

# 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 2<sup>ND</sup>**

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

VA Beach/Norfolk signed hereunder or on the reverse  
COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 6 day of Nov, 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 <i>[Signature]</i> PRINT Craig A. Grube	RESIDENCE 8KK 5 Atlantic Ave CITY/TOWN VB VA 23451	6/4/18	
2.	SIGN <i>[Signature]</i> PRINT William E. Hart III	RESIDENCE 137 East Chester St. CITY/TOWN Norfolk, VA 23503	6/6/18	
3.	SIGN <i>[Signature]</i> PRINT Amelia N. Ross-Hammond	RESIDENCE 4008 Spindle Crossing CITY/TOWN Virginia Beach, VA 23455	6/2/18	
4.	SIGN  PRINT	RESIDENCE  CITY/TOWN		
5.	SIGN  PRINT	RESIDENCE  CITY/TOWN		
6.	SIGN  PRINT	RESIDENCE  CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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142A



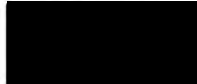
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	PRINT	CITY/TOWN		
8.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

*Commonwealth of Virginia* **-AFFIDAVIT-**  
 I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5587 Campus Drive VA Virginia Beach 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.

760380579  
 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

  
 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 11 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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142B

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ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453** <sup>23462</sup>

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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For a statewide office

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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

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General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 6<sup>th</sup> 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 <i>[Signature]</i> PRINT <u>CHRISTOPHER GOODMAN</u>	RESIDENCE <u>1113 SPINDLE CROSSING</u> CITY/TOWN <u>VA BEACH, VA 23455</u>	<u>6-10-18</u>	
2.	SIGN <i>[Signature]</i> PRINT <u>SHARON JONES</u>	RESIDENCE <u>5511 FINESPUR LANE</u> CITY/TOWN <u>VA BEACH, VA 23455</u>	<u>6-12-18</u>	
3.	SIGN <i>[Signature]</i> PRINT <u>GAURE FORD</u>	RESIDENCE <u>5564 QUANTERPATH</u> CITY/TOWN <u>VIRGINIA BEACH VA 23455</u>	<u>6-12-18</u>	
4.	SIGN <i>[Signature]</i> PRINT <u>ERIK CONYERS</u>	RESIDENCE <u>5925 TAZO AVE</u> CITY/TOWN <u>VIRGINIA BEACH</u>	<u>6-12-18</u> <u>23455</u>	
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Stephanie Sterner, swear or affirm that (i) my full residential address is 113 Shaman Cres, APT #202 Virginia Beach, VA 23455 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.

T63145605  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
Virginia  
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S

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 Virginia Beach  
 The foregoing instrument was subscribed and sworn before me this 12 day of June, 2018, by Stephanie Sterner  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

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143 B



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**VIRGINIA BEACH, VA 23453** *23462*

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ENTER ABOVE, ZIP + 4

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

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	1. SIGN <i>Maggie Warren</i>	RESIDENCE <i>Edwardian Ct.</i>	<i>6/8/18</i>	
	PRINT <i>Melanie Warren</i>	CITY/TOWN <i>Virginia Beach VA</i>	<i>2455</i>	
	2. SIGN <i>Ka Uy</i>	RESIDENCE <i>406 27th St Apt. C</i>	<i>6/8/18</i>	
	PRINT <i>Kevin DeSousa</i>	CITY/TOWN <i>Va Beach, VA</i>	<i>23455</i>	
	3. SIGN <i>[Signature]</i>	RESIDENCE <i>4621 Savoy Ct</i>	<i>6/8/18</i>	
	PRINT <i>[Name]</i>	CITY/TOWN <i>N. Beach VA</i>	<i>23455</i>	
	4. SIGN <i>Bernard A. Peatulla</i>	RESIDENCE <i>4608 SAVOY CT</i>	<i>6/9/18</i>	
	PRINT <i>BERNARD PEATULLA</i>	CITY/TOWN <i>V. Beach VA</i>	<i>23455</i>	
	5. SIGN <i>Sakelia Costello</i>	RESIDENCE <i>512 Grantham</i>	<i>6/11/18</i>	
	PRINT <i>[Name]</i>	CITY/TOWN <i>Norfolk Virginia</i>		
	6. SIGN <i>Carolyn Caywood</i>	RESIDENCE <i>823 St. James Drive</i>	<i>6/11/18</i>	
	PRINT <i>Carolyn Caywood</i>	CITY/TOWN <i>Virginia Beach Virginia</i>		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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*144A*



