemstone Lane</u> CITY/TOWN <u>VA. Beach, VA 23462</u>	<u>6/12/18</u>	
10.	SIGN <u>Shirley Campbell</u> PRINT <u>SHIRLEY CAMPBELL</u>	RESIDENCE CITY/TOWN <u>VA Beach Va</u>	<u>6/12/18</u>	
11.	SIGN <u>Brandon Jackson</u> PRINT <u>BRANDON JACKSON</u>	RESIDENCE <u>5633 Campus Dr</u> CITY/TOWN <u>VA BEACH, VA 23462</u>	<u>6/12/18</u>	
12.	SIGN <u>Margaret Blawie</u> PRINT <u>Margaret Blawie</u>	RESIDENCE <u>5633 Campus Dr</u> CITY/TOWN <u>VA BEACH VA 23462</u>	<u>6/12/18</u>	

Commonwealth of Virginia - AFFIDAVIT -

I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5887 Campus 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.

Shaun Brown
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of VA Beach

The foregoing instrument was subscribed and sworn before me this 12 day of June, 2019, by Shaun D. Brown
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

76038057

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

* 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.

1373

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

5887 Campus Drive

[Must be filed with Declaration of Candidacy]

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

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.

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

For a statewide office

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

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

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

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>[Signature]</u> PRINT <u>Mikah Blackwell</u>	RESIDENCE <u>130 S Fifth Street</u> CITY/TOWN <u>HAMPTON VA 23664</u>	<u>06/06/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Gerasus Daniels</u>	RESIDENCE <u>5900 West Hastings Arch</u> CITY/TOWN <u>Va Beach, VA 23462</u>	<u>6/12/18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Barbara Billups</u>	RESIDENCE <u>704 Trellisway Apt</u> CITY/TOWN <u>Va. Beach Va 23462</u>	<u>6/12/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>Farah Brunet</u>	RESIDENCE <u>5647 Dedington Ct</u> CITY/TOWN <u>Virginia Beach, VA 23462</u>	<u>6/12/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>Betty Woodhouse</u>	RESIDENCE <u>701 Hawkins</u> CITY/TOWN <u>VA. Beach VA</u>	<u>6/12/18</u>	
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

138A

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>Calvin M. Woodhouse</u> PRINT <u>Calvin M. Woodhouse</u>	RESIDENCE <u>701 Hawkins Lane</u> CITY/TOWN <u>Va. Beach Va. 23462</u>	<u>6/12/18</u>	
8.	SIGN <u>Maximo Cherry</u> PRINT <u>Matthew Cherry</u>	RESIDENCE <u>735 Geunster Ln</u> CITY/TOWN <u>D. B. 23602</u>	<u>6/12/18</u>	
9.	SIGN PRINT	RESIDENCE CITY/TOWN		
10.	SIGN PRINT	RESIDENCE CITY/TOWN		
11.	SIGN PRINT	RESIDENCE CITY/TOWN		
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia - AFFIDAVIT - T60380579

I, Shaun D Brown, swear or affirm that (i) my full residential address is 5887 Campus Drive in the State/Commonwealth of Virginia; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
NAME OF STATE THAT ISSUES THE CIRCULATOR'S DRIVER'S LICENSE
[REDACTED]

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

Shaun P. Brown
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Va Beach

The foregoing instrument was subscribed and sworn before me this 12 day of June, 20 18, by Shaun D. Brown

PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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 ** If not included in seal/stamp.

