

# 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 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 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		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>Valonia C. Moore</u>	RESIDENCE <u>415 Carys Chapel Rd</u>	<u>6/6/18</u>	[REDACTED]
	PRINT <u>VALONIA C. MOORE</u>	CITY/TOWN <u>YORKTOWN VA.</u>		
2.	SIGN <u>Thelma B. Barrett</u>	RESIDENCE <u>313 Carys Chapel Rd</u>	<u>6/6/18</u>	[REDACTED]
	PRINT <u>Thelma B. Barrett</u>	CITY/TOWN <u>Yorktown, Va 23062</u>		
3.	SIGN <u>E. Jean Oliver</u>	RESIDENCE <u>314 Carys Chapel Rd</u>	<u>6/7/18</u>	[REDACTED]
	PRINT <u>E. Jean Oliver</u>	CITY/TOWN <u>Yorktown, VA 23693</u>		
4.	SIGN <u>Judith C. King</u>	RESIDENCE <u>319 Phillips</u>	<u>6-7-18</u>	[REDACTED]
	PRINT <u>Judith C. King</u>	CITY/TOWN <u>YORKTOWN, VA, 23693</u>		
5.	SIGN <u>Michael Conroy</u>	RESIDENCE <u>303 Pastore Lane</u>	<u>6-7-18</u>	[REDACTED]
	PRINT <u>Michael Conroy</u>	CITY/TOWN <u>Yorktown, VA 23693</u>		
6.	SIGN <u>Colon L. Oliver</u>	RESIDENCE <u>314 Carys Chapel Rd</u>	<u>6/7/18</u>	[REDACTED]
	PRINT <u>Colon L. Oliver</u>	CITY/TOWN <u>Yorktown, VA</u>		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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157A

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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>Jaxon R. Hudson</u> PRINT	RESIDENCE <u>111 Merwin Dr #111</u> CITY/TOWN <u>YORKTOWN VA 23692</u>	<u>6-7-18</u>	[REDACTED]
8	SIGN <u>Merritt Slade, Jr</u> PRINT <u>MERRITT SLADE, JR</u>	RESIDENCE <u>408 Tabbsmith Trail</u> CITY/TOWN <u>Yorktown, Va. 23693</u>	<u>6-9-18</u>	[REDACTED]
9	SIGN <u>Pamela T. Slade</u> PRINT <u>Pamela T. Slade</u>	RESIDENCE <u>309 Careys Chapel</u> CITY/TOWN <u>Yorktown, Va 23695</u>	<u>6/7 18</u>	[REDACTED]
10	SIGN <u>Larry A. Slade</u> PRINT <u>LARRY A. SLADE</u>	RESIDENCE <u>309 Careys Chapel Rd</u> CITY/TOWN <u>YORKTOWN VA 23693</u>	<u>6-7-18</u>	[REDACTED]
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 3887 Campus Drive in the State/Commonwealth of VA; in the County/City/Town of Yorktown 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.

16038057

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VA

NAME OF STATE THAT ISSUES THE CIRCULATOR'S DRIVER LICENSE

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

Shaun D. Brown

State of Virginia County/City of Yorktown

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

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

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

157B

# 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

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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 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.

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OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
	SIGN <u>Rebecca F. Leser</u> PRINT <u>Rebecca F. Leser</u>	RESIDENCE <u>100 York Point Dr</u> CITY/TOWN <u>Seaford</u>	<u>6/9/18</u>	
	SIGN <u>Che Quez Hearring</u> PRINT <u>CheQuez Hearring</u>	RESIDENCE <u>103 rivermeade</u> <u>York County</u> <del>Woodbridge</del> CITY/TOWN <u>Woodbridge</u>	<u>6/9/18</u>	
	SIGN <u>Timothy Greenhow</u> PRINT <u>Timothy Greenhow</u>	RESIDENCE <u>2801 Old Williamsburg Road</u> <u>Apt 2F</u> <u>Yorktown VA 23690</u> CITY/TOWN <u>Yorktown VA 23690</u>	<u>6/9/18</u>	
	SIGN <u>Rayvon Williams</u> PRINT <u>Rayvon Williams</u>	RESIDENCE <u>117 weaver road</u> <u>Williamsburg 23185</u> CITY/TOWN <u>Williamsburg 23185</u>	<u>6/9/18</u>	
	SIGN <u>Margaret Lutten</u> PRINT <u>Margaret Lutten</u>	RESIDENCE <u>102 Booker TRd</u> <u>Williamsburg, VA 23185</u> CITY/TOWN <u>Williamsburg, VA 23185</u>	<u>6/9/18</u>	
	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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158 A

