

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of 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>William Cole Trower</u> PRINT William Cole Trower	RESIDENCE <u>7024 Azalea Garden Road</u> CITY/TOWN <u>Norfolk, VA 23518</u>	<u>6-7-18</u>	
2.	SIGN <u>Franne Fenimore</u> PRINT Franne Fenimore	RESIDENCE <u>4005 Bimford Ct</u> CITY/TOWN <u>VA Beach VA 23462</u>	<u>6/9/18</u>	
3.	SIGN <u>David Mender</u> PRINT DAVID Mender	RESIDENCE <u>3880 Danyou Grove Lane Apt 307 VA Be</u> CITY/TOWN <u>VA Beach 23462</u>	<u>6/9/18</u>	
4.	SIGN <u>Philip Angus</u> PRINT Philip Angus	RESIDENCE <u>3153 Rockwater Way</u> CITY/TOWN <u>VA-Beach 23456</u>	<u>6/9/18</u>	
5.	SIGN <u>Robin Angus</u> PRINT Robin Angus	RESIDENCE <u>3153 Rockwater Way</u> CITY/TOWN <u>VA Beach 23456</u>	<u>6/9/18</u>	
6.	SIGN <u>Elsa M. Latone</u> PRINT Elsa M. Latone	RESIDENCE <u>1325 Riverpoint Ct Apt 101</u> CITY/TOWN <u>VIRGINIA Beach / VA 23462</u>	<u>6/9/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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>Y. Nelson</u> PRINT <u>Jarvis Nelson</u>	RESIDENCE <u>4672 Cape Henry Hwy / K 23531</u> CITY/TOWN <u>23531</u>	<u>6/9/18</u>	
8.	SIGN <u>Matthew Patten</u> PRINT <u>Matthew Patten-Donny</u>	RESIDENCE <u>2821 Commodore Pl.</u> CITY/TOWN <u>Norfolk VA, 23503</u>	<u>6/9/18</u>	
9.	SIGN <u>William Woods</u> PRINT <u>William Woods</u>	RESIDENCE <u>1206 North Fore</u> CITY/TOWN <u>VA 23462</u>	<u>6/9/18</u>	
10.	SIGN <u>Tamara Paulsen</u> PRINT <u>Tamara Paulsen</u>	RESIDENCE <u>3544 Good Hope Rd</u> CITY/TOWN <u>Va Beach Va</u>	<u>6/9/18</u>	
11.	SIGN <u>Allison Deatley</u> PRINT <u>ALLISON DEATLEY</u>	RESIDENCE <u>1536 PALMETTO ST</u> CITY/TOWN <u>NORFOLK VA 23502</u>	<u>6/9/18</u>	
12.	SIGN <u>Helen Deatley</u> PRINT <u>Helen Deatley</u>	RESIDENCE <u>1536 Palmetto St #B</u> CITY/TOWN <u>Norfolk, Va 23502</u>	<u>6/9/18</u>	

Commonwealth of Virginia

- AFFIDAVIT -

I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Feldspar St 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.

AV1296111

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

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

Roberta Marciano
PRINT NAME OF PERSON CIRCULATING THE PETITION



SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS Vicki D. Wilson NOTARY REGISTRATION NUMBER** 7628169 DATE NOTARY COMMISSION EXPIRES** 10/31/19

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

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

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

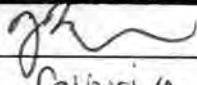

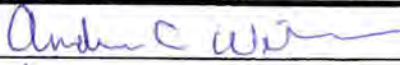
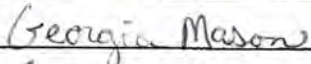
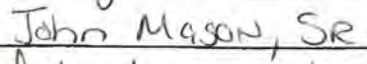
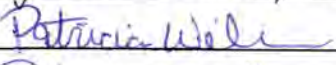
General Election Special Election Democratic Primary Republican Primary

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  PRINT Gloria Boban	RESIDENCE 3620 Kim Terrace CITY/TOWN Virginia Beach, VA	6/9	
	2. SIGN  PRINT John Z. Schwanover	RESIDENCE 1105 Whitestone Way CITY/TOWN Va Beach, VA 23514	6/9	
	3. SIGN  PRINT Andrew C. Wilson	RESIDENCE 410 Dune St. CITY/TOWN Norfolk, VA 23503	6/10	
	4. SIGN  PRINT Georgia Mason	RESIDENCE 505 Kenosha Ave CITY/TOWN Norfolk, VA 23509	6/10	
	5. SIGN  PRINT John Mason, Sr.	RESIDENCE 505 Kenosha Ave. CITY/TOWN Norfolk, VA 23509	6/10	
	6. SIGN  PRINT Patricia Wile	RESIDENCE 7333 Grandby St. CITY/TOWN Norfolk, VA 23505	6/10	

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.

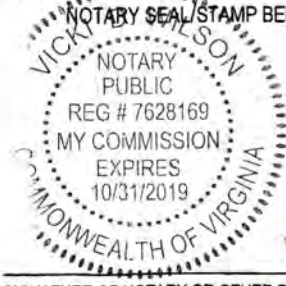
CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES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

- AFFIDAVIT -
 Commonwealth of Virginia
 I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Feldspar Ct. VA 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.