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7.	SIGN <u>Kenta A Robison</u> PRINT KENTA A Robison	RESIDENCE 620 SPOONER RD VA BEACH 23462	6-12-2018	[REDACTED]
8.	SIGN <u>Jessica Davis</u> PRINT JESSICA DAVIS	RESIDENCE 4466 Edwaredian Ct CITY/TOWN VA Beach VA 23455	6/12/18	[REDACTED]
9.	SIGN <u>William Matthews</u> PRINT William Matthews	RESIDENCE 4945 Westshore CITY/TOWN VA Beach VA 23455	6/12/18	[REDACTED]
10.	SIGN <u>Roger Dubitz</u> PRINT ROGER DUBITZ	RESIDENCE 811 TUNISON DR CITY/TOWN VA BEACH	6/12/18	[REDACTED]
11.	SIGN <u>William Hyma</u> PRINT William Hyma	RESIDENCE 106 / NORWICH AVE CITY/TOWN VA BEACH VA 23455	6/12/18	[REDACTED]
12.	SIGN <u>Jacqueline Broughton</u> PRINT Jacqueline Broughton	RESIDENCE 5518 Campus CITY/TOWN Virginia Beach 23462	6/12/18	[REDACTED]

Commonwealth of Virginia - AFFIDAVIT.

I, Stephanie Sternal, swear or affirm that (i) my full residential address is 913 Shagan Cres. Apt 2 in the State/Commonwealth 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.

T63145603  
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 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE  
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

Stephanie Sternal  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Virginia Beach

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW  
**SHREE F. GREEN**  
 NOTARY PUBLIC  
 REG. #7643635  
 COMMONWEALTH OF VIRGINIA  
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Shree F. Green SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS  
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	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]			
1.	SIGN <i>[Signature]</i> PRINT MICHAEL CORNETTE	RESIDENCE 919 SHAMAN CRES CITY/TOWN VA BEACH 23456-101	6-6-18	
2.	SIGN <i>[Signature]</i> PRINT Anthony C. Packer	RESIDENCE 4641 SCHOCT CITY/TOWN VA BEACH 23455	6-6-18	
3.	SIGN <i>[Signature]</i> PRINT David Lawrence	RESIDENCE 4633 Soho Ct CITY/TOWN VA Beach 23462	6-6-18	
4.	SIGN <i>[Signature]</i> PRINT Adrian Terrazas	RESIDENCE 4031 Soho Ct. CITY/TOWN VA Beach 23450	6-6-18	
5.	SIGN <i>[Signature]</i> PRINT Xavier Burrell	RESIDENCE 5006 Bandbrook CT CITY/TOWN VA BEACH 23452	6-6-18	
6.	SIGN <i>[Signature]</i> PRINT LeVar Richardson	RESIDENCE VA Beach 23452 CITY/TOWN 4686 Soho Ct.	6-6-18	

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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 <i>Sara Heller</i> PRINT <i>Sara Heller</i>	RESIDENCE 1320 Mont Rd 23151 CITY/TOWN Virginia Beach	6/6/18	
8	SIGN <i>Susan Sullivan</i> PRINT <i>SUSAN SULLIVAN</i>	RESIDENCE 4607 BLACKWATER CITY/TOWN VA BEACH VA	6/7/18	
9	SIGN <i>Susan McCabe</i> PRINT <i>SUSAN MCCABE</i>	RESIDENCE 4631 Blackwater CITY/TOWN VA Beach VA 23455	6/7/18	
10	SIGN <i>Dan Metcalf</i> PRINT <i>Dan Metcalf</i>	RESIDENCE 4607 Education CITY/TOWN VA Beach VA 23452	6/7/18	
	SIGN <i>Joseph Pierre</i> PRINT <i>Joseph Pierre</i>	RESIDENCE 735 Emerald Lake Dr. VA Beach-VA CITY/TOWN 23455 June 8-18		
12	SIGN <i>Tod Black</i> PRINT <i>Tod Black</i>	RESIDENCE 4737 wintermead CITY/TOWN VA Beach 23455	6/8/18	

Commonwealth of Virginia - AFFIDAVIT -  
 I, Stephanie Sterner, swear or affirm that (i) my full residential address is 913 Shaman Cres, Apt #301, Virginia Beach, 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.

T53145608  
 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

*Stephanie Sterner*  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Virginia Beach

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

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

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

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

145B



# 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** *3887 Campus Drive*

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453** *23402*

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 6<sup>th</sup> day of 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.	<i>[Signature]</i> PRINT <u>Zack McDaniel</u>	RESIDENCE <u>4749 Windermere Court</u> CITY/TOWN <u>Virginia Beach 23455 018</u>		
2.	<i>[Signature]</i> PRINT <u>William Kimball</u>	RESIDENCE <u>2719 Watercrest</u> CITY/TOWN <u>Virginia Beach 23455</u>	<u>6/8</u>	
3.	<i>[Signature]</i> PRINT <u>LaMone Cleaton</u>	RESIDENCE <u>4748 Windermere Court</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/8</u>	
4.	<i>[Signature]</i> PRINT <u>Courtney Robinson</u>	RESIDENCE <u>4748 Windermere Ct Apt 102</u> CITY/TOWN <u>VA Beach 23455</u>	<u>6/8</u>	
5.	<i>[Signature]</i> PRINT <u>Demelle Wright</u>	RESIDENCE <u>4740 Windermere Ct Apt 203</u> CITY/TOWN <u>Virginia Beach, VA</u>	<u>June 8 23455</u>	
6.	<i>[Signature]</i> PRINT <u>MARGARET CURRY</u>	RESIDENCE <u>4740 WINDERMERE 23455</u> CITY/TOWN <u>VIRGINIA BCh, VA 6-8-18</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.