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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>[Signature]</u> PRINT <u>Stephanie Best</u>	RESIDENCE <u>817 Baptist Rd</u> CITY/TOWN <u>Yorktown 23690</u>	<u>6/10/18</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>Jocelyne Best</u>	RESIDENCE <u>817 BAPTIST RD</u> CITY/TOWN <u>YOCKTOWN VA 23690</u>	<u>6/10/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>ESTHER HARRIS</u> <u>ESTHER HARRIS</u>	RESIDENCE <u>2801 Old Williamsburg 3B</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/10/18</u>	<u>—</u>
10.	SIGN PRINT	RESIDENCE CITY/TOWN		
11.	SIGN PRINT	RESIDENCE CITY/TOWN		
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

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160 380 579  
CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
VA  
NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S

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 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

67763 7643635 5/31/19  
NOTARY REGISTRATION NUMBER\*\* DATE NOTARY COMMISSION EXPIRES\*\*

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158 B

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ENTER ABOVE, CITY/TOWN

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

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

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	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]			
1.	SIGN <u>Daniel P. Smith</u> PRINT <u>Daniel P. Smith</u>	RESIDENCE <u>39</u> CITY/TOWN	<u>6/11/18</u>	
2.	SIGN <u>A. Scott</u> PRINT <u>Iraina Scott</u>	RESIDENCE <u>300 Leigh Rd</u> CITY/TOWN <u>Yorktown</u>	<u>6/11/18</u>	
3.	SIGN <u>John Carter</u> PRINT <u>JOHN CARTER</u>	RESIDENCE <u>303 LEIGH RD</u> CITY/TOWN <u>Yorktown VA</u>	<u>6-11-18</u>	
4.	SIGN <u>Michelle Whitby</u> PRINT <u>Michelle Whitby</u>	RESIDENCE <u>307 Leigh Rd,</u> CITY/TOWN <u>Yorktown Va. 23690</u>	<u>6/11/18</u>	
5.	SIGN <u>Shernelle White</u> PRINT <u>Shernelle White</u>	RESIDENCE <u>304 Leigh Rd</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6.11.18</u>	
6.	SIGN <u>James L. Williams</u> PRINT <u>James L. Williams</u>	RESIDENCE <u>317 Leigh Rd</u> CITY/TOWN <u>Yorktown, VA 23690</u>	<u>6/11/18</u>	

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7.	SIGN <u>Deborah Nash</u> PRINT Deborah NASH	RESIDENCE 312 Leigh Rd CITY/TOWN Yorktown, VA	6/11/2018	
8.	SIGN <u>Bridget Ransome</u> PRINT Bridget Ransome	RESIDENCE 400 Leigh Road CITY/TOWN Yorktown VA	6/11/18	
9.	SIGN <u>Michelle Lewis</u> PRINT Michelle Lewis	RESIDENCE 400 Leigh Road CITY/TOWN Yorktown VA	6/11/18	
10.	SIGN <u>Henry Campbell</u> PRINT HENRY Campbell	RESIDENCE 522 Leigh Rd CITY/TOWN Yorktown VA	6/11/18	
11.	SIGN <u>Summer Mullins</u> PRINT Summer Mullins	RESIDENCE 138 Walnut Drive CITY/TOWN Yorktown VA 23690	6/11/18	
12.	SIGN <u>Barbara Mullins</u> PRINT Barbara Mullins	RESIDENCE 138 Walnut Dr. CITY/TOWN Yorktown, VA 23690	6/11/18	

Commonwealth of Virginia - **AFFIDAVIT**  
 I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5807 Campus Drive 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.

