

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA  
PETITION OF QUALIFIED  
VOTERS

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

~~3683 WINDMILL DRIVE~~ 5887 CAMPUS DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453

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

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

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

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

General Election  Special Election  Democratic Primary  Republican Primary

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

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

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

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

OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>Nitida Crittenden</i> PRINT Nitida Crittenden	RESIDENCE 22 Towler Dr Hampton VA CITY/TOWN Hampton	6/10/18	[REDACTED]
2.	SIGN <i>Charles Mitchell</i> PRINT Charles Mitchell	RESIDENCE 5531 Kejdet CITY/TOWN VA beach VA 23162	6/10/18	
3.	SIGN <i>Tracie Pierre</i> PRINT Tracie Pierre	RESIDENCE 720 Rutherford CITY/TOWN Hampton VA	6/10/18	
4.	SIGN <i>Serita Anderson</i> PRINT Serita Anderson	RESIDENCE 12 Easthill Ct CITY/TOWN Hampton VA 23664	6/10/18	
5.	SIGN <i>Mary L. McNair</i> PRINT Mary L. McNair	RESIDENCE 11 Peterborough Dr. CITY/TOWN Hampton VA	10 Jun 18	
6.	SIGN <i>Joyce A. Brooks</i> PRINT Joyce A. Brooks	RESIDENCE Hampton CITY/TOWN 22 Springdale way	10 Jun 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.

172 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>Geneva Richardson</u> PRINT Geneva Richardson	RESIDENCE <u>37 W. Chamberlin Ave</u> CITY/TOWN <u>Hampton, VA</u>	<u>10 Jun 18</u>	
8.	SIGN <u>Brenda McNaair</u> PRINT Brenda McNaair	RESIDENCE <u>305 Cleve St</u> CITY/TOWN <u>Hampton</u>	<u>10 Jun 18</u>	
9.	SIGN <u>Carolyn A. Hill</u> PRINT Carolyn A. Hill	RESIDENCE <u>124th Hill Ct</u> CITY/TOWN <u>Hampton</u>	<u>6/10/18</u>	
10.	SIGN <u>Glenn Wilcock</u> PRINT Glenn Wilcock	RESIDENCE <u>72 Sempie Farm Rd</u> CITY/TOWN <u>Hpt VA 23646</u>	<u>6/10/18</u>	
11.	SIGN <u>Joel Phillip</u> PRINT Joel Phillip	RESIDENCE <u>227 W 5th St</u> CITY/TOWN <u>Hpt VA 23646</u>	<u>6/10/18</u>	
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Shaun D. Brown, swear or affirm that (i) my full residential address is VA 803 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.

768380579  
CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
VA

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

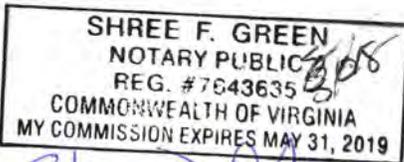
CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

Shaun D. Brown  
SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

State of Virginia County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 10 day of June, 2018, by Shaun D. Brown  
PRINT NAME OF PERSON CIRCULATING THE PETITION



Shree F. Green  
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.

192B

527  
6/10/18

# SHAUN D. BROWN

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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]

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For a statewide office

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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.

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1.	SIGN <u>Richard Banks</u> PRINT <u>Richard Banks</u>	RESIDENCE <u>4 St Paul Ct</u> CITY/TOWN <u>Hampton Va</u>	<u>6/12</u>	
2.	SIGN <u>Jay Casher</u> PRINT <u>Jay CASHER</u>	RESIDENCE <u>110 Laurel Dr</u> CITY/TOWN <u>110 Laurel Dr VA</u>	<u>6/12</u>	
3.	SIGN <u>Lee Asher</u> PRINT <u>Lee Asher</u>	RESIDENCE <u>110 Laurel Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>6/12</u>	
4.	SIGN <u>John Seales</u> PRINT <u>John Seales</u>	RESIDENCE <u>23 Hodges Dr</u> CITY/TOWN <u>Va 23666</u>	<u>6/12</u>	
5.	SIGN <u>Dorothy S Cormier</u> PRINT <u>Dorothy S Cormier</u>	RESIDENCE <u>31 N Greenfield</u> CITY/TOWN <u>Hampton, VA 23666</u>	<u>6/12</u>	
6.	SIGN <u>Nailah T Elliott</u> PRINT <u>Nailah T Elliott</u>	RESIDENCE <u>123 Tide Mill Ln #40</u> CITY/TOWN <u>Hampton VA 23666</u>	<u>6/12</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

Commonwealth of Virginia

**- AFFIDAVIT -**

I, Shaun D. Brown, swear or affirm that (i) my full residential address is VA 5557 Campus Drive in the State/Commonwealth of Virginia; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