*146 A*



**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>Mh</i> PRINT Maria Osborn	RESIDENCE 704 Moraine Ct Apt 202 CITY/TOWN VA Beach, VA 23455	6/8/18	
8.	SIGN <i>G Sullivan</i> PRINT Cristine Sullivan	RESIDENCE 2104 Taylor Rd CITY/TOWN VA Beach VA 23453	6/8/18	
9.	SIGN <i>Daniel Holland</i> PRINT Daniel Holland	RESIDENCE 4682 Edwardian Ct CITY/TOWN VA-Beach, VA, 23455	6/8/18	
10.	SIGN <i>John Jones</i> PRINT John Jones	RESIDENCE 4658 Edwardian Ct CITY/TOWN VA Beach VA 23455	6/8/18	
11.	SIGN <i>Daniel A. Rebrum</i> PRINT Daniel A. Rebrum	RESIDENCE 4662 Edwardian Ct CITY/TOWN Virginia Beach VA 23455	6/8/18	
12.	SIGN <i>Martina Brewer</i> PRINT MARTINA BREWER	RESIDENCE 4654 EDWARDIAN CT CITY/TOWN VA Beach 23455	6/8/18	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Stephanie Gerald, swear or affirm that (i) my full residential address is 913 Shaman Cross Apt 202 in the State/ Commonwealth of Virginia; (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.

T62145605

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

State of Virginia County/City of Virginia Beach

**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 2 day of June, 2018, by Stephanie Gerald  
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

146B



# SHAUN D. BROWN

## 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 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>Frederick W Dsgood</i> PRINT FREDERICK W DSGOOD	RESIDENCE 1208 FRESHOLD CLOSE CITY/TOWN VA BEACH, VA	6/12/18	[REDACTED]
2.	SIGN PRINT	RESIDENCE CITY/TOWN		
3.	SIGN PRINT	RESIDENCE CITY/TOWN		
4.	SIGN PRINT	RESIDENCE CITY/TOWN		
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

SBE-506/521 REV 1.2013

*1A7A*



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 PRINT	RESIDENCE CITY/TOWN		
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		

**- AFFIDAVIT -**

I, Matthew Morales, swear or affirm that (i) my full residential address is 669 Forest Glen 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.

T67274109  
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

Matthew Morales  
SIGNATURE OF PERSON CIRCULATING THE PETITION

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

State of Virginia County/City of Virginia Beach  
The foregoing instrument was subscribed and sworn before me this 12th day of June, 2018, by Matthew Morales  
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\*\*

\* 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.

1473



# 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**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23462**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 12 day of January, 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>Lauren Rogers</u> PRINT Lauren Rogers	RESIDENCE <u>64 Challenger Ave</u> CITY/TOWN <u>Hampton, VA</u>	<u>6/12</u> 2018	
2.	SIGN <u>Wayne Milton</u> PRINT WAYNE MILTON	RESIDENCE <u>102 Pottick Run</u> CITY/TOWN <u>YORKTOWN, VA</u>	<u>6/12</u> 2018	
3.	SIGN <u>Patricia Barker</u> PRINT PATRICIA BARKER	RESIDENCE <u>308 BRENTMEADE DR</u> CITY/TOWN <u>YORKTOWN VA</u>	<u>6/12</u> 2018	
4.	SIGN <u>Robin Milewski</u> PRINT Robin Milewski	RESIDENCE <u>207 Coinjock Ave</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/12</u> 2018	
5.	SIGN <u>Aloncia C Moore</u> PRINT Aloncia C Moore	RESIDENCE <u>415 Corys Chapel Rd</u> CITY/TOWN <u>Yorktown VA</u>	<u>6/12</u> 2018	
6.	SIGN <u>Jaqueline G Helson</u> PRINT Jacquiline G Helson	RESIDENCE CITY/TOWN	<u>6/12</u> 2018	