760 380 579  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
VA  
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE  
 [Redacted]

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 Yorktown  
 CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

The foregoing instrument was subscribed and sworn before me this 11 day of June, 20 18, 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\*\*

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159B

# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS FOR A STATEWIDE OFFICE

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

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**VIRGINIA BEACH, VA 23462**

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

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1.	SIGN <i>Nettie Robinson</i> PRINT <b>Nettie Robinson</b>	RESIDENCE <b>102 Leigh Rd</b> CITY/TOWN <b>Yorktown VA 23690</b>	<b>6/11/2018</b>	[REDACTED]
2.	SIGN <i>Joyce A. Walker</i> PRINT <b>Joyce A. Walker</b>	RESIDENCE <b>200 Leigh Rd.</b> CITY/TOWN <b>Yorktown Va 23690</b>	<b>6/11/18</b>	[REDACTED]
3.	SIGN <i>[Signature]</i> PRINT <b>Jamonte</b>	RESIDENCE <b>116 Walnut Dr.</b> CITY/TOWN <b>Yorktown VA 23690</b>	<b>6/11/18</b>	[REDACTED]
4.	SIGN <i>[Signature]</i> PRINT	RESIDENCE <b>Yorktown VA 23690</b> CITY/TOWN	<b>6/11/18</b>	[REDACTED]
5.	SIGN <i>[Signature]</i> PRINT	RESIDENCE <b>42 Lakeside Dr</b> CITY/TOWN <b>Neerport News, VA</b>	<b>6/11/18</b>	[REDACTED]
6.	SIGN <i>[Signature]</i> PRINT	RESIDENCE <b>166 PALM DR</b> CITY/TOWN <b>N.N. VA 23612</b>	<b>6/11/18</b>	[REDACTED]

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.

160A

**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>Lionel Johnson</u> PRINT Lionel Johnson	RESIDENCE 133 Walnut CITY/TOWN Yorktown	6/11/18	
8.	SIGN <u>Fredrich Fields</u> PRINT FREDERICK FIELDS	RESIDENCE 204 Leigh Rd CITY/TOWN Yorktown VA	6/11/18	
9.	SIGN <u>Carolyn DuBrey</u> PRINT Carolyn DuBrey	RESIDENCE 201 <del>Leigh Rd</del> <u>Yorktown VA 23170</u> CITY/TOWN	6/11/18	
10.	SIGN <u>Karlos Ransome</u> PRINT KARLOS RANSOME	RESIDENCE 100 Whitte Ct Apt 40 Yorktown VA 23170	6/11/18	
11.	SIGN <u>Claude E. Slade</u> PRINT CLAUDE E. SLADE	RESIDENCE 100 Whitte Ct Apt 35 Yorktown VA 23170	6/11/18	
12.	SIGN <u>Jerry Brown</u> PRINT Jerry Brown	RESIDENCE 130 Walnut Yorktown VA CITY/TOWN	6/11/18	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Shaun D. Brown, swear or affirm that (i) my full residential address is VA 2887 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.

Shaun 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 Yorktown

The foregoing instrument was subscribed and sworn before me this 11 day of June, 2018, by Shaun D. Brown  
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

160380599  
CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
VA  
NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER LICENSE  
[REDACTED]  
CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

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

1603



# 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 Yorktown 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	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>Rosella Whalen</u> PRINT <u>Rosella Whalen</u>	RESIDENCE <u>119 Walnut Dr</u> CITY/TOWN <u>Yorktown</u>	<u>6-7-18</u>	[REDACTED]
2.	SIGN <u>Michelle Murphy</u> PRINT <u>Michelle Murphy</u>	RESIDENCE <u>117 Walnut Dr</u> CITY/TOWN <u>Yorktown</u>	<u>6/7/18</u>	[REDACTED]
3.	SIGN <u>Chris Edwards</u> PRINT <u>Chris Edwards</u>	RESIDENCE <u>17 Walnut Dr</u> CITY/TOWN <u>Yorktown</u>	<u>6/7/18</u>	[REDACTED]
4.	SIGN <u>Darrell W. Banks</u> PRINT <u>Darrell W. BANKS</u>	RESIDENCE <u>120 WALNUT DR.</u> CITY/TOWN <u>YORKTOWN</u>	<u>6/7/18</u>	[REDACTED]
5.	SIGN <u>Mable Burrell</u> PRINT <u>MABLE BURRELL</u>	RESIDENCE <u>111 Walnut DR.</u> CITY/TOWN <u>Yorktown VA 23640</u>	<u>6-7-18</u>	[REDACTED]
6.	SIGN <u>Valepi Lewis</u> PRINT <u>Valepi Lewis</u>	RESIDENCE <u>110 Walnut Dr.</u> CITY/TOWN <u>Yorktown. 23690</u>	<u>6-10-18</u>	[REDACTED]

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.