T60380599

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VA

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

CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

Shaun D. Brown

SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

State of Virginia County/City of Hampton

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

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\*\*

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1938

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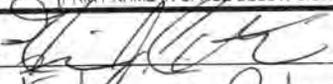
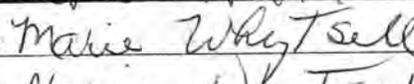
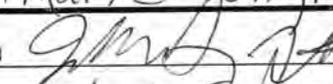
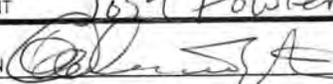
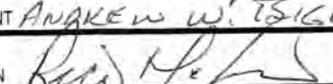
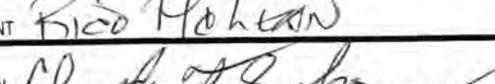
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	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]			
1.	SIGN  PRINT Edwin Patrick	RESIDENCE <u>Hampton 615 Chantrelle</u> CITY/TOWN <u>Hampton</u>	<u>June 12, 2018</u>	
2.	SIGN  PRINT Marie Whyt sell	RESIDENCE <u>802 Louisa Ct</u> CITY/TOWN <u>Hampton, Va. 23666</u>	<u>June 12, 18</u>	
3.	SIGN  PRINT Josh Fowler	RESIDENCE <u>34 N Greenfield</u> CITY/TOWN <u>Hampton 23666</u>	<u>6/12/18</u>	
4.	SIGN  PRINT Andrew W. Tsige Gow	RESIDENCE <u>39 Inglewood Dr</u> CITY/TOWN <u>Hampton Va 23666</u>	<u>6/12/2018</u>	
5.	SIGN  PRINT Rico Moran	RESIDENCE <u>6 Brookfield Dr</u> CITY/TOWN <u>Hampton, Va 23666</u>	<u>6/12/18</u>	
6.	SIGN  PRINT Charles T Solomon	RESIDENCE <u>85 Tide Mill Ln</u> CITY/TOWN <u>Hampton Va</u>	<u>6/12/18</u>	

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174 A

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Commonwealth of Virginia

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160380576  
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VA  
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Shaun D. Brown  
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 NOTARY PUBLIC  
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1.	SIGN <u>Roxane Jackson</u> PRINT <u>ROXANE JACKSON</u>	RESIDENCE <u>2801 Old Williamsburg rd</u> CITY/TOWN <u>N. N. VA 23609</u>	<u>6-7-18</u>	
2.	SIGN <u>Daniel Bunnagh</u> PRINT <u>DAVID L BUNNAGH</u>	RESIDENCE <u>225 Louise Ln</u> CITY/TOWN <u>TOWNE VA 23600</u>	<u>6/7/18</u>	
3.	SIGN <u>Mel S</u> PRINT <u>Summers, Martin</u>	RESIDENCE <u>502 Mary Barber way</u> CITY/TOWN <u>Yorktown Va. 23693</u>	<u>6/7/18</u>	
4.	SIGN <u>Jim Spangler</u> PRINT <u>JIM SPANGLER</u>	RESIDENCE <u>1118 N Mallory</u> CITY/TOWN <u>Hampton VA</u>	<u>6/7/18</u>	
5.	SIGN <u>Carl A Barrett</u> PRINT <u>CARL A BARRETT</u>	RESIDENCE <u>Hampton</u> CITY/TOWN <u>Hampton</u>	<u>6-7-18</u>	
6.	SIGN <u>John D. Bayse</u> PRINT <u>JOHN D. BAYSE</u>	RESIDENCE <u>SEAFORD</u> CITY/TOWN <u>SEAFORD VA</u>	<u>6/7/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>Rene Ward</u> PRINT <u>Rene Ward</u>	RESIDENCE CITY/TOWN <u>Yorktown</u>		
8.	SIGN <u>Angel Del Valle</u> PRINT <u>ANGEL DEL VALLE</u>	RESIDENCE <u>734 Kings Ridge DR</u> CITY/TOWN <u>Newport News, VA</u>	<u>6/7/18</u> <u>23608</u>	
9.	SIGN <u>Scot Bonnar</u> PRINT <u>Scot Bonnar</u>	RESIDENCE <u>12385 cedar tra.</u> CITY/TOWN <u>Glowester VA</u>	<u>23061</u>	
10.	SIGN <u>Senora S Brown</u> PRINT <u>SENOKA S. BROWN</u>	RESIDENCE <u>108 Spring Rd.</u> CITY/TOWN <u>Yorktown, VA.</u>	<u>6/7/18</u> <u>23690</u>	
11.	SIGN <u>Letitia Ford</u> PRINT <u>Letitia Ford</u>	RESIDENCE <u>162 Little John Pl</u> CITY/TOWN <u>Newport News VA</u>	<u>6/7/18</u> <u>23602</u>	
12.	SIGN <u>Victoria Bow</u> PRINT <u>Victoria Bow</u>	RESIDENCE <u>7 Traverse Rd Apt 5</u> CITY/TOWN <u>Newport News</u>	<u>6/7/18</u> <u>23606</u>	