AV129411
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
 CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

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

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS: Vicki D. Welton NOTARY REGISTRATION NUMBER**: 7628169 DATE NOTARY COMMISSION EXPIRES**: 10/31/19

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of 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>Maura Pratt</u> PRINT <u>Maura Pratt</u>	RESIDENCE <u>1205 Hazel Ave</u> CITY/TOWN <u>Chesapeake VA 23325</u>	<u>6/8/18</u>	
	2. SIGN <u>Tommy Frow</u> PRINT <u>Tommy Frow</u>	RESIDENCE <u>2240 Windom Pl</u> CITY/TOWN <u>VA Beach, VA 23459</u>	<u>6/8/18</u>	
	3. SIGN <u>Kevin R. Davis</u> PRINT <u>KEVIN R. DAVIS</u>	RESIDENCE <u>2532 SPRINGDALE DR</u> CITY/TOWN <u>VA-ACH, VA 23456</u>	<u>6/8/18</u>	
	4. SIGN <u>Ann H Garrett</u> PRINT <u>Ann H Garrett</u>	RESIDENCE <u>500 THACIA RD</u> CITY/TOWN <u>VIRGINIA BEACH, VA 23452</u>	<u>6/8/18</u>	<u>—</u>
	5. SIGN <u>Andrew Hull</u> PRINT <u>Andrew Hull</u>	RESIDENCE <u>1507 Antler Cir</u> CITY/TOWN <u>VA Beach, VA</u>	<u>6/18/18</u>	
	6. SIGN <u>Calvin Roberts</u> PRINT <u>CALVIN ROBERTS</u>	RESIDENCE <u>1509 Antler Cir</u> CITY/TOWN <u>VA Beach VA</u>	<u>6-18-18</u>	<u>VA</u>

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>[Signature]</i> PRINT <u>Carrie Vance</u>	RESIDENCE <u>1292 Laska Rd 303</u> CITY/TOWN <u>Virginia Beach, VA 23451</u>	<u>6/9/18</u>	[REDACTED]
8.	SIGN <i>[Signature]</i> PRINT <u>Angela Chellow</u>	RESIDENCE <u>2213 Poplar Pt. Rd</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/8/18</u>	[REDACTED]
9.	SIGN <i>[Signature]</i> PRINT <u>Jeanette Vincente</u>	RESIDENCE <u>3228 Wimbledon Way</u> CITY/TOWN <u>VA Beach VA 23453</u>	<u>6/8/18</u>	[REDACTED]
10.	SIGN <i>[Signature]</i> PRINT <u>Constance C. Salter</u>	RESIDENCE <u>2072 Thomas Bishop Ln</u> CITY/TOWN <u>Va Bch VA 23454</u>	<u>6/8/18</u>	[REDACTED]
11.	SIGN <i>[Signature]</i> PRINT <u>Richard E. Sturtevant</u>	RESIDENCE <u>720 Jamestown Rd</u> CITY/TOWN <u>Williamsburg, VA 23185</u>	<u>6-8-18</u>	[REDACTED]
12.	SIGN <i>[Signature]</i> PRINT <u>CATHERINE C. COLEMAN</u>	RESIDENCE <u>1500 Ashley Dr.</u> CITY/TOWN <u>Virginia Beach, VA 23454</u>	<u>4/8/18</u>	<u>1023</u>

Commonwealth of Virginia - AFFIDAVIT -
 I, Roberta Marciano, swear or affirm that (i) my full residential address is VA 249 Kelaspark St. 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.

AV729411
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
 CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va Beach

The foregoing instrument was subscribed and sworn before me this 11 day of June, 20 18, by Roberta Marciano
 PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS Vicki D. Wilson NOTARY REGISTRATION NUMBER** 7628169 DATE NOTARY COMMISSION EXPIRES** 10/31/19

* 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.

873

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of 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	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town		
1.	SIGN <u>[Signature]</u> PRINT <u>Hayley Needham</u>	RESIDENCE <u>3109 sand pine Road</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/8</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Taylor Smith</u>	RESIDENCE <u>1132 Treeknndr</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/8</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>ANDREW MENDES</u>	RESIDENCE <u>2445 SHADWATER AVE</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/8</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>Jake Cokey</u>	RESIDENCE <u>1443 Taurus Ct</u> CITY/TOWN <u>Virginia Beach VA</u>	<u>6/8</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>Ben Fleming</u>	RESIDENCE <u>2728 Rock Lake Loop</u> CITY/TOWN <u>Virginia Beach VA</u>	<u>6/8/18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>Taylor Dunn</u>	RESIDENCE <u>1000 consolve ct</u> CITY/TOWN <u>Virginia Beach VA</u>	<u>6/8/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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 Cierra Rutledge	RESIDENCE 1012 Mintwood Ct CITY/TOWN VA Beach, VA	2018	
8.	SIGN <i>[Signature]</i> PRINT Clayton Daffron	RESIDENCE 619 25th St. CITY/TOWN Virginia Beach, Va	6/8	
9.	SIGN <i>[Signature]</i> PRINT Michelle Palmer	RESIDENCE 3039 Cape Henry Ct CITY/TOWN Virginia Beach	6/8/18	
10.	SIGN <i>[Signature]</i> PRINT Christina Paras	RESIDENCE 707 Kennedy Ave CITY/TOWN Va Beach	6/8/18	
11.	SIGN PRINT	RESIDENCE CITY/TOWN		
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

I, Roberta Marciano, swear or affirm that (i) my full residential address is 299 Feldspar Ct 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.