161 A

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>William Carter</u> PRINT <u>William Carter</u>	RESIDENCE <u>112 Walnut Dr</u> CITY/TOWN <u>Yorktown VA</u>	<u>6/11/18</u>	[REDACTED]
8	SIGN <u>Skylor Soles</u> PRINT <u>SKYLOR SOLES</u>	RESIDENCE <u>109 Walnut Dr</u> CITY/TOWN <u>YORKTOWN VA</u>	<u>6/11/18</u>	[REDACTED]
9	SIGN <u>Thyane Tubbs</u> PRINT <u>Thyane Tubbs</u>	RESIDENCE <u>104 Walnut Dr</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/11/18</u>	[REDACTED]
10	SIGN <u>Don D. Pierce</u> PRINT <u>Don D. Pierce</u>	RESIDENCE <u>104 Walnut Dr</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/11/18</u>	[REDACTED]
11	SIGN <u>Michael Swinton</u> PRINT <u>Michael Swinton</u>	RESIDENCE <u>107 Walnut Drive</u> CITY/TOWN <u>107 WALNUT Drive</u>	<u>York VA</u>	<u>23697</u>
12	SIGN <u>Alvester Fields</u> PRINT <u>Alvester Fields</u>	RESIDENCE <u>204 Leigh Rd</u> CITY/TOWN <u>Yorktown VA</u>	<u>6/11/18</u>	[REDACTED]

Commonwealth of Virginia  
 I, Shaun D. Brown, swear or affirm that (i) my full residential address is 5807 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.

**- AFFIDAVIT -**

Shaun Brown  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

760 380 579  
 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

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 Yorktown  
 The foregoing instrument was subscribed and sworn before me this 11 day of June, 2018, 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.

141 B

# 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 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 ▼	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>Amanda Hall</u> PRINT <u>Amanda Hall</u>	RESIDENCE <u>819 Benthall Rd</u> CITY/TOWN <u>VA Beach</u>	<u>6/2/18</u>	
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.

162A

**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 5887 Campus Drive 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.

T60 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

State of Virginia County/City of VA Beach  
 The foregoing instrument was subscribed and sworn before me this 11 day of June, 2018, by Shaun Brown  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW  
  
Shree F. Green  
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7643635 5/31/18  
 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.

162B

# SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA  
**PETITION OF QUALIFIED VOTERS**

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Norfolk VA Beach/Hpt. signed hereunder or on the reverse

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

General Election  Special Election  Democratic Primary  Republican Primary

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

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Eyanna Hort</u> PRINT <u>EYANNA HORTON</u>	RESIDENCE <u>5550 Campus Drive</u> CITY/TOWN <u>Virginia Beach, 23462</u>	<u>6-1-18</u>	
2.	SIGN <del>XXXXXXXXXX</del> PRINT <del>XXXXXXXXXX</del>	RESIDENCE <del>XXXXXXXXXX</del> CITY/TOWN <del>XXXXXXXXXX</del>	<del>6/2/18</del>	
3.	SIGN <del>XXXXXXXXXX</del> PRINT <del>XXXXXXXXXX</del>	RESIDENCE <del>XXXXXXXXXX</del> CITY/TOWN <del>XXXXXXXXXX</del>	<del>6/2/18</del>	
4.	SIGN <u>Bence Jones</u> PRINT <u>Bence Jones</u>	RESIDENCE <u>3142 Crestwood Ln</u> CITY/TOWN <u>VA Beach, VA 23453</u>	<u>6/2/18</u>	
5.	SIGN <u>Walter Sun</u> PRINT <u>Walter Sun</u>	RESIDENCE <u>929 Laska Drive</u> CITY/TOWN <u>Norfolk VA</u>	<u>6/2/18</u>	
6.	SIGN <del>XXXXXXXXXX</del> PRINT <del>XXXXXXXXXX</del>	RESIDENCE <del>XXXXXXXXXX</del> CITY/TOWN <del>XXXXXXXXXX</del>	<del>6/2/18</del>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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163A