Commonwealth of Virginia

**- AFFIDAVIT -**

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

160359526

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

[Signature]  
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

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

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

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

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

1763

# 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 Dr

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453<sup>7</sup> 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 Hampton signed hereunder or on the reverse

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 12 day of JUNE, 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]
	SIGN <u>Adia Brown</u> PRINT <u>Adia Brown</u>	RESIDENCE <u>111 Ireland St</u> CITY/TOWN <u>Hampton 23663</u>	<u>June 12</u> <u>2018</u>	
	SIGN <u>Becky</u> PRINT <u>Becky</u>	RESIDENCE <u>401 Teppan Ave</u> CITY/TOWN <u>Hmt. VA 23664</u>	<u>6/12/18</u>	
	SIGN <u>Mary Hughes</u> PRINT <u>Mary Hughes</u>	RESIDENCE <u>145 Bernard</u> CITY/TOWN <u>Exronnae 23651</u>	<u>6-12-18</u>	
	SIGN <u>Tammy Williams</u> PRINT <u>Tammy Williams</u>	RESIDENCE <u>139 woodland Rd</u> CITY/TOWN <u>Hampton VA 23663</u>	<u>6-12-18</u>	
	SIGN <u>Connie Stokes</u> PRINT <u>Connie Stokes</u>	RESIDENCE <u>1522 Slater Ave,</u> CITY/TOWN <u>Hampton Va.</u>	<u>6-12-18</u>	
	SIGN <u>Margaret Fields</u> PRINT <u>Margaret Fields</u>	RESIDENCE <u>8 Bayview Court</u> CITY/TOWN <u>Hampton, Va. 23664</u>	<u>6-12-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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175 A

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>[Signature]</i> PRINT Kessa Snipes	RESIDENCE 378 N. First St CITY/TOWN Hampton, VA 23664		
8.	SIGN <i>[Signature]</i> PRINT Linda Henderson	RESIDENCE 1534 Denton Dr CITY/TOWN Hampton VA 23664	6/12/2018	
9.	SIGN <i>[Signature]</i> PRINT Lawrence J Henderson	RESIDENCE 1534 Denton Dr CITY/TOWN HAMPTON VA 23664	6/12/18	
10.	SIGN <i>[Signature]</i> PRINT Chesario Sette	RESIDENCE 645 32nd St CITY/TOWN NN VA 23607	6/12/18	
11.	SIGN <i>[Signature]</i> PRINT Ms. Lashia Harty	RESIDENCE 322 <del>Ham</del> W. Chamber/M Ave CITY/TOWN Hampton, VA 23663	6/12/18	
12.	SIGN <i>[Signature]</i> PRINT Linda Santifu	RESIDENCE 25 Demy Rd CITY/TOWN NPT VA 23663		

Commonwealth of Virginia

**- AFFIDAVIT -**

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

TL0359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

*[Signature]*  
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 16 day of June, 20 18, by Octavianus Smith  
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.

175 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] 3887 Campus Dr  
**3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE  
**VIRGINIA BEACH, VA 23453 2346**

ENTER ABOVE, CITY/TOWN  
**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 Yorktown/Williamburg 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 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>Sarah R. Teen</u> PRINT <u>Sarah R Lewis</u>	RESIDENCE <u>127 Walnut Dr</u> CITY/TOWN <u>Yorktown VA</u>	<u>6-7-2018</u>	
2.	SIGN <u>Raymona Johnson</u> PRINT <u>Raymona Johnson</u>	RESIDENCE <u>122 Walnut Dr 2390</u> CITY/TOWN <u>Yorktown VA 23690</u>	<u>6-7-18</u>	
3.	SIGN <u>Ernest M Johnson</u> PRINT <u>Ernest M Johnson</u>	RESIDENCE <u>122 Walnut Dr</u> CITY/TOWN <u>Yorktown VA 23690</u>	<u>6-7-18</u>	
4.	SIGN <u>Antoinette Keller-Banks</u> PRINT <u>Antoinette Keller-Banks</u>	RESIDENCE <u>80 Walnut Dr</u> CITY/TOWN <u>Yorktown VA 23690</u>	<u>6-7-18</u>	
5.	SIGN <u>Tracy R Coffee</u> PRINT <u>Tracy R Coffee</u>	RESIDENCE <u>1114 Stewart Drive</u> CITY/TOWN <u>Williamburg, VA 23186</u>	<u>6-7-18</u>	
6.	SIGN <u>Debra C Johnson</u> PRINT <u>Debra C Johnson</u>	RESIDENCE <u>124 Springdale Dr</u> CITY/TOWN <u>Yorktown VA 23186</u>	<u>6/7/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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177A

