

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 B CV 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>Melissa Sutherland</i> PRINT Melissa Sutherland	RESIDENCE 5517 Aragon Dr. CITY/TOWN VAB VA 23455	6/9/18	—
2.	SIGN <i>Berree Beth</i> PRINT Berree Beth	RESIDENCE 2120 Harrell Ave CITY/TOWN Norfolk, VA 23504	6/8/18	—
3.	SIGN <i>Terrill Beth</i> PRINT Terrill Beth	RESIDENCE 2120 Harrell Ave CITY/TOWN Norfolk VA 23504	6/9/18	—
4.	SIGN <i>Phyllis Sayers</i> PRINT Phyllis Sayers	RESIDENCE 5540 Cabin John CITY/TOWN VAB 23464	06-09-2018	—
5.	SIGN <i>Mark Sayers</i> PRINT Mark Sayers	RESIDENCE 5540 Cabin John CITY/TOWN VAB 23464	06-09-2018	—
6.	SIGN <i>Cassandra Heglar</i> PRINT Cassandra Heglar	RESIDENCE 4124 Thallicocke Station CITY/TOWN Va Beach VA 23452	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.

100A

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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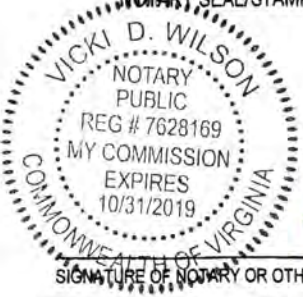
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>Ramesh Khardon</i> PRINT Ramesh Khardon	RESIDENCE 1293 Knights Br. Ln CITY/TOWN Virginia Beach 23465	06/10/18	
8.	SIGN <i>Royal Louvenor</i> PRINT Royal Louvenor	RESIDENCE P.O. Box 427 CITY/TOWN Oxley VA.	9/9/18	
9.	SIGN <i>Caitlan Krawczyk</i> PRINT CAITLAN KRAWCZYK	RESIDENCE 825 Timberlake Dr CITY/TOWN Virginia Beach, VA 23464	6/9/18	
10.	SIGN <i>Kristin Myers</i> PRINT KRISTIN MYERS	RESIDENCE 3619 Orange St #1 CITY/TOWN Norfolk, VA 23513	6/9/18	
11.	SIGN <i>Tara Greene</i> PRINT Tara Greene	RESIDENCE 3619 Orange St #1 CITY/TOWN Norfolk, VA 23513	6/9/18	
12.	SIGN <i>Lena Robinson</i> PRINT Lena Robinson	RESIDENCE 266 Island Rd CITY/TOWN Gloucester VA 23061	6/9/18	

Commonwealth of Virginia - AFFIDAVIT -
 I, Roberta Marciano, swear or affirm that (i) my full residential address is 749 Fuldsparr 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.

AV 7290111
 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]

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 NOTARY REGISTRATION NUMBER** 7628169 DATE NOTARY COMMISSION EXPIRES** 10/31/19

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10 dB

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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5887 Campus Drive

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VIRGINIA BEACH, VA 23462

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HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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General Election Special Election Democratic Primary Republican Primary

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

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1.	SIGN <u>[Signature]</u> PRINT <u>Virginia Hardin</u>	RESIDENCE <u>5804 Hamlet Rd</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
2.	SIGN <u>[Signature]</u> PRINT <u>Don Morris</u>	RESIDENCE <u>443 T Deke Rd</u> CITY/TOWN <u>Va Beach</u>	<u>6/9/18</u>	
3.	SIGN <u>[Signature]</u> PRINT <u>Michelle Williams</u>	RESIDENCE <u>6309 Carlisle Ct Apt 204</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
4.	SIGN <u>[Signature]</u> PRINT <u>Andrew Palthan</u>	RESIDENCE <u>1027 Heatherwood</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</u>	
5.	SIGN <u>[Signature]</u> PRINT <u>Floyd Anderson</u>	RESIDENCE <u>913 Red Court</u> CITY/TOWN <u>VB</u>	<u>VB 6/9/18</u>	
6.	SIGN <u>[Signature]</u> PRINT <u>Karl Anderson</u>	RESIDENCE <u>4721 Amberjack</u> CITY/TOWN <u>VB</u>	<u>4/9/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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7.	SIGN <i>[Signature]</i>	RESIDENCE <u>3917 Meeting House Rd</u>	<u>6/9/18</u>	
	PRINT <u>Kimberly Paris</u>	CITY/TOWN <u>VB</u>		
8.	SIGN <i>[Signature]</i>	RESIDENCE <u>5317 Larkins Lane Ct.</u>	<u>6/9/18</u>	
	PRINT <u>Benjamin Braland</u>	CITY/TOWN <u>Virginia Beach</u>		
9.	SIGN <i>[Signature]</i>	RESIDENCE <u>3908 Cloverdale Cir</u>	<u>6/9/18</u>	
	PRINT <u>Archie Christian</u>	CITY/TOWN <u>VB</u>		
10.	SIGN <i>[Signature]</i>	RESIDENCE <u>3701 N. Domanwood Ct</u>	<u>6/9/18</u>	
	PRINT <u>Terry Trammel</u>	CITY/TOWN <u>Virginia Beach</u>		
11.	SIGN <i>[Signature]</i>	RESIDENCE <u>925 Sherry Ave</u>	<u>6/9/18</u>	
	PRINT <u>Suzette McNeil</u>	CITY/TOWN <u>Virginia Beach</u>		
12.	SIGN <i>[Signature]</i>	RESIDENCE <u>1117 Overman Ave</u>	<u>6/9/18</u>	
	PRINT <u>Esther Schriever</u>	CITY/TOWN <u>VB</u>		