**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 <b>Digna Pabe</b>	RESIDENCE <b>1125 Bethel Ave</b> CITY/TOWN <b>Hampton Va 23664</b>		
8.	SIGN <i>[Signature]</i> PRINT <b>Samuel Booker</b>	RESIDENCE <b>1600 E Greenview St</b> CITY/TOWN <b>Norfolk VA 23503</b>	<b>6-2-18</b>	
9.	SIGN <i>[Signature]</i> PRINT <b>Jeremy Osgood</b>	RESIDENCE <b>2301 Monty Meadows Court</b> CITY/TOWN <b>Virginia Beach 23156</b>	<b>6-2-2018</b>	
10.	SIGN <i>[Signature]</i> PRINT <b>Jeff Angel</b>	RESIDENCE <b>752 Dwyer Rd</b> CITY/TOWN <b>Va Beach VA</b>	<b>23154</b> <b>6-2-18</b>	
11.	SIGN <i>[Signature]</i> PRINT <b>Donnie Whitake</b>	RESIDENCE <b>1501 Apple Ct</b> CITY/TOWN <b>VA Beach</b>	<b>23864</b> <b>6-7-18</b>	
12.	SIGN _____ PRINT _____	RESIDENCE _____ CITY/TOWN _____		

**Commonwealth of Virginia - AFFIDAVIT.**  
 I, Shawn D Brown, swear or affirm that (i) my full residential address is VA 2887 Campus Drive 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 Virginia Beach  
 The foregoing instrument was subscribed and sworn before me this 11 day of June, 2018, by Shawn D Brown  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

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

7643635 5/31/18  
 NOTARY REGISTRATION NUMBER\*\* DATE NOTARY COMMISSION EXPIRES\*\*

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

\* 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 security number or part thereof.  
 led in seal/stamp.

**163B**

# 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** *23402*

ENTER ABOVE, CITY/TOWN

**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 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 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>[Signature]</i> PRINT Atlas S. Ingram	RESIDENCE 5612 Tourmaline Ct. CITY/TOWN Virginia Beach, VA	12 Jun 18	
2.	SIGN <i>[Signature]</i> PRINT CHAE Y INGRAH	RESIDENCE 5612 Tourmaline CT CITY/TOWN Virginia Beach, VA	12 Jun 18	
3.	SIGN <i>[Signature]</i> PRINT CAROLYN S. BURNETT	RESIDENCE 807 DEGREE CT CITY/TOWN VIRGINIA BEACH	12 Jun 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

\* **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.

*104A*

**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		

**- AFFIDAVIT -**  
 Commonwealth of Virginia  
 I, Stephanie Steiner, swear or affirm that (i) my full residential address is 913 Shannon Cray, Apt # 3455 in the State 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.

163145606  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
Virginia  
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S

[Signature]  
 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 VA County/City of Beach  
 The foregoing instrument was subscribed and sworn before me this 12 day of June, 2018, by Stephanie Steiner  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

169B



# SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA  
**PETITION OF QUALIFIED  
 VOTERS**

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

**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

**VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

(Must be filed with Declaration of Candidacy)

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of \_\_\_\_\_ VA 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 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 <u>[Signature]</u> PRINT <u>EDGE HARRIS</u>	RESIDENCE <u>172 HUGHES AVE</u> CITY/TOWN <u>VA Bch, VA 23451</u>	<u>6/2/18</u>	
	2. SIGN <u>[Signature]</u> PRINT <u>OMIA Bobbins</u>	RESIDENCE <u>124 S. DINDNECK RD</u> CITY/TOWN <u>VA Beach</u>	<u>6/2/18</u>	
	3. SIGN <u>[Signature]</u> PRINT <u>FRANK OWENS</u>	RESIDENCE <u>141 N BEND N RD</u> CITY/TOWN <u>VA BEACH VA 23451</u>	<u>6/2/18</u>	
	4. SIGN <u>[Signature]</u> PRINT	RESIDENCE <u>VA 102A</u> CITY/TOWN <u>virginia beach</u>	<u>23451</u> <u>6/2/18</u>	
	5. SIGN <u>[Signature]</u> PRINT <u>[Signature]</u>	RESIDENCE <u>2709 Palm Hill Rd</u> CITY/TOWN <u>VA BEACH VA 23456</u>		
	6. SIGN <u>[Signature]</u> PRINT <u>CHRISTOPHER BOVINGER</u>	RESIDENCE <u>526 Pine Top Ct.</u> CITY/TOWN <u>VB, VB 23451</u>	<u>6/2/18</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.