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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]
7.	SIGN <i>[Signature]</i> PRINT Elwood Howell	RESIDENCE R160514 CITY/TOWN 408 K Road, VA 23692	6/7/2018	
8.	SIGN <i>[Signature]</i> PRINT ALFREDO JARAMILLO	RESIDENCE 114 Riverside Dr CITY/TOWN Yorktown, VA 23692	6/7/18	
9.	SIGN <i>[Signature]</i> PRINT Jonella Cortez	RESIDENCE 130 Jackson St CITY/TOWN Williamsburg VA 23185	6/7/18	
10.	SIGN <i>[Signature]</i> PRINT DRINGE HAYCOCK	RESIDENCE 506 Queens Creek CITY/TOWN WILLIAMSBURG VA	6/7/18	
11.	SIGN <i>[Signature]</i> PRINT MARK A. WILLIAMSON	RESIDENCE 105 Perrin Circle CITY/TOWN York County, VA	6/7/18	
12.	SIGN <i>[Signature]</i> PRINT Latonia N. Bills	RESIDENCE 107 Heather Way Unit F CITY/TOWN Yorktown VA 23693	6/7/18	

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

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

*[Signature]*  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

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

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

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

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

177B

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 D

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 2346

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 Hampton signed hereunder or on the reverse

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 12 day of JUNE, 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>Shelly J. Caspe</u> PRINT <u>SHELLY THOMAS CASPE</u>	RESIDENCE <u>326 WILTON AVE</u> CITY/TOWN <u>HAMPTON, VA 23663</u>	<u>6/12/18</u>	
2.	SIGN <u>Enrique R. Caspe</u> PRINT <u>ENRIQUE R. CASPE</u>	RESIDENCE <u>326 WILTON AVE</u> CITY/TOWN <u>HAMPTON, VA 23663</u>	<u>6/12/18</u>	
3.	SIGN <u>Robert P. O'Keefe</u> PRINT <u>ROBERT P O'KEEFE</u>	RESIDENCE <u>The Chamberlin</u> CITY/TOWN <u>Hampton VA</u>	<u>6/12/18</u>	
4.	SIGN <u>Benjamin P. Daruger</u> PRINT <u>BENJAMIN P. DARUGER</u>	RESIDENCE <u>915 Ford Road</u> CITY/TOWN <u>Hampton VA</u>	<u>6/12/18</u>	
5.	SIGN <u>James Lawrence</u> PRINT <u>JAMES LAWRENCE</u>	RESIDENCE <u>10 Shelton Rd</u> CITY/TOWN <u>Hampton VA</u>	<u>6/12/18</u>	
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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178 A

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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 <small>(PRINT NAME IN SPACE BELOW SIGNATURE)</small>	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS <small>House Number and Street Name or Rural Route and Box Number and City/Town</small>	DATE SIGNED <small>[Must be after January 1 of election year]</small>	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <small>[OPTIONAL]</small>
7.	SIGN <i>[Signature]</i> PRINT <u>STEPHEN BROWN</u>	RESIDENCE <u>2 Fernville Rd</u> CITY/TOWN <u>FT. MONROE</u>	<u>6/12/18</u>	
8.	SIGN <i>[Signature]</i> PRINT <u>Jessie Lemotte</u>	RESIDENCE <u>47 Bainbridge Ave.</u> CITY/TOWN <u>Hampton, VA.</u>	<u>6-12-18</u>	
9.	SIGN <i>[Signature]</i> PRINT <u>Nicole Reddington</u>	RESIDENCE <u>209 Primrose Ave</u> CITY/TOWN <u>Hpt VA 23063</u>	<u>6-12-18</u>	
10.	SIGN <i>[Signature]</i> PRINT <u>Gail Crim</u>	RESIDENCE <u>504 TAPPAN</u> CITY/TOWN <u>Hampton VA 23061</u>	<u>6-12-18</u>	
11.	SIGN <i>[Signature]</i> PRINT <u>Victor GRAZIANO</u>	RESIDENCE <u>1842 N. Malby St</u> CITY/TOWN <u>Hampton, VA 23664</u>	<u>6-12-18</u>	
12.	SIGN <i>[Signature]</i> PRINT <u>E. Bellamy</u>	RESIDENCE <u>Hpt, VA</u> CITY/TOWN <u>6 Mill Creek, Va</u>	<u>6-12-18</u>	