Commonwealth of Virginia

- AFFIDAVIT -

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

AU7290111

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VA

NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER LICENSE

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
PRINT NAME OF PERSON CIRCULATING THE PETITION

CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



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

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COMMONWEALTH OF VIRGINIA
**PETITION OF QUALIFIED
VOTERS**

(Must be filed with Declaration of Candidacy)

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

5887 Campus Drive
ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

Virginia Beach, VA 23462
ENTER ABOVE, CITY/TOWN ENTER ABOVE, ZIP + 4

House of Representatives 2nd
ENTER ABOVE, OFFICE SOUGHT ENTER ABOVE, DISTRICT, IF APPLICABLE

We, the qualified voters of the district in which the above candidate seeks nomination or election and of Virginia Beach signed hereunder or on the reverse COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

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

General Election Special Election Democratic Primary Republican Primary

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1.	SIGN PRINT Zachary Diggs	RESIDENCE 3745 South Blvd CITY/TOWN VA Beach, VA 23462	6/8/18	
2.	SIGN PRINT Michael Feduniewicz	RESIDENCE 3660 Criollo Drive CITY/TOWN VA Beach, VA 23453	6/8/18	
3.	SIGN PRINT Brad Miller	RESIDENCE 10611 Mableton Ct CITY/TOWN VA Beach - 23461	6/8/18	
4.	SIGN PRINT Zachary Klingemier	RESIDENCE 5565 Conservatory Ave CITY/TOWN VA Beach, VA 23455	6/8/18	
5.	SIGN PRINT JUSTIN S. GARY	RESIDENCE 460 Little Neck Rd CITY/TOWN Va Beach, VA 23452	6/8/18	
6.	SIGN PRINT Craig Taylor	RESIDENCE 1100 Belvoir Lane CITY/TOWN VA Beach, VA 23464	6/8/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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7.	SIGN <i>[Signature]</i> PRINT <u>Tom Parris</u>	RESIDENCE <u>400 E Villavue Ct</u> CITY/TOWN <u>VA Bch Va 23461</u>	<u>6-8-18</u>	[REDACTED]
8.	SIGN <i>[Signature]</i> PRINT <u>Rhonda Marshall</u>	RESIDENCE <u>3540 Mare Lane</u> CITY/TOWN <u>Virginia Beach Va 23458</u>	<u>9 June 18</u>	[REDACTED]
9.	SIGN <i>[Signature]</i> PRINT <u>Amanda Stuffer</u>	RESIDENCE <u>2468 Rollingview Ct</u> CITY/TOWN <u>VA Beach</u>	<u>9 June 18</u>	
10.	SIGN <i>[Signature]</i> PRINT <u>Kenneth Brown</u>	RESIDENCE <u>444 CROSSETT ST</u> CITY/TOWN <u>Va. Beach, VA</u>	<u>6/9/18</u>	
11.	SIGN <i>[Signature]</i> PRINT <u>Timothy Grindle</u>	RESIDENCE <u>800 CHIGWELL CT</u> CITY/TOWN <u>VA BEACH</u>	<u>6/10/18</u>	
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

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A4729011

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VA

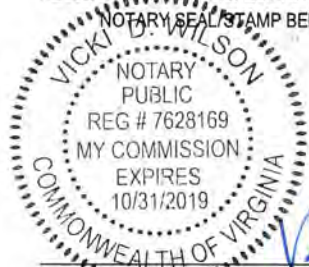
NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

[REDACTED]

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

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State of VA County/City of Va. Beach

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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**