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 <i>Corine E. Williams</i> PRINT Corine E. Williams	RESIDENCE 301 Brentmeade Dr. CITY/TOWN Yorktown VA 23693	6/12	
8.	SIGN <i>Winston Lamb</i> PRINT Winston Lamb	RESIDENCE 5558 LYNBROOK HAVEN CITY/TOWN VA BEACH VA 23462	6/12	
9.	SIGN <i>Dennis C. Carrel</i> PRINT DENNIS C. CARREL	RESIDENCE 205 KANAWHA DR CITY/TOWN YORKTOWN VA 23690	6/12	
10.	SIGN <i>Willie Thomas</i> PRINT Willie Thomas	RESIDENCE YORKTOWN VA 23693 CITY/TOWN 415 MANSION RD	6/12	
11.	SIGN <i>Therese Weston</i> PRINT THERESE WESTON	RESIDENCE 107 CHILLWICK PT CITY/TOWN YORKTOWN, VA	12 JUNE 18	
12.	SIGN <i>L.L. Blackfield</i> PRINT L.L. BLACKFIELD	RESIDENCE 102 POTOMAC ROW CITY/TOWN YORKTOWN	JUNE 12 18	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Linda R. Wiggins, swear or affirm that (i) my full residential address is 806 Constance Dr. Apt D in the State/Commonwealth of VA; in the County/City/Town of Newport News; (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.

762156293

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

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

State of Virginia County/City of Yorktown

The foregoing instrument was subscribed and sworn before me this 12 day of June, 2018, by

Linda R. Wiggins  
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.

148B



# 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 2<sup>ND</sup>**

For a statewide office

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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]


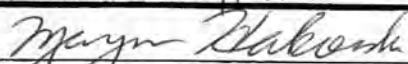
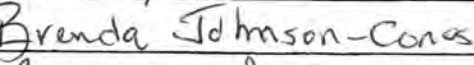

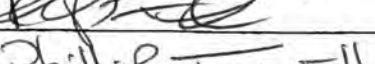
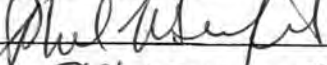
General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 26 day of JUNE NOV., 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN  PRINT Robert Clayton	RESIDENCE 104 Kayla Ct CITY/TOWN Yorktown	6/12	
2.	SIGN  PRINT Maryann Hukawski	RESIDENCE 706 Robin Hood Dr. CITY/TOWN Yorktown, VA 23693	6/12	
3.	SIGN  PRINT Brenda Johnson Cox	RESIDENCE 207 Clydesdale DR CITY/TOWN Yorktown, VA	6/12	
4.	SIGN  PRINT Tammy Tenney	RESIDENCE 561 Melvin Dr CITY/TOWN Yorktown VA 23693	6-12-18	
5.	SIGN  PRINT Phillip FANNELL	RESIDENCE 121 Prince Arthur Dr CITY/TOWN Yorktown VA 23693	6-12-18	
6.	SIGN  PRINT Phil LENFANT	RESIDENCE Yorktown VA CITY/TOWN 300 Kanawha Run	6-12-18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
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OFFICE USE ONLY ▼	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>George Hopson</u> PRINT <u>George Hopson</u>	RESIDENCE <u>1401 Cragg Chapel</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>6/12/18</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>Ronald W. Jones</u>	RESIDENCE <u>202 Matheaux Run</u> CITY/TOWN <u>Yorktown</u>	<u>6/12/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>John C Bryant</u>	RESIDENCE <u>2120 Sparrow Rd</u> CITY/TOWN <u>Chesapeake VA</u>	<u>6/12/18</u>	
10.	SIGN <u>Kyle Benson</u> PRINT <u>Kyle Benson</u>	RESIDENCE <u>117 Tuckahoe Trace</u> CITY/TOWN <u>Yorktown VA</u>	<u>6-12-18</u>	
11.	SIGN <u>Anna Morris</u> PRINT <u>Anna Morris</u>	RESIDENCE <u>225 Reverend Circle</u> CITY/TOWN <u>Yorktown VA</u>	<u>6-12-18</u>	
12.	SIGN <u>Michele &amp; Jeff</u> PRINT <u>Michele &amp; Jeff</u>	RESIDENCE <u>106 Chippokes Turn</u> CITY/TOWN <u>Yorktown VA</u>	<u>6-12-18</u>	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Linda R. Wiggins, swear or affirm that (i) my full residential address is 806 Constance Dr. Apt. D in the State/Commonwealth of VA; in the County/City/Town of Newport News; (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.

T62156293

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE

SIGNATURE OF PERSON CIRCULATING THE PETITION

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 Yorktown

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

Linda R. Wiggins  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

149 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]