138B

SBE-506/521 REV 1.2013

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 *5887 Campus Drive*

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 *23462*

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of 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, 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>W. A. Vaughn</i> PRINT <i>Djataan A. Vaughan</i>	RESIDENCE <i>5762 El Hastings Arch</i> CITY/TOWN <i>Va. Beach, VA 23462</i>	<i>6/12/18</i>	
2.	SIGN <i>Carmen Avery</i> PRINT <i>CARMEN AVERY</i>	RESIDENCE <i>5421 Trumpet Vile Ln</i> CITY/TOWN <i>VA Beach, VA 23462</i>	<i>6/12/18</i>	
3.	SIGN <i>Kevin Owens</i> PRINT <i>KEVIN OWENS</i>	RESIDENCE <i>425 Shellen Drive</i> CITY/TOWN <i>VA Beach, VA 23462</i>	<i>6/12/18</i>	
4.	SIGN <i>Sunannah Sere-Khata</i> PRINT <i>Sunannah Sere-Khata</i>	RESIDENCE <i>5640 Summit Arch</i> CITY/TOWN <i>Va Beach, VA 23462</i>	<i>6-12-18</i>	
5.	SIGN <i>Willia Mitchell</i> PRINT <i>Willia Mitchell</i>	RESIDENCE CITY/TOWN		
6.	SIGN <i>Tanya Shadley</i> PRINT <i>Tanya Shadley</i>	RESIDENCE <i>5873 Pickering St.</i> CITY/TOWN <i>VA Beach, VA 23462</i>	<i>6/12/18</i>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>Derrick Paramore</u> PRINT <u>Derrick Paramore</u>	RESIDENCE <u>5008 Arvida Ct</u> CITY/TOWN <u>Virginia Beach, VA</u>	<u>6/12/18</u>	
8.	SIGN <u>Jamarcia Allen</u> PRINT <u>Jamarcia Allen</u>	RESIDENCE <u>5507 Amhurst Court</u> CITY/TOWN <u>VA Beach, VA 23462</u>	<u>6/12/18</u>	
9.	SIGN <u>Deborah McKinney</u> PRINT <u>Deborah McKinney</u>	RESIDENCE <u>5972 Margate Ave</u> CITY/TOWN <u>Va. Beach Va</u>	<u>6/12/18</u>	
10.	SIGN <u>Alexander Jones</u> PRINT <u>Alexander Jones</u>	RESIDENCE <u>5478 Beckminton Ln</u> CITY/TOWN <u>Va Beach VA 23462</u>	<u>6/12/18</u>	
11.	SIGN <u>Maria Cristina V.</u> PRINT <u>Maria Cristina V.</u>	RESIDENCE <u>5930 Walsings 23462</u> CITY/TOWN <u>Virginia Beach 6/12/18</u>		
12.	SIGN <u>Regina P. Moody</u> PRINT <u>Regina P. Moody</u>	RESIDENCE <u>437 Lineberger Rd</u> CITY/TOWN <u>VA Beach VA 23452</u>	<u>6/12/18</u>	

Commonwealth of Virginia - AFFIDAVIT.
 I, Shaun P. Brown, swear or affirm that (i) my full residential address is 5857 Campus 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.

T60380579
 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 VA Beach

The foregoing instrument was subscribed and sworn before me this 12 day of June, 20 18, by Shaun P. 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**

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 ** If not included in seal/stamp.

139B

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

3683 WINDMILL DRIVE *5887 Campus Drive*

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 *23462*

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

Virginia Beach
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 <i>Shirley M Jones</i>	RESIDENCE <i>5722 Hampshire Ln</i> CITY/TOWN <i>Virginia Beach</i>	<i>6/12/18</i>	
2.	SIGN <i>[Signature]</i> PRINT <i>Jamarc Simmons</i>	RESIDENCE <i>5717 E Hastings Arch</i> CITY/TOWN <i>Virginia Beach</i>	<i>6/12/18</i>	
3.	SIGN <i>[Signature]</i> PRINT <i>Herbert Billings</i>	RESIDENCE <i>704 Teller Way</i> CITY/TOWN <i>VA Beach VA</i>	<i>6/12/18</i>	
4.	SIGN <i>[Signature]</i> PRINT <i>DIAN ROBERTS</i>	RESIDENCE <i>5848 E HASTINGS ARCH</i> CITY/TOWN <i>VA Beach VA</i>	<i>6/12/18</i>	
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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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	RESIDENCE		
	PRINT	CITY/TOWN		
8.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5557 Campus 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

Shaun P. Brown
 SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

State of Virginia County/City of VA Beach

The foregoing instrument was subscribed and sworn before me this 12 day of June, 2018, by Shaun D. Brown
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

Shree F. Green SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS
7643635 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.