105A

**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>Tamika Mitchell</i> PRINT Tamika Mitchell	RESIDENCE 1837 Riddle, ave CITY/TOWN Va beach, VA	6/2/18	
8.	SIGN <i>Kayla Wilson</i> PRINT Kayla Wilson	RESIDENCE 1413 Lakeland ct CITY/TOWN VA Beach, VA	6/2/18	
9.	SIGN <i>Anthony Wilson</i> PRINT Anthony Wilson	RESIDENCE 413 Lakeland ct CITY/TOWN VA Beach, VA	6/2/18	
10.	SIGN <i>Sheila Wilson</i> PRINT Sheila Wilson	RESIDENCE 1413 Lakeland ct. CITY/TOWN VA Beach, VA	6/2/18	
11.	SIGN <i>Allen Boone</i> PRINT Allen Boone	RESIDENCE 1111 South Blvd. CITY/TOWN Va Beach Va	6/2/18	
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Shawn 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.

T6380579  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
VA  
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S

*Shawn D. Brown*  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Hampton/Va Beach  
 The foregoing instrument was subscribed and sworn before me this 11 day of June, 20 18, by Shawn D. Brown  
 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\*\*

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

165 B

# 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** *5087 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

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 *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.

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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	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>Sumner M. Wright</i>	RESIDENCE <i>335 Fortworth Ave.</i> CITY/TOWN <i>Norfolk VA 23505</i>	<i>6/8/18</i>	
2.	SIGN <i>[Signature]</i> PRINT <i>Michael Engstrom</i>	RESIDENCE <i>4733 Windermere Ct.</i> CITY/TOWN <i>Virginia Beach VA 23455</i>	<i>6/8/18</i>	
3.	SIGN <i>[Signature]</i> PRINT <i>Jacqueline Helgoth</i>	RESIDENCE <i>4740 Windermere Ct</i> CITY/TOWN <i>Virginia Beach VA 23455</i>	<i>6/8/18</i>	
4.	SIGN <i>[Signature]</i> PRINT <i>Lynna Bear</i>	RESIDENCE <i>4740 Windermere Ct #101</i> CITY/TOWN <i>Virginia Bch 23455</i>		
5.	SIGN <i>[Signature]</i> PRINT <i>John Woods</i>	RESIDENCE <i>701 Moraine Ct #102</i> CITY/TOWN <i>VB 23455</i>	<i>6/8/18</i>	
6.	SIGN <i>[Signature]</i> PRINT <i>Dquan Williams</i>	RESIDENCE <i>704 moraine ct.</i> CITY/TOWN <i>VB, VB</i>	<i>6/8/18</i>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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*166 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 <u>Patricia Martinez</u> PRINT PATRICIA MARTINEZ	RESIDENCE 704 Main Court CITY/TOWN VA - Beach 23455	6/8/18	
8.	SIGN <u>David A. Carter</u> PRINT DAVID A CARTER	RESIDENCE 5687 CANTON CT. CITY/TOWN VA. BEACH 23462	4/2/18	
9.	SIGN <u>Mildred Dyson</u> PRINT Mildred Dyson	RESIDENCE 884 Gas Light Ln CITY/TOWN VA Beach 23462	6/12/18	
10.	SIGN <u>Pam Small</u> PRINT Pam Small	RESIDENCE 877 Gas Light Lane CITY/TOWN VA Beach 23462	6/12/18	
11.	SIGN <u>Alvin Huggins</u> PRINT ALVIN HUGGINS	RESIDENCE 5660 DODDINGTON CITY/TOWN VA. Beach VA	6/12/18	
12.	SIGN <u>Caleb Huggins</u> PRINT Caleb Huggins	RESIDENCE 111 CITY/TOWN VA - Beach 23462	6/12/18	

Commonwealth of Virginia

**- AFFIDAVIT -**

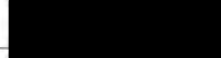
I, Matthew Morales, swear or affirm that (i) my full residential address is 669 Forest Glen CT Virginia in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (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



CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

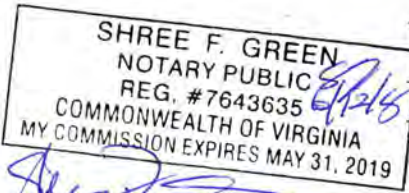
PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

Matthew Morales  
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

Matthew Morales  
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.