Commonwealth of Virginia

**- AFFIDAVIT -**

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

TL0359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

*[Signature]*  
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Hampton

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

Octavianus Smith  
PRINT NAME OF PERSON CIRCULATING THE PETITION

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

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

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

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

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

178B

# 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 Yorktown/Williamsburg signed hereunder or on the reverse

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

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

General Election  Special Election  Democratic Primary  Republican Primary

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

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

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

OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]			
1.	SIGN <u>Liza Alford</u> PRINT <u>Liza Alford</u>	RESIDENCE <u>112 Runaway Lane</u> CITY/TOWN <u>Yorktown VA 23690</u>	<u>Jun 7 2018</u>	
2.	SIGN <u>Janet Biege</u> PRINT <u>Janet Biege</u>	RESIDENCE <u>105 FAY CR</u> CITY/TOWN <u>Abb VA 23693</u>	<u>Jun 7 2018</u>	
3.	SIGN <u>Janet Biege</u> PRINT <u>Janet Biege</u>	RESIDENCE <u>610 OLD WORMLEY</u> CITY/TOWN <u>Crake rd Yorktown 23692</u>		
4.	SIGN <u>Robert Hodson</u> PRINT <u>Robert Hodson</u>	RESIDENCE <u>207 York Nelson</u> CITY/TOWN <u>Yorktown VA 23690</u>	<u>6-7-18</u>	
5.	SIGN <u>Theresa Hodson</u> PRINT <u>Theresa Hodson</u>	RESIDENCE <u>207 Nelson St</u> CITY/TOWN <u>Yorktown VA</u>	<u>6-7-18</u>	
6.	SIGN <u>Justina MacDona</u> PRINT <u>Justina MacDona</u>	RESIDENCE <u>101 Kensington RL</u> CITY/TOWN <u>Yorktown VA</u>	<u>6/7/18</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 an social security number or part thereof.

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

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

Commonwealth of Virginia

**- AFFIDAVIT -**

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

TU0359325

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VIRGINIA  
NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE

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

[Signature]  
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

**SHREE F. GREEN**  
NOTARY PUBLIC  
REG. # 543635  
COMMONWEALTH OF VIRGINIA  
MY COMMISSION EXPIRES MAY 31, 2019

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

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

\* **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.

179B

# 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~~ 5889 Campus Dr

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23453 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 12 day of JUNE, 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 PRINT S. BALLARD	RESIDENCE 491 SANDYVILLE CT CITY/TOWN VA BEACH, VA	6/12/18	
2.	SIGN PRINT D. Saunders	RESIDENCE 2210 E. Pembroke Ave CITY/TOWN Hampton Va.	6/12/18	
3.	SIGN PRINT Daniel S Wary	RESIDENCE 8 Pratt St CITY/TOWN Fort Monroe VA 23051	6/12/18	
4.	SIGN PRINT Susana Spence	RESIDENCE 175 B Atlantic CITY/TOWN Hampton	6/12/18	
5.	SIGN PRINT Marc A Forté	RESIDENCE 11 Channel Way CITY/TOWN Norfolk	6-12-18	
6.	SIGN PRINT Chense McClay	RESIDENCE 187 Atlantic Ave CITY/TOWN Hampton VA	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.

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER <small>(PRINT NAME IN SPACE BELOW SIGNATURE)</small>	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS <small>House Number and Street Name or Rural Route and Box Number and City/Town</small>	DATE SIGNED <small>[Must be after January 1 of election year]</small>	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <small>[OPTIONAL]</small>
7.	SIGN <i>Ashley Gregory</i> PRINT Ashley Gregory	RESIDENCE S. Hope St CITY/TOWN Hampton 23663	6/12/18	
8.	SIGN <i>Sheridan</i> PRINT Sheridan <i>Meriwether</i>	RESIDENCE 10 Mallory St CITY/TOWN Hampton VA	6/12/18	
9.	SIGN <i>Brenda K. Myers</i> PRINT Brenda K. Myers	RESIDENCE 1830 N. MALLORY CITY/TOWN Hampton VA 23664	6/12/18	
10.	SIGN <i>Brenda Myers</i> PRINT LEANDER W. MYERS	RESIDENCE 1830 N. MALLORY CITY/TOWN HAMPTON VA 23664	6/12/18	
11.	SIGN <i>Louise Gaskins</i> PRINT Louise Gaskins	RESIDENCE 6 Shelton Rd CITY/TOWN Hampton VA, 23663	6/12/18	
12.	SIGN <i>Mary Lee</i> PRINT HARRY LEE	RESIDENCE 2 FENWICK RD CITY/TOWN FT MONROE VA 23651	6/12/18	

Commonwealth of Virginia

**- AFFIDAVIT -**

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

T60359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Hampton

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

Octavianus Smith  
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.

180B

# 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 *Carpenter Dr*

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 Hampton signed hereunder or on the reverse

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 12 day of JUNE, 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>Linda Smith</i> PRINT Linda Smith	RESIDENCE 14 Shelton Rd CITY/TOWN Hampton, Va 23063	6/12/2018 6/12	[REDACTED]
2.	SIGN <i>Bonny Fountley</i> PRINT Bonny Fountley	RESIDENCE 30 Route 1 Rd CITY/TOWN Hampton, Va 23063	6/12/18	[REDACTED]
3.	SIGN <i>Paul Groehmal</i> PRINT PAUL GROEHMAL	RESIDENCE 119 Scotts Pt. CITY/TOWN Hampton	6/12/2018	[REDACTED]
4.	SIGN <i>Joseph Silvers</i> PRINT Joseph Silvers	RESIDENCE 59 W Virginia Ave CITY/TOWN Hampton	6/12/18	[REDACTED]
5.	SIGN <i>Jeanne B Hubert</i> PRINT Jeanne B Hubert	RESIDENCE 51 W Virginia Ave CITY/TOWN Hampton VA	6/12/18	[REDACTED]
6.	SIGN <i>Billie Fountley</i> PRINT Billie Fountley	RESIDENCE 30 Scotland rd CITY/TOWN Hampton, VA	6/12/18	[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.