**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 2<sup>ND</sup>**

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 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 12<sup>th</sup> day of Hampton VA, 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>Marian Marn</u> PRINT <u>MARIAN MARN</u>	RESIDENCE <u>125 PRINCE ARTHUR</u> CITY/TOWN <u>Yorktown VA</u>	<u>6/12/18</u>	
2.	SIGN <u>Shirley Rose</u> PRINT <u>Shirley Rose</u>	RESIDENCE <u>105 Knoll Crest</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/12/18</u>	
3.	SIGN <u>Chris Sanders</u> PRINT <u>Chris Sanders</u>	RESIDENCE <u>102 Nottaway Turn</u> CITY/TOWN <u>Yorktown VA</u>	<u>6/12/18</u>	
4.	SIGN <u>G.D. H. Dunn</u> PRINT <u>G.D. H. Dunn</u>	RESIDENCE <u>1040 Camden Hwy</u> CITY/TOWN <u>YORKTOWN VA 23693</u>	<u>6-12-18</u>	
5.	SIGN <u>Lily Adams</u> PRINT <u>Lily Adams</u>	RESIDENCE <u>26 DAKWOOD DR</u> CITY/TOWN <u>YORKTOWN VA</u>	<u>6-12-18</u>	
6.	SIGN <u>James H. Ellis</u> PRINT <u>JAMES H ELLIS</u>	RESIDENCE <u>100 OCEANVIEW LANE</u> CITY/TOWN <u>YORKTOWN, VA</u>	<u>6-12-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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150A



**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>Elsie Richardson</u> PRINT <u>Elsie Richardson</u>	RESIDENCE <u>121 PRINCE AVE</u> CITY/TOWN <u>YORKTOWN VA 23693</u>	<u>6/12/18</u>	
8.	SIGN <u>Thelma B. Lovett</u> PRINT <u>Thelma B. Lovett</u>	RESIDENCE <u>313 Camp Chapel Rd</u> CITY/TOWN <u>Yorktown, Va. 23693</u>	<u>6/12/18</u>	
9.	SIGN <u>Charles Klog</u> PRINT <u>Charles Klog</u>	RESIDENCE <u>11 Willowood #104</u> CITY/TOWN <u>YORKTOWN VA 23692</u>	<u>6/12/18</u>	
10.	SIGN <u>Michael Kays</u> PRINT <u>Michael Kays</u>	RESIDENCE <u>106 Aceona Terrace</u> CITY/TOWN <u>Yorktown VA</u>	<u>7/8/18</u>	
11.	SIGN <u>Marilyn R. Foster</u> PRINT <u>Marilyn R. Foster</u>	RESIDENCE <u>109 WHITE COBBLE LN</u> CITY/TOWN <u>YORKTOWN VA</u>	<u>6/12/18</u>	
12.	SIGN <u>Nalina Katroyake</u> PRINT <u>Nalina Katroyake</u>	RESIDENCE <u>Yorktown, VA</u> CITY/TOWN <u>26 Oakwood #201</u>	<u>6/12/18</u>	

Commonwealth of Virginia - **AFFIDAVIT.**  
 I, Linda R. Wiggins, swear or affirm that (i) my full residential address is 806 Constance Dr. Apt D in the State/Commonwealth of VA; in the County/City/Town of Newport News; (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.

T62156293  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
Virginia  
 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE  
 CIRCULATOR'S LAST 4 DIGIT 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

Linda R. Wiggins  
 SIGNATURE OF PERSON CIRCULATING THE PETITION  
 State of VA County/City of Yorktown  
 The foregoing instrument was subscribed and sworn before me this 12 day of June, 20 18, by Linda R. Wiggins  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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 \*\* If not included in seal/stamp.  
150B  
 SBE-506/521 REV 1.2013



# 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**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23462**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 12<sup>th</sup> day of JUNE NOR, 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>Lon Run</u> PRINT <u>LARRY LAWTON</u>	RESIDENCE <u>505 MANSION RD</u> CITY/TOWN <u>YORK VA</u>	<u>6-12-18</u>	
2.	SIGN <u>Robert Clayton</u> PRINT <u>Robert Clayton</u>	RESIDENCE <u>104 KOKLA CI</u> CITY/TOWN <u>YORKTOWN VA 23693</u>	<u>6-12-18</u>	
3.	SIGN <u>Jessica Harmon</u> PRINT <u>Jessica Harmon</u>	RESIDENCE <u>516 Brentmeade</u> CITY/TOWN <u>Yorktown</u>	<u>6-12-18</u>	
4.	SIGN <u>Charles Casey</u> PRINT <u>Charles Casey</u>	RESIDENCE <u>702 W. Bristol Ln</u> CITY/TOWN <u>Yorktown</u>	<u>6-12-18</u>	
5.	SIGN <u>Joyce Fannell</u> PRINT <u>Joyce Fannell</u>	RESIDENCE <u>121 Prince Arthur</u> CITY/TOWN <u>YORKTOWN</u>	<u>6-12-18</u>	
6.	SIGN <u>Adrian Garcia</u> PRINT <u>Adrian Garcia</u>	RESIDENCE <u>12 Riley Dr.</u> CITY/TOWN <u>Hampton</u>	<u>6-12-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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1501 A