A107291011

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

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

Roberta Marciano
PRINT NAME OF PERSON CIRCULATING THE PETITION



SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS Vicki D. Wilson NOTARY REGISTRATION NUMBER** 7628169 DATE NOTARY COMMISSION EXPIRES** 10/31/19

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

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>Austin Meyer</i>	RESIDENCE 1199 2348 Wollingtonway	6/8/18	
	PRINT Austin Meyer	CITY/TOWN VA Beach		
2.	SIGN <i>Anacora Lora</i>	RESIDENCE 228 Brook Trace	6/8/18	
	PRINT Anacora Lora	CITY/TOWN VA Beach, VA		
3.	SIGN <i>Casey McGee</i>	RESIDENCE 1225 Grand Cypress spr	6/8/18	
	PRINT Casey McGee	CITY/TOWN VA Beach, VA		
4.	SIGN <i>Samantha Malvas</i>	RESIDENCE 5517 Nasrud Rd	6/8/18	
	PRINT Samantha Malvas	CITY/TOWN Va Beach		
5.	SIGN <i>Catherine Strickler</i>	RESIDENCE 1329 Fernside Ct	6/8/18	
	PRINT Catherine Strickler	CITY/TOWN Va Beach, VA		
6.	SIGN <i>William Gibbs</i>	RESIDENCE 816 Duke of Suffolk D	6/8/18	
	PRINT William Gibbs	CITY/TOWN Va Beach, VA		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>[Signature]</i> PRINT Kathryn Barnes	RESIDENCE 803 Virginia Ave. CITY/TOWN VA Beach VA 22051	6/8/18	
8.	SIGN <i>[Signature]</i> PRINT Sarah Herrmann	RESIDENCE 3205 W. Cheltenham Rd CITY/TOWN VA Beach, VA	6/8/18	
9.	SIGN Victoria Martel PRINT Victoria Martel	RESIDENCE 6456 Bridle Way CITY/TOWN NORFOLK VA 23518	6/8/18	
10.	SIGN Ally Martel PRINT Ally Martel	RESIDENCE 6456 Bridle Way CITY/TOWN NORFOLK VA 23518	6/8/18	
11.	SIGN <i>[Signature]</i> PRINT Allen Norfolk	RESIDENCE 2281 Windy Pines Blvd CITY/TOWN VA Beach VA	6/8/18	
12.	SIGN <i>[Signature]</i> SR PRINT Allen Norfolk SR	RESIDENCE 2281 Windy Pines Blvd CITY/TOWN VA Beach VA	6-8-18	

Commonwealth of Virginia

- AFFIDAVIT -

I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Feldspar Dr VA 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.

AV7296111

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va Beach

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

Roberta Marciano
PRINT NAME OF PERSON CIRCULATING THE PETITION

Victor D. White 7628169 10/31/19
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

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

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

We, the qualified voters of the district in which the above candidate seeks nomination or election and of 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 16 day of November, 20 18, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER <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>
1.	SIGN <u>Kathleen Stalp</u> PRINT <u>KATHLEEN STALP</u>	RESIDENCE <u>1804 TREES LANE</u> CITY/TOWN <u>VA Beach VA 23462</u>	<u>6/8/18</u>	
2.	SIGN <u>Debbie Snyder</u> PRINT <u>Debbie J. Snyder</u>	RESIDENCE <u>1700 Creekstone Ct</u> CITY/TOWN <u>Va Beach, VA 23453</u>	<u>6/8/18</u>	
3.	SIGN <u>Robert J McBeide</u> PRINT <u>Robert J McBeide</u>	RESIDENCE <u>2512 Cow Hook Rd</u> CITY/TOWN <u>Va Beach VA 23462</u>	<u>6/8/18</u>	
4.	SIGN <u>Nicholas E Boel</u> PRINT <u>Nicholas E Boel</u>	RESIDENCE <u>1832 WANDSWORTH DR</u> CITY/TOWN <u>VA Beach VA 23462</u>	<u>6/8/18</u>	
5.	SIGN <u>Todd Moisset</u> PRINT <u>TODD MOISSETT</u>	RESIDENCE <u>2476 Mirror Lake Dr</u> CITY/TOWN <u>Virginia Beach, VA 23453</u>	<u>6/8/18</u>	
6.	SIGN <u>Mark R. Simmons</u> PRINT <u>Mark R. Simmons</u>	RESIDENCE <u>3853 Lusalle DR. #101</u> CITY/TOWN <u>Virginia Beach, VA 23453</u>	<u>6/08/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>Nicole D. Bonamy</i> PRINT Nicole D. Bonamy	RESIDENCE 1893 SOMERSET LN CITY/TOWN VA. BEACH VA 23406	6/8/18	[REDACTED]
8.	SIGN <i>Nicole E. Bonamy III</i> PRINT NICOLE E. BONAMY	RESIDENCE 1893 SOMERSET LN. CITY/TOWN VA. BEACH VA 23406	6/8/18	[REDACTED]
9.	SIGN <i>Melissa R Keogh</i> PRINT MELISSA R KEOGH	RESIDENCE 2534 HARTLEY ST. CITY/TOWN VB, VA 23456	6/8/18	[REDACTED]
10.	SIGN <i>ND Holcomb III</i> PRINT ND HOLCOMB III	RESIDENCE 4476 Smokey LK RD CITY/TOWN Va Beach (23462)	6-8-18	[REDACTED]
11.	SIGN <i>Amanda Vele</i> PRINT <i>Amanda</i>	RESIDENCE 5209 Pleasant Hall Dr CITY/TOWN VA Beach VA	6-8-18	[REDACTED]
12.	SIGN <i>Justine Gibbs</i> PRINT Justine Gibbs	RESIDENCE 1949 ROCK LAKE LOOP CITY/TOWN Virginia Beach, VA 23456	6/8/18	[REDACTED]

Commonwealth of Virginia

- AFFIDAVIT -

I, Lauren Creekmore, swear or affirm that (i) my full residential address is 3749 Riverbank Circle 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.