12018 A

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>[Signature]</i> PRINT <u>Geathel Taliaferro</u>	RESIDENCE <u>949 N. Mallory St</u> CITY/TOWN <u>Hampton</u>	<u>6/12/18</u>	
8.	SIGN <i>[Signature]</i> PRINT <u>Angela Davis</u>	RESIDENCE <u>949 N Mallory St A</u> CITY/TOWN <u>Hampton VA</u>	<u>6/12/18</u>	
9.	SIGN <i>[Signature]</i> PRINT <u>Nancy Bendon</u>	RESIDENCE <u>11 Morningview w</u> CITY/TOWN <u>Hampton, Va</u>	<u>6/27/18</u>	
10.	SIGN <i>[Signature]</i> PRINT <u>Cherlinda Foulkes</u>	RESIDENCE <u>11</u> CITY/TOWN <u>Hampton VA</u>	<u>6-12-18</u>	
11.	SIGN <i>[Signature]</i> PRINT <u>Robinson Ames</u>	RESIDENCE <u>5 Towler Dr</u> CITY/TOWN <u>Hampton VA</u>	<u>6-12-18</u>	
12.	SIGN <i>[Signature]</i> PRINT <u>Velma Gause-Price</u>	RESIDENCE <u>270 Newport News Ave</u> CITY/TOWN <u>Hampton VA</u>	<u>6-12-18</u>	

Commonwealth of Virginia

**- AFFIDAVIT -**

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

T60359825

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

State of VA County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 14 day of June, 2018, by

Octavianus Smith  
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.

*1813*

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~~ 5889 Campus Dr

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

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For a statewide office

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

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

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 12 day of JUNE, 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>Mary Ashley</u> PRINT <u>MARY ASHLEY</u>	RESIDENCE <u>209 Seaboard Ave</u> CITY/TOWN <u>Hampton, VA</u>	<u>June 12, 2018</u>	
2.	SIGN <u>Theresa Sears</u> PRINT <u>Theresa Sears</u>	RESIDENCE <u>550 States Ave</u> CITY/TOWN <u>Hpl, VA</u>	<u>June 13, 2018</u>	
3.	SIGN <u>Joan Fogelgren</u> PRINT <u>JOAN FOGELGRE</u>	RESIDENCE <u>1049 Poppe Harbor</u> CITY/TOWN <u>Hampton</u>	<u>6/12/18</u>	
4.	SIGN <u>Ken Ashcom</u> PRINT <u>KEN ASHCOM</u>	RESIDENCE <u>1215 Tulip</u> CITY/TOWN <u>Hampton VA</u>	<u>6/12/18</u>	
5.	SIGN <u>Carlos Roman</u> PRINT <u>Carlos Roman</u>	RESIDENCE <u>132 Ingalls Rd.</u> CITY/TOWN <u>Hampton VA</u>	<u>6/12/18</u>	
6.	SIGN <u>Rebecca Brown</u> PRINT <u>Rebecca Brown</u>	RESIDENCE <u>62 Bay Front Pl</u> CITY/TOWN <u>Hampton, VA</u>	<u>12 Jun 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.

180A

**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 Luke Esley	RESIDENCE 62 Bay Front Pt CITY/TOWN Hampton VA	6/12/18	[REDACTED]
8	SIGN <i>[Signature]</i> PRINT Lyndell Geter	RESIDENCE 949 N Mallory St CITY/TOWN HA. VA. 23602	6/12/18	[REDACTED]
9	SIGN <i>[Signature]</i> PRINT Delvonts Hodge	RESIDENCE 1926 Andrews Blvd CITY/TOWN Hampton Va	6/12/18	[REDACTED]
10	SIGN <i>[Signature]</i> PRINT Danielle Jackson	RESIDENCE 1926 Andrews Blvd CITY/TOWN Hampton, VA	6/12/18	[REDACTED]
11	SIGN <i>[Signature]</i> PRINT Kim Baker	RESIDENCE 127 Atlantic Ave. CITY/TOWN Hampton	6/12/18	[REDACTED]
12	SIGN <i>[Signature]</i> PRINT Sherree Brown	RESIDENCE 111 Ireland St CITY/TOWN Hampton	6/12/18	[REDACTED]

Commonwealth of Virginia

**- AFFIDAVIT -**

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

T60359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

*[Signature]*  
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Hampton

The foregoing instrument was subscribed and sworn before me this 16 day of JUNE, 2018, by

Octavianus Smith  
PRINT NAME OF PERSON CIRCULATING THE PETITION

*[Signature]*

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

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

\* 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.