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7.	SIGN <u>Ryan Wallace-Hopson</u> PRINT <u>Ryan Wallace Hopson</u>	RESIDENCE <u>1401 Camps Chapel RD</u> CITY/TOWN <u>Yorktown, VA 23693</u>	<u>6/12/18</u>	
8.	SIGN <u>Joseph Yooe</u> PRINT <u>Joseph Yooe</u>	RESIDENCE <u>104 Hatcher Ct.</u> CITY/TOWN <u>Yorktown</u>	<u>6/12/18</u>	
9.	SIGN <u>Susan Kopezysk</u> PRINT <u>SHUAN Kopezysk</u>	RESIDENCE <u>402 Derby Run</u> CITY/TOWN <u>Yorktown 23693</u>	<u>6/12/18</u>	
10.	SIGN <u>Joseph Schroeder</u> PRINT <u>Joseph Schroeder</u>	RESIDENCE <u>6025 Telford Rd</u> CITY/TOWN <u>Newport News VA 23603</u>	<u>6/12/18</u>	
11.	SIGN <u>Russell E. Payne</u> PRINT <u>Russell E. Payne</u>	RESIDENCE <u>311 Peachtree Ln</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>6/12/18</u>	
12.	SIGN <u>Cynthia S. Benson</u> PRINT <u>Cynthia S Benson</u>	RESIDENCE <u>117 Tuckahoe</u> CITY/TOWN <u>Yorktown</u>	<u>6/12/18</u>	

Commonwealth of Virginia - **AFFIDAVIT.**  
 I, Linda R. Wiggins, swear or affirm that (i) my full residential address is 806 Constance Dr Apt D in the State/Commonwealth of VA; in the County/City/Town of Newport News; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

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 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER LICENSE  
 [REDACTED]  
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PLACE PHOTOGRAPHICALLY REPRODUCIBLE  
 NOTARY SEAL/STAMP BELOW  
**SHREE F. GREEN**  
 NOTARY PUBLIC  
 REG. #7643635  
 COMMONWEALTH OF VIRGINIA  
 MY COMMISSION EXPIRES MAY 31, 2019

Linda R. Wiggins  
 SIGNATURE OF PERSON CIRCULATING THE PETITION  
 State of VA County/City of Yorktown  
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[Signature]  
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151B



# SHAUN D. BROWN

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**5887 Campus Drive**

[Must be filed with Declaration of Candidacy]

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**VIRGINIA BEACH, VA 23462**

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ENTER ABOVE, ZIP + 4

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

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ENTER ABOVE, DISTRICT, IF APPLICABLE

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

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**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>Christian Farnell</u> PRINT Christian Farnell	RESIDENCE <u>121 Prince Arthur Dr</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/12/18</u>	
2.	SIGN <u>Shirley Bind</u> PRINT Shirley Bind	RESIDENCE <u>113 Tinnette rd</u> CITY/TOWN <u>Yorktown VA 23695</u>	<u>6/12/18</u>	
3.	SIGN <u>Jennifer Richardson</u> PRINT Jennifer Richardson	RESIDENCE <u>511 S Boundary St</u> CITY/TOWN <u>Williamsburg</u>	<u>6-12-18</u>	
4.	SIGN <u>Isaeanette Grase</u> PRINT Isaeanette Grase	RESIDENCE <u>205 St. George Ave</u> CITY/TOWN <u>YORKTOWN, VA 23693</u>	<u>6/12/18</u>	
5.	SIGN <u>Blanche Dula</u> PRINT Blanche Dula	RESIDENCE <u>107 Kirby Lane</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>4/12/18</u>	
6.	SIGN <u>Thomas Hall</u> PRINT Thomas Hall	RESIDENCE <u>283 Meherrin Run</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>6/12/18</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.

152A



**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 LARISSA RATNAYAKE	RESIDENCE 216 OAKWOOD DR #201 CITY/TOWN YORKTOWN VA	6/12/18	
8.	SIGN <i>[Signature]</i> PRINT Elizabeth Broderick	RESIDENCE 107 Sandalwood CITY/TOWN YORKTOWN VA	6/12/18	
9.	SIGN <i>[Signature]</i> PRINT Pamela Rodgers	RESIDENCE 415 Mansion RD CITY/TOWN Yorktown VA 23693	6/12/18	
10.	SIGN <i>[Signature]</i> PRINT Marion T. Keese	RESIDENCE 107 Hartley Way CITY/TOWN Yorktown VA 23693	6/12/18	
11.	SIGN <i>[Signature]</i> PRINT MICHAEL REESE	RESIDENCE 4440 BARKINGDOLL DR CITY/TOWN VIRGINIA BEACH, VA 23462	6/12/18	
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Linda R. Wiggins, swear or affirm that (i) my full residential address is 806 Constance Dr. Apt. D 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.