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102B

SHAUN D. BROWN

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	1. SIGN <u>[Signature]</u> PRINT <u>LARRY REE...</u>	RESIDENCE <u>4000 Smokestack Lakes</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/6/18</u>	
	2. SIGN <u>[Signature]</u> PRINT <u>Bruce Benby</u>	RESIDENCE <u>5721 Lincoln Dr</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
	3. SIGN <u>[Signature]</u> PRINT <u>Charles Luma</u>	RESIDENCE <u>5152 Everlumb</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</u>	
	4. SIGN <u>[Signature]</u> PRINT <u>Judy Bodaks</u>	RESIDENCE <u>924 Wexler Ct</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</u>	
	5. SIGN <u>[Signature]</u> PRINT <u>Brett Miller</u>	RESIDENCE <u>5828 Shorehaven</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
	6. SIGN <u>[Signature]</u> PRINT <u>Mary Lou Ferraro</u>	RESIDENCE <u>3725 Strathmore Ln</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</u>	

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

OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>Althea Bennington</i>	RESIDENCE 3904 Elba St	6/9/18	
	PRINT Althea Bennington	CITY/TOWN VB		
8.	SIGN <i>Carmen Baldwin</i>	RESIDENCE 5736 Abrieyla	6/9/18	
	PRINT Carmen Baldwin	CITY/TOWN Virginia Beach		
9.	SIGN <i>Walter Matlick</i>	RESIDENCE 5009 AMBOY	6/9/18	
	PRINT WALTER MATLICK	CITY/TOWN VIRGINIA BEACH		
10.	SIGN <i>Susan Lambert</i>	RESIDENCE 1100 Landwood	6/9/18	
	PRINT Susan Lambert	CITY/TOWN VB		
11.	SIGN <i>Amy Vest</i>	RESIDENCE 4212 Hermitage Rd	6/9/18	
	PRINT Amy Vest	CITY/TOWN Virginia Beach		
12.	SIGN <i>Louder Smith</i>	RESIDENCE 5401 Chaddock Dr.	6/9/18	
	PRINT Louder Smith	CITY/TOWN VB		

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.

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

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

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 York County signed hereunder or on the reverse

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Ned West</u> PRINT <u>Ned West</u>	RESIDENCE <u>201 Pamlico Run</u> CITY/TOWN <u>Yorktown</u>	<u>6/7/18</u>	
2.	SIGN <u>Timothy B. Beale</u> PRINT <u>TIMOTHY B. BEALE</u>	RESIDENCE <u>320 Bay Tree Beach Rd</u> CITY/TOWN <u>SEAFORD, VA 23692</u>	<u>6/7/18</u>	
3.	SIGN <u>Charles G. Wall</u> PRINT <u>CHARLES G. WALL</u>	RESIDENCE <u>133 TARDORWING DR</u> CITY/TOWN <u>4000 TRAIL, VA 23692</u>	<u>6/7/18</u>	
4.	SIGN <u>Robert G. Wood</u> PRINT <u>Robert G. Wood</u>	RESIDENCE <u>109 Lake Herrin Ct</u> CITY/TOWN <u>Yorktown, VA</u>	<u>6/7/18</u>	
5.	SIGN <u>Judith Layne Wood</u> PRINT <u>Judith Layne Wood</u>	RESIDENCE <u>109 Lake Herrin Ct.</u> CITY/TOWN <u>Yorktown, VA 23693</u>	<u>6/7/18</u>	
6.	SIGN <u>Michael Cavan</u> PRINT <u>Michael Cavan</u>	RESIDENCE <u>103 Cow Rd</u> CITY/TOWN <u>SEAFORD VA</u>	<u>6/7/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>[Signature]</i> PRINT <u>Christina Patterson</u>	RESIDENCE <u>116 Galaxy Way</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>6/7/18</u>	[REDACTED]
8.	SIGN <i>[Signature]</i> PRINT <u>Jerry Patterson</u>	RESIDENCE <u>176 Galaxy Way</u> CITY/TOWN <u>Yorktown VA 23697</u>	<u>7 June 18</u>	[REDACTED]
9.	SIGN <i>[Signature]</i> PRINT <u>Lynda J. Fairman</u>	RESIDENCE <u>111 Galaxy Way</u> CITY/TOWN <u>Yorktown, VA 23693</u>	<u>7 June 18</u>	—
10.	SIGN <i>[Signature]</i> PRINT <u>Terry M Fairman</u>	RESIDENCE <u>111 Galaxy Way</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>7 June 18</u>	—
11.	SIGN <i>[Signature]</i> PRINT <u>BEN BRIFFITY</u>	RESIDENCE <u>104 D MASON ROW</u> CITY/TOWN <u>YORKTOWN, VA 23321</u>	<u>7 June 18</u>	—
12.	SIGN <i>[Signature]</i> PRINT <u>James Mullen</u>	RESIDENCE <u>213 Bellas Cove Dr</u> CITY/TOWN <u>Poplar VA 23662</u>	<u>6/9/18</u>	—

Commonwealth of Virginia

- AFFIDAVIT -

I, Nicholas Horning, swear or affirm that (i) my full residential address is 316 Kullow Dr. in the State/Commonwealth of Virginia; in the County/City/Town of York County; (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.