166B

# 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 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

*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 *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>Rodney Mangum</i> PRINT <b>RODNEY MANGUM</b>	RESIDENCE <i>5421 CARIBE CT</i> CITY/TOWN <i>VA BEACH</i>	<i>6-12-18</i>	
2.	SIGN <i>Louisa Jones</i> PRINT <b>PHYLLIS JONES</b>	RESIDENCE <i>703 Hampshire Pl</i> CITY/TOWN <i>VA Beach VA 23462</i>	<i>6-12-18</i>	
3.	SIGN <i>Wayne, Jr</i> PRINT	RESIDENCE <i>815 Rural Box</i> <i>WAY 23462</i> CITY/TOWN <i>VA BEACH VA</i>	<i>6-12-18</i>	
4.	SIGN <i>Gloria Smith</i> PRINT <b>GLORIA SMITH</b>	RESIDENCE <i>1101 WITCHGATE</i> CITY/TOWN <i>VA Beach VA</i>	<i>6-12-18</i>	
5.	SIGN <i>Ruth Conyers</i> PRINT <b>RUTH CONYERS</b>	RESIDENCE <i>5461 Connie</i> CITY/TOWN <i>VA Beach VA</i>	<i>6-12-18</i>	
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.

*167 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 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  
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW  
 SIGNATURE OF PERSON CIRCULATING THE PETITION  
Matthew Morales

**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 12 day of June, 2018, by Matthew Morales

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS  
 PRINT NAME OF PERSON CIRCULATING THE PETITION  
Matthew Morales  
 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.

167B

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

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

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>Landie Manuel</i> PRINT Landie Manuel	RESIDENCE 5443 Campus Dr CITY/TOWN Va Beach VA 23462	6/12/18	
2.	SIGN <i>M. G. Guffin</i> PRINT Mancha Guffin	RESIDENCE 777 Hugher Pl CITY/TOWN VA Beach 23462	6/12/18	
3.	SIGN <i>Adeon Joe Gray</i> PRINT Adeon Joe Gray	RESIDENCE 5320 JUSTIN CT CITY/TOWN VIRGINIA Beach 23462	6/12/18	
4.	SIGN <i>C Fuller</i> PRINT C Fuller	RESIDENCE 1052 Gas Light Lane CITY/TOWN Virginia Bch 23462	6/12/18	
5.	SIGN <i>M. H. McNeely</i> PRINT M. H. McNeely	RESIDENCE 710 Gemstone Ln CITY/TOWN Virginia Beach VA 23462	6/12/18	
6.	SIGN <i>Ronda Stewart</i> PRINT Ronda Stewart	RESIDENCE 5304 HARRISS CT. CITY/TOWN Virginia Bch VA 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.

168A

**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>Robert D Lockwood</i> PRINT Robert D Lockwood	RESIDENCE 703 Gemstone CITY/TOWN Va Beach, Va	6/12/18	[REDACTED]
8.	SIGN <i>Janet Lockwood</i> PRINT Janet Lockwood	RESIDENCE 903 Gemstone Ln CITY/TOWN VB 23462	6/12/18	[REDACTED]
9.	SIGN <i>[Signature]</i> PRINT Kenya Villines	RESIDENCE 711 Gemstone LA CITY/TOWN VAB VA 23462	6/12/18	—
10.	SIGN <i>[Signature]</i> PRINT Kimberly Davis	RESIDENCE 5605 Duxington Ct CITY/TOWN VA Beach VA 23462	6/12/18	
11.	SIGN <i>[Signature]</i> PRINT Stephanie Steiner	RESIDENCE 5916 CONCHIDE CITY/TOWN VAB VA 23462	6/12/18	
12.	SIGN <i>[Signature]</i> PRINT Vanessa Torres	RESIDENCE 5738 Wesley Dr CITY/TOWN Virginia Beach 23462	6/12/18	

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Stephanie Steiner, swear or affirm that (i) my full residential address is 1993 Sherman Ct Apt # 202 Virginia Beach VA 23462; 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.