A67271246

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

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

The foregoing instrument was subscribed and sworn before me this 11 day of June, 20 18, by Lauren Creekmore

PRINT NAME OF PERSON CIRCULATING THE PETITION



Vicki D. Wilson

7628169

10/31/19

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

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of V.B. 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]
1.	SIGN <i>Nicole Stewart</i> PRINT Nicole Stewart	RESIDENCE 1620 Melrose pkwy CITY/TOWN Norfolk	June 6/18	
2.	SIGN <i>[Signature]</i> PRINT Jonathan Overton	RESIDENCE 800 Chalk Court CITY/TOWN Virginia Beach	6/8/18	
3.	SIGN <i>[Signature]</i> PRINT Kristen Wexel	RESIDENCE 4805 Seewee Ct CITY/TOWN VA Beach	6/8/18	
4.	SIGN <i>[Signature]</i> PRINT Benjamin Bryan	RESIDENCE 1451 Harbour Ct CITY/TOWN VA Beach/VA	6-8-18	
5.	SIGN <i>[Signature]</i> PRINT Kate Silvana	RESIDENCE 1512 Hazelwood Ln CITY/TOWN VA Beach VA	6-8-18	
6.	SIGN <i>[Signature]</i> PRINT Starsky Lee	RESIDENCE 905 Bridgford Ct CITY/TOWN VA Beach, VA	6/8-18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE 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>Ryan Bozeman</u>	RESIDENCE <u>108A 70th</u>	<u>4/8/18</u>	
	PRINT <u>Ryan Bozeman</u>	CITY/TOWN <u>VA Beach</u>		
8.	SIGN <u>Pat Fennell</u>	RESIDENCE <u>4608 Downeast Ct</u>	<u>6/8/18</u>	
	PRINT <u>Pat Fennell</u>	CITY/TOWN <u>VA Beach</u>		
9.	SIGN <u>Cheyann Stone</u>	RESIDENCE <u>325 Aragona Blvd</u>	<u>6/8/18</u>	
	PRINT <u>Cheyann Stone</u>	CITY/TOWN <u>VA Beach</u>		
10.	SIGN <u>Alyssa Gammes</u>	RESIDENCE <u>325 Aragona Blvd</u>	<u>6/8/18</u>	
	PRINT <u>Alyssa Gammes</u>	CITY/TOWN <u>VA Beach</u>		
11.	SIGN <u>Madison Cowan</u>	RESIDENCE <u>1104 Carver Ave</u>	<u>6/8/18</u>	
	PRINT <u>Madison Cowan</u>	CITY/TOWN <u>VA Beach</u>		
12.	SIGN <u>Karlie Pritchard</u>	RESIDENCE <u>516 Big Pine DR</u>	<u>6-8/18</u>	
	PRINT <u>Karlie Pritchard</u>	CITY/TOWN <u>VA Beach VA</u>		

Commonwealth of Virginia

- AFFIDAVIT -

I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Feldspar Ct 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.

A4729411

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



SIGNATURE OF PERSON CIRCULATING THE PETITION

RPM

State of VA County/City of VA Beach

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

Roberta Marciano
PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

Vicki D. Wilson

NOTARY REGISTRATION NUMBER**

7628169

DATE NOTARY COMMISSION EXPIRES**

10/31/18 19

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[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 VABCH 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 <i>M. Arlinsky</i> PRINT Michael Arlinsky	RESIDENCE 3558 Shore Drive, #807 CITY/TOWN VB, VA 23455	8/14/18	---
2.	SIGN <i>Bill Nesteph</i> PRINT Bill Nesteph	RESIDENCE 2101 Turnstone Quay CITY/TOWN Virginia Beach VA 23454 2018	8 July	---
3.	SIGN <i>Laura Zito</i> PRINT Laura Zito	RESIDENCE 2381 Seaboard Rd CITY/TOWN Virginia Beach	9/8/18	---
4.	SIGN <i>Dawn Ambrosini</i> PRINT Dawn Ambrosini	RESIDENCE 3853 Windsor Woods CITY/TOWN VB VA 23452	6/8/18	---
5.	SIGN <i>Sharon Joyner</i> PRINT SHARON JOYNER	RESIDENCE 3732 REDWOOD FARM DR CITY/TOWN VA Beach, VA 23452	6/5/18	---
6.	SIGN <i>Joyner</i> PRINT JAMES JOYNER	RESIDENCE 3732 REDWOOD FARM DR CITY/TOWN VA Beach, VA 23452	6/8/18	---

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN PRINT Pamela S. Brown	RESIDENCE 8507 Troyst CITY/TOWN Norfolk Va 23503	6/10/18	[REDACTED]
8.	SIGN PRINT Robert E. Brown	RESIDENCE 8507 Troyst CITY/TOWN Norfolk Va 23503	6/10/18	[REDACTED]
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, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Feldspar Ct VB VA 23462 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.