182B

# 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 Campes Dr

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 Hampton signed hereunder or on the reverse

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 12 day of JUNE, 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>Quintavis Wright</u> PRINT <u>Quintavis Wright</u>	RESIDENCE <u>222 Benthall Rd</u> CITY/TOWN <u>Hampton, VA</u>	<u>6/12/18</u>	
2.	SIGN <u>Harry Launthorn</u> PRINT <u>Harry Launthorn</u>	RESIDENCE <u>30 Scotland Rd</u> CITY/TOWN <u>Hampton, Va</u>	<u>6/12/18</u>	
3.	SIGN <u>Karena Cooke</u> PRINT <u>Karena Cooke</u>	RESIDENCE <u>518 Ford Road</u> CITY/TOWN <u>Hampton Va</u>	<u>6/12/18</u>	
4.	SIGN <u>Jamela Scott</u> PRINT <u>Jamela Scott</u>	RESIDENCE <u>45152 Inmallery</u> CITY/TOWN <u>Hampton VA</u>	<u>6-12-18</u>	
5.	SIGN <u>Otis C. Bridges</u> PRINT <u>Otis C. Bridges</u>	RESIDENCE <u>1119 N Mallory St</u> CITY/TOWN <u>Hampton VA</u>	<u>6-12-18</u>	
6.	SIGN <u>Louneva Robinson</u> PRINT <u>Louneva Robinson</u>	RESIDENCE <u>2907 W. Mercury St</u> CITY/TOWN <u>Hampton VA 23666</u>	<u>6-12-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

TL0359525

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

Virginia

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

*[Handwritten Signature]*  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Hampton

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

Octavianus Smith  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

*[Handwritten 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.

183B

# 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  
**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/Williamsburg 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 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 <i>[Signature]</i> PRINT <i>[Name]</i>	RESIDENCE <i>315 York Pl</i> CITY/TOWN <i>VA</i>		
2.	SIGN <i>[Signature]</i> PRINT <i>[Name]</i>	RESIDENCE <i>112 Runaway Lane</i> CITY/TOWN <i>Yorktown Virginia</i>		
3.	SIGN <i>[Signature]</i> PRINT <i>RICHARD A. BIGGF</i>	RESIDENCE <i>105 FAX CIRCLE</i> CITY/TOWN <i>YORKTOWN VA 23693</i>	<i>6/7/18</i>	
4.	SIGN <i>[Signature]</i> PRINT <i>DORIS Gray</i>	RESIDENCE <i>202 Tanager Boulevard</i> CITY/TOWN <i>Wmsbg VA 23185</i>		
5.	SIGN <i>[Signature]</i> PRINT <i>SHARON E MORCAN</i>	RESIDENCE <i>300 Meedawfield</i> CITY/TOWN <i>Yorktown, VA 23692</i>	<i>6/7/18</i>	
6.	SIGN <i>[Signature]</i> PRINT <i>[Name]</i>	RESIDENCE <i>126 Drew Rd</i> CITY/TOWN <i>Williamsburg, VA</i>	<i>6-10-18</i>	

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 an social security number or part thereof.

184 A

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>Carl Carter</i> PRINT Carl Carter	RESIDENCE 101 Gilmer Ave CITY/TOWN Rocktown Va	6-10-18	
8.	SIGN <i>Joseph J. [unclear]</i> PRINT Joseph	RESIDENCE 175 CANDLEWOOD CITY/TOWN NN VA	6/10/18	
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, OCTAVIANUS Smith, swear or affirm that (i) my full residential address is 11 TRIPLE CROWN CT. #304 in the State/Commonwealth of VIRGINIA; in the County/City/Town of HAUNTON; (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.

T6035952

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VIRGINIA  
NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE

CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

*[Signature]*  
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

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

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

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

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

\* **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.

184B

# 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~~ 5889 Campus Dr

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 6 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>Shane A. Caraker</u> PRINT <u>SHANE</u>	RESIDENCE <u>108 Lawson Dr</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>6/7/2018</u>	
2.	SIGN <u>S. Pearson</u> PRINT <u>S. Pearson</u>	RESIDENCE <u>5825 Susquehanna Dr</u> CITY/TOWN <u>Virginia Beach Va</u>	<u>6/7/2018</u>	
3.	SIGN <u>Thornton Kungz</u> PRINT <u>THORNTON KUNZ III</u>	RESIDENCE <u>111 ABERDEEN</u> CITY/TOWN <u>WILLIAMSBURG, VA</u>	<u>6/7/2018</u>	
4.	SIGN <u>Judy Hurley</u> PRINT <u>Judy Hurley</u>	RESIDENCE <u>206 Crystal Lake Dr</u> CITY/TOWN <u>Yorktown Va 23692</u>	<u>6/7/18</u>	
5.	SIGN <u>Michael L Fursy</u> PRINT <u>Michael Fursy</u>	RESIDENCE <u>315 Firs. Rd</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>6-7-18</u>	
6.	SIGN <u>Barbara Labente</u> PRINT <u>Barbara Labente</u>	RESIDENCE <u>110 Greenland DR</u> CITY/TOWN <u>Yorktown, VA 23693</u>	<u>6-7-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE].	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7	SIGN PRINT Robert E. Lehner	RESIDENCE 301 Anchor Drive CITY/TOWN Yorktown VA 23692	7/June/2018	
8	SIGN PRINT Cynthia Gray	RESIDENCE 105 Misty Dr. CITY/TOWN Yorktown	6/7/18	
9	SIGN PRINT Kelly Jaeger	RESIDENCE* 101 Democracy St. CITY/TOWN Yorktown, VA	4/7/18	
10	SIGN PRINT CHARLES GRAY	RESIDENCE 105 MISTY DR. CITY/TOWN Yorktown, VA	6/7/18	
11	SIGN PRINT Natalie McDonald	RESIDENCE 100 Loblolly Ct CITY/TOWN Yorktown VA	6/7/18	
12	SIGN PRINT Matthew McDonald	RESIDENCE 100 Loblolly Ct. CITY/TOWN Yorktown VA	6-7-18	