163145605  
CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
Virginia  
NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S

*[Signature]*  
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 VA County/City of VA Beach  
The foregoing instrument was subscribed and sworn before me this 12 day of June, 20 18, by Stephanie Steiner  
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.

168B



# 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 Virginia Beach signed hereunder or on the reverse

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


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

General Election  Special Election  Democratic Primary  Republican Primary

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

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

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

OFFICE USE ONLY	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>Chas R</u> PRINT <u>Charstople Brown</u>	RESIDENCE <u>26th St. A</u> CITY/TOWN <u>VA BEACH 2</u>	<u>5/29</u> <u>2018</u>	
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 so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column or social security number or part thereof.

SBE-506/521

169A

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.  
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OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
8.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

*Commonwealth of Virginia*  
 I, Stephanie Sterner, swear or affirm that (i) my full residential address is 913 Shammas Cres. Apt # 202 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.

T63145609  
 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

**SHIRLEY 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 10 day of June, 20 18, by Stephanie Sterner  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS: [Signature]  
 NOTARY REGISTRATION NUMBER\*\* 7643635 DATE NOTARY COMMISSION EXPIRES\*\* may 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.

169B

# SHAUN D. BROWN

## 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 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 ▼	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>Freddie McCullough Jr</u>	RESIDENCE <u>703 Hampshire Pl</u> CITY/TOWN <u>VA Beach, VA 23462</u>	<u>6-12-18</u>	
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

170 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 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		

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Stephanie S Herer swear or affirm that (i) my full residential address is 913 Shaman Cres - APT # 203 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.

T63/44605  
 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 2<sup>nd</sup> day of June, 2018, by Stephanie S Herer  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

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\*\*

\* 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.

170 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**

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

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

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>[Signature]</u> PRINT <u>Ray B. Goodman</u>	RESIDENCE <u>64 Wheatland Dr</u> CITY/TOWN <u>Hampton</u>	<u>6/2/18</u>	[REDACTED]
2.	SIGN <u>[Signature]</u> PRINT <u>Archie R. Scott, Jr</u>	RESIDENCE <u>41 Kweit Dr.</u> CITY/TOWN <u>Hampton</u>	<u>6/12/18</u>	[REDACTED]
3.	SIGN <u>[Signature]</u> PRINT <u>Alex Dudley</u>	RESIDENCE <u>128 Marvin Dr.</u> CITY/TOWN <u>Hampton</u>	<u>6/12/18</u>	[REDACTED]
4.	SIGN <u>[Signature]</u> PRINT <u>Tracey Ford Holloway</u>	RESIDENCE <u>2823 Rosalind Dr</u> CITY/TOWN <u>Hpt. Va. 23661</u>	<u>6/12/18</u>	[REDACTED]
5.	SIGN <u>[Signature]</u> PRINT <u>James Gomery</u>	RESIDENCE <u>12 South Greenfield Ave</u> CITY/TOWN <u>Hampton</u>	<u>6/12/18</u>	[REDACTED]
6.	SIGN <u>[Signature]</u> PRINT <u>W. L. BARTON</u>	RESIDENCE <u>2 Y Meridian Dr.</u> CITY/TOWN <u>Hampton</u>	<u>6/12/18</u>	[REDACTED]

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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**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>Richard A. Pride</u> PRINT <u>Richard A. Pride</u>	RESIDENCE <u>110 Heaven Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>6/12/18</u>	
8.	SIGN <u>Dorothy Pride</u> PRINT <u>Dorothy Pride</u>	RESIDENCE <u>110 Marvin Dr</u> CITY/TOWN <u>Hampton Dr.</u>	<u>6/12/18</u>	
9.	SIGN <u>Laron Tonkins</u> PRINT <u>Laron Tonkins</u>	RESIDENCE <u>2137 Wise Rd</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>6/12/18</u>	
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 5887 Campus Drive 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.

760 380 579  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
VA  
 NAME OF STATE THAT ISSUES THE CIRCULATOR'S DRIVER'S LICENSE  
 [REDACTED]

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 VA County/City of Hampton  
 The foregoing instrument was subscribed and sworn before me this 12 day of June, 20 19, 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.

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