A67290111
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
 CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

The foregoing instrument was subscribed and sworn before me this 11 day of June, 2018, by Roberta Marciano (VP)

PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS Vicki D. Wilson NOTARY REGISTRATION NUMBER** 7628169 DATE NOTARY COMMISSION EXPIRES** 10/31/19

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of VA BCH 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 <i>[Signature]</i> PRINT John Hurley	RESIDENCE 2164 Lords Lndg CITY/TOWN Virginia Beach, VA	6/7/18	[REDACTED]
2.	SIGN <i>[Signature]</i> PRINT Susan Hurley	RESIDENCE 2164 Lords Lndg CITY/TOWN Va. Beach VA 23451	6/7/18	[REDACTED]
3.	SIGN <i>[Signature]</i> PRINT Scott Reed Howard II	RESIDENCE 4344 Country Club Cir CITY/TOWN VA Beach VA 23465	6/7/18	
4.	SIGN <i>[Signature]</i> PRINT BriHany Teague	RESIDENCE 2716 S. Budding Ave. Apt 102 CITY/TOWN VIRGINIA BEACH, VA 23452	6/8/18	
5.	SIGN <i>[Signature]</i> PRINT CHERYL A. MURPHY	RESIDENCE 5648 FREWILL LN CITY/TOWN VA BCH, VA 23464	6/8/18	
6.	SIGN <i>[Signature]</i> PRINT Elisa Muel Figue Red	RESIDENCE 566 PEREGRINE ST CITY/TOWN VA BEACH, VA 23462	6/10/18	

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 <u>Patricia A. Steek</u> PRINT PATRICIA A. STEEK	RESIDENCE 4027 Timber Ridge Dr CITY/TOWN VA Beach VA 23455	6-8-18	[REDACTED]
8.	SIGN <u>Susan C. Jones</u> PRINT SUSAN C. JONES	RESIDENCE 1423 Harbor CT CITY/TOWN VA Beach VA 23454	6-8-18	—
9.	SIGN <u>Dean A. Ablowich</u> PRINT DEAN A. ABLOWICH	RESIDENCE 4176 CHARLITY NEEK Rd CITY/TOWN VA, BEACH, 23457	6/9/18	[REDACTED]
10.	SIGN <u>George Kordej</u> PRINT GEORGE KORDEJ	RESIDENCE 223 66th St CITY/TOWN VA Beach, VA 23451	6/9/18	—
11.	SIGN <u>Jan Bischof</u> PRINT JAN BISCHOF	RESIDENCE 3800 Atlantic Ave CITY/TOWN Va. Beach VA 23451	6/9/18	—
12.	SIGN <u>S. Reid</u> PRINT SAM REID	RESIDENCE 1533 VA Bch Blvd CITY/TOWN VA Bch VA 23454	6/9/18	—

Commonwealth of Virginia

- AFFIDAVIT -

I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Feldspar St Virginia 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.

AW7290111
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
 CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION



State of VA County/City of Va. Beach

The foregoing instrument was subscribed and sworn before me this 11 day of June, 20 18, by Roberta Marciano

PRINT NAME OF PERSON CIRCULATING THE PETITION
Vicki D. Wilson 7628169 10/31/19
 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.

93B

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 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use 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 BCP 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 PRINT Bruce S. Myer	RESIDENCE 8506 B Adkins Ave CITY/TOWN VB, VA	6/8/18	
2.	SIGN PRINT Dianne Paradis	RESIDENCE 3125 GENIUS PL. CITY/TOWN VA. BEACH VA.	6/8/18	
3.	SIGN PRINT DEBORAH REINHART	RESIDENCE 3121 GENIUS PL CITY/TOWN VA BEACH, VA 23456	6/8/2018	
4.	SIGN PRINT Greg Reinhart	RESIDENCE 3121 GENIUS PL CITY/TOWN VIRGINIA BEACH VA	6-8-18	
5.	SIGN PRINT Victor A. Philleo	RESIDENCE 877 Los Colonis Dr. CITY/TOWN VA Beach, 23456	6/8/18	
6.	SIGN PRINT Jill Eyles	RESIDENCE 1713 Middlemost Cyn CITY/TOWN Va Beach VA 23456	6/8/18	

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.

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 (SOCIAL SECURITY NUMBER) <small>[OPTIONAL]</small>
7.	SIGN <i>[Signature]</i> PRINT BRAD MARION	RESIDENCE 2305 BAYVILLE CITY/TOWN VA VA 23455	6/8/18	[REDACTED]
8.	SIGN <i>[Signature]</i> PRINT Kim Melnyk	RESIDENCE 2608 Fresh Meadow Ct. CITY/TOWN Va. Beach 23453	6/8/18	[REDACTED]
9.	SIGN <i>[Signature]</i> PRINT Matt Eyer	RESIDENCE 1713 Middlemost Ky CITY/TOWN V.B. VA 23454	6/8/18	[REDACTED]
10.	SIGN <i>[Signature]</i> PRINT <i>[Signature]</i>	RESIDENCE 829 LIPS COLONY VA Beach 23456	6/8/18	[REDACTED]
11.	SIGN <i>[Signature]</i> PRINT Anne Phillips	RESIDENCE 4545 Commerce St CITY/TOWN Va. Beach. VA	6-8-18	[REDACTED]
12.	SIGN <i>[Signature]</i> PRINT William Woods	RESIDENCE 2504 SEASIDE GROVE CT - VA BCH 23456	6-12-18	[REDACTED]

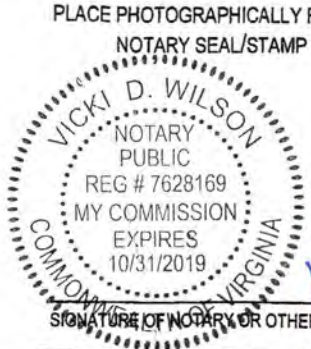
Commonwealth of Virginia - AFFIDAVIT -
 I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Feldspar St. VA in the State/Commonwealth of VA; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) 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.