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

TL0359528  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
Virginia  
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE  
 [Redacted]  
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

SIGNATURE OF PERSON CIRCULATING THE PETITION  
 State of Virginia County/City of Yorktown

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

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

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

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# SHAUN D. BROWN

## COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

~~3683 WINDMILL DRIVE~~ 5887 Campus Dr

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 Yorktown / Williamsburg signed hereunder or on the reverse

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

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

General Election  Special Election  Democratic Primary  Republican Primary

to be held on the 6 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>William A Jackson</u> PRINT <u>William A Jackson</u>	RESIDENCE <u>3740 Saddle Creek Dr</u> CITY/TOWN <u>Newport News VA</u>	<u>6/7/18</u>	
2.	SIGN <u>T. Giles</u> PRINT <u>TERRI GILES</u>	RESIDENCE <u>118 Pintail Pl</u> CITY/TOWN <u>Yorktown, VA 23092</u>	<u>6/7/18</u>	
3.	SIGN <u>Zoe Mason</u> PRINT <u>Zoe Mason</u>	RESIDENCE <u>129 Weaver Road</u> CITY/TOWN <u>Williamsburg, VA 23185</u>		
4.	SIGN <u>Kristal Lee</u> PRINT <u>Krystal Lee</u>	RESIDENCE <u>122 Weaver Road</u> CITY/TOWN <u>Williamsburg, VA 23185</u>		
5.	SIGN <u>Cherelle Matthews</u> PRINT <u>Cherelle Matthews</u>	RESIDENCE <u>154 Nelson Dr</u> CITY/TOWN <u>Williamsburg VA</u>	<u>6/7/18</u>	
6.	SIGN <u>Jasmine McCain</u> PRINT <u>Jasmine McCain</u>	RESIDENCE <u>Williamsburg VA 6-718</u> CITY/TOWN <u>202 Tarleton Blvd VA</u>		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER <small>[PRINT NAME IN SPACE BELOW SIGNATURE]</small>	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS <small>House Number and Street Name or Rural Route and Box Number and City/Town</small>	DATE SIGNED <small>[Must be after January 1 of election year]</small>	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <small>[OPTIONAL]</small>
7.	SIGN <u>Treyvon Johnson</u> PRINT <u>Treyvon Johnson</u>	RESIDENCE <u>Williamsburg</u> CITY/TOWN <u>202 Starletta Bivona</u>	<u>6-7-18</u>	
8.	SIGN <u>Patricia D</u> PRINT <u>Patricia D</u>	RESIDENCE <u>540 Yorktown Rd</u> CITY/TOWN <u>NW. Va 23103</u>	<u>6-7-18</u>	
9.	SIGN <u>Adse</u> PRINT <u>Admune Sanders</u>	RESIDENCE <u>135 Magruder Ave</u> CITY/TOWN <u>Wmsby VA 23185</u>	<u>6-7-18</u>	
10.	SIGN <u>Julyn Ballen</u> PRINT <u>Jarlyn Ballen</u>	RESIDENCE <u>714 Backck Rd</u> CITY/TOWN <u>Seaford, Va 23156</u>	<u>6-7-18</u>	
11.	SIGN <u>Lloyd Keith Ballen</u> PRINT <u>Lloyd Keith Ballen</u>	RESIDENCE <u>714 Back Creek</u> CITY/TOWN <u>Seaford, Va.</u>	<u>6-7-18</u>	
12.	SIGN <u>Melissa Shipman</u> PRINT <u>Melissa Shipman</u>	RESIDENCE <u>101 Kensington Pl</u> CITY/TOWN <u>Yorktown VA 23093</u>	<u>6-7-18</u>	

Commonwealth of Virginia

**- AFFIDAVIT -**

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

TL60359825  
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  
Virginia  
 NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE  
 [REDACTED]  
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

[Signature]  
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of Virginia County/City of Yorktown

The foregoing instrument was subscribed and sworn before me this 10 day of June, 2018, by OCTAVIANUS Smith  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

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

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

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