T62156293

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE

*[Signature]*  
SIGNATURE OF PERSON CIRCULATING THE PETITION

**NOTARY SEAL/GIVEN**  
NOTARY PUBLIC  
REG. #7643635  
COMMONWEALTH OF VIRGINIA  
MY COMMISSION EXPIRES MAY 31, 2019

State of VA County/City of Yorktown

The foregoing instrument was subscribed and sworn before me this 12 day of June, 20 19, by

Linda R. Wiggins  
PRINT NAME OF PERSON CIRCULATING THE PETITION

*[Signature]*

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

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

152B



# 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 2<sup>ND</sup>**

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 6<sup>th</sup> day of 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>Shaynte Wallace</i> PRINT Shaynte Wallace	RESIDENCE 24 George Ct CITY/TOWN Hampton VA 23663	6/10/18	
2.	SIGN <i>Charlene Bess</i> PRINT Charlene Bess	RESIDENCE 907 Baltimore St CITY/TOWN Norfolk VA 23505	6/10/18	
3.	SIGN <i>Hakisha Cook</i> PRINT Hakisha Cook	RESIDENCE 919 Old Buckroe Rd CITY/TOWN Hampton, Va 23663	6/10/18	
4.	SIGN <i>Deja Craig</i> PRINT Deja Craig	RESIDENCE 8017 Ardmore rd CITY/TOWN Norfolk VA 23518	6/10/18	
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.  
**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 VA 5897 Campus Drive Virginia Beach 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 LICENSE



CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

Shaun D. Brown  
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 10 day of June, 20 18, 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\*\*

Handwritten initials

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

153B



# 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 2<sup>ND</sup>**

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

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	RESIDENCE		
	PRINT	CITY/TOWN		
2.	SIGN <u>Bruce Mc Miller</u>	RESIDENCE <u>155 Banneker Dr.</u>		
	PRINT <u>Bruce Mc Miller</u>	CITY/TOWN <u>Williamsburg, Va.</u>	<u>10-6-18</u>	
3.	SIGN <u>Gwendolyn Mc Miller</u>	RESIDENCE <u>155 Banneker Dr.</u>		
	PRINT <u>Gwendolyn Mc Miller</u>	CITY/TOWN <u>W. Williamsburg Va.</u>	<u>6-6-18</u>	
4.	SIGN <u>Pamela Moore</u>	RESIDENCE <u>117 Banneker Dr.</u>		
	PRINT <u>Pamela Moore</u>	CITY/TOWN <u>Wmsbg Va 23055</u>	<u>6-6-18</u>	
5.	SIGN <u>Aisha Holmes</u>	RESIDENCE <u>117 Banneker Dr.</u>		
	PRINT <u>Aisha Holmes</u>	CITY/TOWN <u>Williamsburg VA</u>	<u>6-6-18</u>	
6.	SIGN <u>Raymond Ethel Jones</u>	RESIDENCE <u>107 CARRAWAY TERRACE</u>		
	PRINT <u>Raymond Ethel Jones</u>	CITY/TOWN <u>YORKTOWN VA 23693</u>	<u>6-6-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>Carolynne Merritt</u> PRINT <u>C Merritt</u>	RESIDENCE <u>106 Bennaker Dr</u> CITY/TOWN <u>Wmshg Va 23185</u>	<u>6/6/18</u>	
8.	SIGN <u>Lothe V Merritt</u> PRINT <u>Lothe V Merritt</u>	RESIDENCE <u>106 Bennaker Dr</u> CITY/TOWN <u>Wmshg Va 23185</u>	<u>6/6/18</u>	
9.	SIGN <u>James D Lewis</u> PRINT <u>James D Lewis</u>	RESIDENCE <u>106 Bennaker Dr</u> CITY/TOWN <u>Wmshg Va 23185</u>	<u>6/6/18</u>	
10.	SIGN <u>Nikayla Whack</u> PRINT <u>Nikayla Whack</u>	RESIDENCE <u>113 Weaver Road</u> CITY/TOWN <u>williamsburg</u>	<u>6/6/18</u>	
11.	SIGN <u>Ali Rosser</u> PRINT <u>Ali Rosser</u>	RESIDENCE <u>206 c Burton woods</u> CITY/TOWN <u>williamsburg</u>	<u>6/6/18</u>	
12.	SIGN <u>Jose Rosser</u> PRINT <u>Jose Rosser</u>	RESIDENCE <u>205 cotenway</u> CITY/TOWN <u>williamsburg</u>	<u>06/06/18</u>	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Shaun Brown, swear or affirm that (i) my full residential address is 9889 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.