A6729611
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUES THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

The foregoing instrument was subscribed and sworn before me this 11 day of June, 20 18, by Roberta Marciano
 PRINT NAME OF PERSON CIRCULATING THE PETITION



[Signature] SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS
7628169 NOTARY REGISTRATION NUMBER**
10/31/19 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.

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 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use 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 BCH 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 <i>[Signature]</i> PRINT Benito Loyola	RESIDENCE 3261 Wildercrest Ln CITY/TOWN Virginia Beach	6/8/2018	
2.	SIGN <i>[Signature]</i> PRINT Gretchen Loyola	RESIDENCE 3261 Wildercrest Lane CITY/TOWN Virginia Beach VA 23456	6/8/18	
3.	SIGN <i>[Signature]</i> PRINT Christinal Mapes	RESIDENCE 417 Bernice Place CITY/TOWN VA Beach, VA 23452	6/8/18	
4.	SIGN <i>[Signature]</i> PRINT GEORGE D. Meloy, Jr	RESIDENCE 2608 Fresh Meadow Ct CITY/TOWN VA BEACH, VA	6/8/18	
5.	SIGN <i>[Signature]</i> PRINT KEVIN WALCK	RESIDENCE 8508-A ATLANTIC AVE CITY/TOWN VA BEACH, VA 23451	6/8/18	
6.	SIGN <i>[Signature]</i> PRINT Camy Walck	RESIDENCE 8508-A ATLANTIC AVE CITY/TOWN VA BEACH, VA 23451	6/8/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE 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>RICHARD PARADIS</u>	RESIDENCE <u>3125 GENIUS PL</u> CITY/TOWN <u>VA BEACH</u>	<u>6/8/18</u>	[REDACTED]
8.	SIGN <i>[Signature]</i> PRINT <u>Nancy V Koch</u>	RESIDENCE <u>3664 Sea Gull Bluff Dr</u> CITY/TOWN <u>VA Beach VA</u>	<u>6/18/18</u>	[REDACTED]
9.	SIGN <i>[Signature]</i> PRINT <u>Carolyn</u>	RESIDENCE <u>1420 Claudia Drive</u> CITY/TOWN <u>Va beach</u>	<u>6/8/18</u>	[REDACTED]
10.	SIGN <i>[Signature]</i> PRINT <u>[Signature]</u>	RESIDENCE <u>Va Beach</u> CITY/TOWN <u>2595 Shire Dr</u>	<u>6/10/18</u>	[REDACTED]
11.	SIGN <i>[Signature]</i> PRINT <u>Darius Alcorn</u>	RESIDENCE <u>1201 Lake Jamboree</u> CITY/TOWN <u>VA VA 22464</u>	<u>6/8/18</u>	[REDACTED]
12.	SIGN <i>[Signature]</i> PRINT <u>Allison Hope Tutthill</u>	RESIDENCE <u>1817 Carlton East</u> CITY/TOWN <u>Virginia Beach, VA 23454</u>	<u>6/8/18</u>	[REDACTED]

Commonwealth of Virginia

- AFFIDAVIT -

I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Feldspar St. 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.

A6729411
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUES THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE

SIGNATURE OF PERSON CIRCULATING THE PETITION



State of VA County/City of Va. Beach

The foregoing instrument was subscribed and sworn before me this 11 day of June, 2018, by Roberta Marciano

PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

NOTARY REGISTRATION NUMBER**

DATE NOTARY COMMISSION EXPIRES**

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

** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

to be held on the 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 PRINT <i>[Signature]</i> <i>[Print Name]</i>	RESIDENCE CITY/TOWN <i>337 Grenfell</i> <i>VA BEACH</i>	<i>6/8/18</i>	
2.	SIGN PRINT <i>[Signature]</i> <i>[Print Name]</i>	RESIDENCE CITY/TOWN <i>1024 Colonial Meadows Way</i> <i>VB, VA 23454</i>	<i>6/18/18</i>	<i>—</i>
3.	SIGN PRINT <i>[Signature]</i> <i>[Print Name]</i>	RESIDENCE CITY/TOWN <i>6020 APPALACHIAN CT</i> <i>CHESAPEAKE VA 23320</i>	<i>6/2/18</i>	
4.	SIGN PRINT <i>[Signature]</i> <i>[Print Name]</i>	RESIDENCE CITY/TOWN <i>2504 Seedling Grove Ct</i> <i>VB, VA 23456</i>	<i>6/8/18</i>	
5.	SIGN PRINT <i>[Signature]</i> <i>[Print Name]</i>	RESIDENCE CITY/TOWN <i>4300 Glen Willow Ct.</i> <i>Virginia Beach Va 23462</i>	<i>6/8/18</i>	
6.	SIGN PRINT <i>[Signature]</i> <i>[Print Name]</i>	RESIDENCE CITY/TOWN <i>5262 Jacob Ct</i> <i>VB, VA 23464</i>	<i>6/8/18</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 any social security number or part thereof.