140B

Shaun D. Brown

ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]
 3683 Windmill Drive 3887 Campus Drive
 ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE
 Virginia Beach, VA 23462
 ENTER ABOVE, CITY/TOWN
 House of Representatives 2nd
 ENTER ABOVE, OFFICE SOUGHT
 ENTER ABOVE, DISTRICT, IF APPLICABLE

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of _____ 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 <i>Annie Oliver</i> PRINT Annie Oliver	RESIDENCE 5505 Sadie Lane CITY/TOWN Virginia Beach	6-12-2018	
2.	SIGN <i>Malinda Simms</i> PRINT Malinda Simmons	RESIDENCE 5426 Woburn LA CITY/TOWN Virginia Beach VA	6/12/2018	
3.	SIGN <i>Tanene L. Cornish</i> PRINT Tanene L. Cornish	RESIDENCE 704 Prospect Ct CITY/TOWN VA Beach, VA	6/12/18	
4.	SIGN <i>Tiffany Colvin Smith</i> PRINT Tiffany Colvin Smith	RESIDENCE 5441 Kattleston Ct CITY/TOWN VA Beach, VA	6/12/18	
5.	SIGN <i>Diane E Woodhouse</i> PRINT DIANE E Woodhouse	RESIDENCE 216 NARRIS ST CITY/TOWN VA Beach VA 23462	6-12-18	
6.	SIGN <i>Michael Carter Hill</i> PRINT MICHAEL CARTER HILL	RESIDENCE 426 PEREGRINE ST CITY/TOWN V.A BEACH 23462	6-12-18	

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.

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CONTINUED FROM REVERSE SIDE **CANDIDATE NAME:** Shaun D. Brown **OFFICE SOUGHT:** House of Representatives

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>Shaun A Davis</u> PRINT <u>Shaun A Davis</u>	RESIDENCE <u>314 Harrier Street</u> CITY/TOWN <u>Va. Beach, VA 23462</u>	<u>6/12/18</u>	
8.	SIGN <u>Saundra M Lee</u> PRINT <u>Saundra M Lee</u>	RESIDENCE <u>5340 Summer Pr</u> CITY/TOWN <u>VA. Beach V. 23462</u>	<u>4/12/18</u>	
9.	SIGN <u>Kelly A woods</u> PRINT <u>Kelly A woods</u>	RESIDENCE <u>5409 Port Royal Dr</u> CITY/TOWN <u>Va Beach Va 23462</u>	<u>4/12/18</u>	
10.	SIGN <u>Mary Denson</u> PRINT <u>Mary Denson</u>	RESIDENCE <u>5413 Port Royal Dr</u> CITY/TOWN <u>Va. Beach, Va. 23462</u>	<u>6-12-18</u>	
11.	SIGN <u>Vivian T. Malbon</u> PRINT <u>Vivian T. Malbon</u>	RESIDENCE <u>5100 Dandy Ct.</u> CITY/TOWN <u>Va. Beach, Va 23462</u>	<u>6-12-18</u>	
12.	SIGN <u>Barbara G. Caswell</u> PRINT <u>BARBARA G. Caswell</u>	RESIDENCE <u>449 Adkins Avale</u> CITY/TOWN <u>va Beach, VA 23462</u>	<u>4/12/18</u>	

Commonwealth of Virginia

- AFFIDAVIT -

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

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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 Virginia County/City of VA Beach

The foregoing instrument was subscribed and sworn before me this 12 day of June, 20 18, by

PRINT NAME OF PERSON CIRCULATING THE PETITION

7643635 5/31/19

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS: _____ NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

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 ** If not included in seal/stamp.

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