T60 38052

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

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**  
 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\*\*  
5/31/19 DATE NOTARY COMMISSION EXPIRES\*\*

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

154B



# 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**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23462**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 6<sup>th</sup> 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		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>Bernmaris Ford</u>	RESIDENCE <u>York</u> CITY/TOWN <u>Williamsburg</u>	<u>6/6/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Bobbie L. Jones</u>	RESIDENCE <u>105 Park Circle</u> CITY/TOWN <u>Williamsburg VA 23185</u>	<u>The Same</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Harry Johnson</u>	RESIDENCE <u>Williamsburg</u> CITY/TOWN <u>108 Park Circle Williamsburg</u>	<u>6-6-18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>Ronnette McIntosh</u>	RESIDENCE <u>204 Bethune Dr. Williamsburg, VA</u> CITY/TOWN <u>Williamsburg</u>	<u>6/6/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>Irvin McIntosh</u>	RESIDENCE <u>204 Bethune Dr.</u> CITY/TOWN <u>Williamsburg</u>	<u>6/6/18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>Lafandra Brown</u>	RESIDENCE <u>210 Bethune Dr.</u> CITY/TOWN <u>Williamsburg VA</u>	<u>6/6/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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55 A



**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>Gloria Gary</i> PRINT Gloria Gary	RESIDENCE 207 Bethuna Wm. CITY/TOWN Wm - VA	6/6/18	
8.	SIGN <i>Andrea James</i> PRINT ANDREA JAMES	RESIDENCE 216 BETHUNA Wm CITY/TOWN Wm VA	4/6/18	
9.	SIGN <i>Rennie Tuttle</i> PRINT Rennie Tuttle	RESIDENCE 105 Underhill Ln CITY/TOWN York County	6/4/18	
10.	SIGN <i>Sandra Hall</i> PRINT Sandra Hall	RESIDENCE 114 Pebble Beach Lane CITY/TOWN Williamsburg VA 23185	6/6/18	
11.	SIGN <i>Derrick Walker</i> PRINT Derrick Walker	RESIDENCE 41 Westover St CITY/TOWN Hampton VA	6/4/18	
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

**Commonwealth of Virginia - AFFIDAVIT -**  
 I, Shaun D Brown, swear or affirm that (i) my full residential address is 2587 Campus Drive in the State/Commonwealth 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.

760380570  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
VA  
 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE  
 CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

*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 \_\_\_\_\_  
 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* 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.

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# 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 2<sup>ND</sup>**

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 York County 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 10<sup>th</sup> 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]
1.	SIGN <u>Scott W Lawson</u> PRINT <u>Scott W Lawson</u>	RESIDENCE <u>119 Carraway Tr</u> CITY/TOWN <u>Yorktown Va.</u>	<u>June 4 2018</u>	
2.	SIGN <u>Bobby Horne</u> PRINT <u>Bobby Horne</u>	RESIDENCE <u>310 Allen Harris Dr.</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/4/18</u>	
3.	SIGN <u>Zachary Schiferl</u> PRINT <u>Zachary Schiferl</u>	RESIDENCE <u>578 Colony Road</u> CITY/TOWN <u>Newport News, VA</u>	<u>6/4/18</u>	
4.	SIGN <u>Elizabeth Schiferl</u> PRINT <u>Elizabeth Schiferl</u>	RESIDENCE <u>578 Colony Rd.</u> CITY/TOWN <u>Newport News, VA</u>	<u>6/4/18</u>	
5.	SIGN <u>Brammie Bryant</u> PRINT <u>Brammie Bryant</u>	RESIDENCE <u>109 Terrigan Lane</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/4/18</u>	
6.	SIGN <u>Jerril A. Pro</u> PRINT <u>Jerril A. Pro</u>	RESIDENCE <u>305 Presson Rd #12</u> CITY/TOWN <u>seaford Va</u>	<u>6/5/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>[Signature]</i> PRINT Rhonda Kraus-Tait	RESIDENCE 109 Harbor Crescent CITY/TOWN Seaford, VA	6-4-18	
8.	SIGN <i>[Signature]</i> PRINT CHARLES E. TAIT	RESIDENCE 109 HARBOR CRESCENT CITY/TOWN SEAFORD VA.	6-4-18	
9.	SIGN <i>[Signature]</i> PRINT Sandra S. Griffin	RESIDENCE 408 Camp Chapel Rd CITY/TOWN Yorktown, Va 23693	6-5-18	
10.	SIGN <i>[Signature]</i> PRINT Treva Kline	RESIDENCE 7225 George Wash Hwy CITY/TOWN Yorktown, VA	6-5-18	
11.	SIGN <i>[Signature]</i> PRINT PATRICIA GAY	RESIDENCE 100 Sweetbay Arbour CITY/TOWN Yorktown, Va 23692	6-5-18	
12.	SIGN <i>[Signature]</i> PRINT Susan H. Bauer	RESIDENCE 115 Hunters Ln CITY/TOWN Yorktown 23692	6-5-18	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, \_\_\_\_\_, swear or affirm that (i) my full residential address is \_\_\_\_\_ in the State/Commonwealth 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.

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 COMMONWEALTH OF VIRGINIA  
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SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

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PRINT NAME OF PERSON CIRCULATING THE PETITION

Shree F. Green 7643635 5/31/19  
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