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

OFFICE USE ONLY		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS (SOCIAL SECURITY NUMBER) [OPTIONAL]
7.	SIGN <i>Vernon W. Williams Jr.</i> PRINT <i>Vernon W. Williams Jr.</i>	RESIDENCE <i>4300 Glen Willow Ct.</i> CITY/TOWN <i>Virginia Beach 23462</i>	<i>6/8/18</i>	
8.	SIGN <i>W. S. Kerry</i> PRINT <i>W. S. KERRY</i>	RESIDENCE <i>1508 STANFIELD</i> CITY/TOWN <i>VA Bch 23465</i>	<i>6/8/18</i>	
9.	SIGN <i>W. S. Kerry</i> PRINT <i>W. S. KERRY</i>	RESIDENCE <i>1508 STANFIELD</i> CITY/TOWN <i>VA Bch 23465</i>	<i>6/9/18</i>	
10.	SIGN <i>Dee Almos</i> PRINT <i>Dee Almos</i>	RESIDENCE <i>3925 SUTTERS</i> CITY/TOWN <i>VA Bch 23462</i>	<i>6/9/18</i>	
11.	SIGN <i>Leigh Ann Almos</i> PRINT <i>Leigh Ann Almos</i>	RESIDENCE <i>3925 Sutter St</i> CITY/TOWN <i>VA Bch 23462</i>	<i>6/9/18</i>	
12.	SIGN <i>Richard S. Ripley</i> PRINT <i>RICHARD S RIPLEY</i>	RESIDENCE <i>3908 SHADYDALE</i> CITY/TOWN <i>VA Bch</i>	<i>6/9/18</i>	

Commonwealth of Virginia - AFFIDAVIT -
 I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Meldspar St 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.

AL7296111
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUES THE CIRCULATOR'S DRIVER'S LICENSE
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of VA Beach
 The foregoing instrument was subscribed and sworn before me this 11 day of June, 20 18, by Roberta Marciano
 PRINT NAME OF PERSON CIRCULATING THE PETITION



Vicki D. Wilson 7628169 10/31/19
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of VA BCH 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>[Signature]</u> PRINT <u>Jordan Rockett</u>	RESIDENCE <u>579 HERNET DR. STE 400</u> CITY/TOWN <u>VA BEACH 23462</u>	<u>6/9/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Octavia Bingham</u>	RESIDENCE <u>5104 Stewart Dr.</u> CITY/TOWN <u>VA Beach 23464</u>	<u>6-9-18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Laura Rinehardt</u>	RESIDENCE <u>15404 Stewart Dr</u> CITY/TOWN <u>VA Beach VA 23462</u>	<u>6-9-18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>KAREN W. KLOVAS</u>	RESIDENCE <u>603 PINEWOOD DR</u> CITY/TOWN <u>VA BEACH 23451</u>	<u>6-9-18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>George Felts</u>	RESIDENCE <u>528 Heather Tr</u> CITY/TOWN <u>VA Beach VA 23462</u>	<u>6-9-18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>Mary Felts</u>	RESIDENCE <u>328 Heather Dr</u> CITY/TOWN <u>VB VA 23462</u>	<u>6/9/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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>Shannon Green</u> PRINT <u>Shannon Green</u>	RESIDENCE <u>5630 Gates Landing Rd.</u> CITY/TOWN <u>VA Beach VA 23464</u>	<u>4/6/18</u>	
8.	SIGN <u>[Signature]</u> PRINT <u>RALPH GREEN</u>	RESIDENCE <u>5630 GATES LANDING</u> CITY/TOWN <u>VA BEACH VA 23464</u>	<u>6/9/18</u>	
9.	SIGN <u>[Signature]</u> PRINT <u>Wesley Greene</u>	RESIDENCE <u>1197 EAGLE WAY</u> CITY/TOWN <u>VA BEACH 23458</u>	<u>6/9/18</u>	
10.	SIGN <u>Kathy Harris</u> PRINT <u>K. Harris</u>	RESIDENCE <u>239 Grandly St</u> CITY/TOWN <u>VA Beach VA 23510</u>	<u>6-9-18</u>	
11.	SIGN <u>Chloe Harris</u> PRINT <u>Chloe Harris</u>	RESIDENCE <u>239 Grandly St.</u> CITY/TOWN <u>Norfolk, VA 23510</u>	<u>6/9/18</u>	
12.	SIGN <u>[Signature]</u> PRINT <u>Wesley Greene</u>	RESIDENCE <u>2537 Hardy VA 23456</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</u>	

Commonwealth of Virginia

- AFFIDAVIT -

I, Roberta Marciano, swear or affirm that (i) my full residential address is 279 Feldspar Street 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.

A0729011
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER LICENSE
 CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of VA Beach

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

Roberta Marciano
 PRINT NAME OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



Vicki D. Wilson SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS
7628169 NOTARY REGISTRATION NUMBER**
10/31/19 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.

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 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY	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>David Allmond</i> PRINT David Allmond	RESIDENCE 947 Northside Cove CITY/TOWN Norfolk, VA 23504	6/9/18	
2.	SIGN <i>F.A. Don-Martin</i> PRINT F.A. DON-MARTIN	RESIDENCE 4625 DORCHESTER CITY/TOWN VIRGINIA BEACH, 23464	6/9/18	
3.	SIGN <i>L.A. Don-Martin</i> PRINT L.A. DON-MARTIN	RESIDENCE 4625 Dorchester Ln CITY/TOWN VB, VA 23464	6/9/18	
4.	SIGN <i>Keith S. Farver</i> PRINT Keith S Farver	RESIDENCE 1944 Clifton Bridge Dr CITY/TOWN VB, VA 23456	6/9/2018	
5.	SIGN <i>Amee Farver</i> PRINT Amee Farver	RESIDENCE 1944 Clifton Bridge Dr CITY/TOWN VB, VA 23456	6/9/18	
6.	SIGN <i>George Parafon</i> PRINT George Parafon	RESIDENCE 5408 Abitides Dr CITY/TOWN VA Beach 23464	6/9/18	

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.

98A

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 [Signature] PRINT <u>Joshua Cotton</u>	RESIDENCE <u>3108 Rockwater Ln</u> CITY/TOWN <u>Va Beach 23456</u>	<u>5/9/18</u>	
8.	SIGN [Signature] PRINT <u>Carrie David</u>	RESIDENCE <u>5777 Amberbrook Arch</u> CITY/TOWN <u>VB Va 23464</u>	<u>6/9/18</u>	
9.	SIGN [Signature] PRINT <u>Christine Schulze</u>	RESIDENCE <u>389 Reflections Dr</u> CITY/TOWN <u>VA Beach, VA 23452</u>	<u>6/9/18</u>	
10.	SIGN [Signature] PRINT <u>Kenneth Bachman</u>	RESIDENCE <u>389 Reflections Dr</u> CITY/TOWN <u>VA Beach VA 23452</u>	<u>6/1/18</u>	
11.	SIGN [Signature] PRINT <u>Janie Stanmark</u>	RESIDENCE <u>110 E. Bay Ave</u> CITY/TOWN <u>Norfolk, VA 23503</u>	<u>6/9/18</u>	
12.	SIGN [Signature] PRINT <u>MARK WADE</u>	RESIDENCE <u>8519 CULFORD CRES</u> CITY/TOWN <u>NORFOLK VA 23503</u>	<u>6/9/18</u>	

Commonwealth of Virginia

- AFFIDAVIT -

I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Feldspar St 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.

A6729611

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



SIGNATURE OF PERSON CIRCULATING THE PETITION

[Signature]

State of VA County/City of Va. Beach

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

Roberta Marciano (with initials in circle)
PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS Vicki D. Wilson NOTARY REGISTRATION NUMBER** 7628169 DATE NOTARY COMMISSION EXPIRES** 10/31/19

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

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

We, the qualified voters of the district in which the above candidate seeks nomination or election and of 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., 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 John Ogden	RESIDENCE 889 Dwyer Rd CITY/TOWN VA Beach, VA 23454	June 2018	
2.	SIGN <i>[Signature]</i> PRINT Rhonda Ogden	RESIDENCE 889 Dwyer Rd CITY/TOWN VA Beach 23454	June 9/18	
3.	SIGN <i>[Signature]</i> PRINT Patricia D. Laster	RESIDENCE 1650 Sward Dances Dr CITY/TOWN VA Beach VA 23462	6-9-18	
4.	SIGN <i>[Signature]</i> PRINT MARK B WYKIE	RESIDENCE 509 White Oak Dr CITY/TOWN VA BEACH VA 23462	6/9/18	
5.	SIGN <i>[Signature]</i> PRINT Anthony Clemens	RESIDENCE 463 Queens Creek Rd CITY/TOWN WIMSBC, VA 23185	6/9/18	
6.	SIGN <i>[Signature]</i> PRINT Sabrina Clemens	RESIDENCE 463 Queens Creek Rd CITY/TOWN Wimsby, VA 23185	6/9/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>[Signature]</i> PRINT EDWIN L. GOODWIN III	RESIDENCE 5524 BUCKHORN CRES CITY/TOWN VA BEACH, VA 23435	6/9/18	
8.	SIGN <i>[Signature]</i> PRINT Jeff Wynn	RESIDENCE 1904 JESSIE CT. CITY/TOWN VA Beach, VA 23456	6/9/18	
9.	SIGN <i>[Signature]</i> PRINT Linda M Ross	RESIDENCE 1407 LEONARD CRES CITY/TOWN Virginia Beach VA	6/9/18	
10.	SIGN <i>[Signature]</i> PRINT Mario McKay	RESIDENCE 5417 Trumpet Vine Ct CITY/TOWN Virginia Beach, VA 23462	6/9/18	
11.	SIGN <i>[Signature]</i> PRINT Lasharon McCoy	RESIDENCE 5417 Trumpet Vine Ct CITY/TOWN Virginia Beach VA 23462	6/9/18	
12.	SIGN <i>[Signature]</i> PRINT <i>[Signature]</i>	RESIDENCE <i>[Signature]</i> CITY/TOWN VA VA 23456	6/9/18	

Commonwealth of Virginia

- AFFIDAVIT -

I, Roberta Marciano, swear or affirm that (i) my full residential address is 249 Keltappan St. 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.

A67296111
 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

[Signature]

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of VA Beach

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

Roberta Marciano
 PRINT NAME OF PERSON CIRCULATING THE PETITION



Vicki D. Wein 7628169 10/31/19
 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.