A61773143

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

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

[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

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

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



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.

104 B

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 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.: 2 [optional].

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Heather Guillot</u> PRINT Heather Guillot	RESIDENCE <u>4640 B Lee Ave</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</u>	[REDACTED]
2.	SIGN <u>Brian Mims</u> PRINT <u>BRIAN MIMS</u>	RESIDENCE <u>260 KENLEY Road</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/8/18</u>	[REDACTED]
3.	SIGN <u>Mike Thomas</u> PRINT <u>Mike Thomas</u>	RESIDENCE <u>16 PO BOX ST</u> CITY/TOWN <u>VA Beach</u>	<u>6/8/18</u>	
4.	SIGN <u>Lisa Jankowski</u> PRINT <u>LISA Jankowski</u>	RESIDENCE <u>VA Beach</u> CITY/TOWN <u>1833 Fury Way</u>	<u>6/8/18</u>	
5.	SIGN <u>Bonhamy Wiggins</u> PRINT <u>Bonhamy Wiggins</u>	RESIDENCE <u>3712 Canadian Arch</u> CITY/TOWN <u>VA-Beach VA 23453</u>	<u>4/8/18</u>	
6.	SIGN <u>Joseph Jones</u> PRINT <u>Joseph Jones</u>	RESIDENCE <u>2151 Corninegham Dr</u> CITY/TOWN <u>Hampton VA 23066</u>	<u>6/8/18</u>	[REDACTED]

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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105 A

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <u>Tommy E. Eura</u> PRINT Tommy E. Eura	RESIDENCE 1493 HOUSE CT. #204 CITY/TOWN Virginia Beach	6/8/18	
8.	SIGN <u>Caitl Ray</u> PRINT CAITL RAY	RESIDENCE 2680 CASTWELL RD CITY/TOWN VIRGINIA BEACH, VA	6/8/18	
9.	SIGN <u>Patsy Smith</u> PRINT Patsy Smith	RESIDENCE 1238 Warwick Dr CITY/TOWN Virginia Beach VA	6/8/18	
10.	SIGN <u>Sheldon C. C...</u> PRINT Sheldon C. C...	RESIDENCE 2049 HATFIELD PL CITY/TOWN VA, BEACH VA	6/8/18	
11.	SIGN <u>Chris Massey</u> PRINT Chris Massey	RESIDENCE 3604 Harbinger CITY/TOWN VA Beach	6/8/18	
12.	SIGN <u>Veressa Knoffe</u> PRINT Veressa Knoffe	RESIDENCE 4761 Woods Edge CITY/TOWN Virginia Beach U.A.	6/8/18	

Commonwealth of Virginia

- AFFIDAVIT -

I, Daniel Bohner, swear or affirm that (i) my full residential address is 701 Bishop Dr in the State/Commonwealth of VA; in the County/City/Town of VA 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.

A66556735

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VA

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

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

Daniel Bohner
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

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 ** If not included in seal/stamp.

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
	1. SIGN <i>Camille Perrel</i>	RESIDENCE 1749 Valhalla Arch	6/8/18	
	PRINT Camille Perrel	CITY/TOWN Virginia Beach 23454		
	2. SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
	3. SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
	4. SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
	5. SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
	6. SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

Commonwealth of Virginia

- AFFIDAVIT -

I, Daniel Bohner, swear or affirm that (i) my full residential address is 701 Bishop Dr in the State/Commonwealth of VA; in the County/City/Town of VA 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.

A60556735
 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, 2018, by Daniel Bohner

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.

[Handwritten scribbles]

106B

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Heather Newton</u> PRINT <u>Heather Newton</u>	RESIDENCE <u>3566 Brown Rd</u> CITY/TOWN <u>VB</u>	<u>June 8th / 18</u>	
2.	SIGN <u>Parker Woodruff - Neuch</u> PRINT <u>Parker Woodruff - Neuch</u>	RESIDENCE <u>3566 Brown Rd</u> CITY/TOWN <u>VB</u>	<u>6-8 2018</u>	
3.	SIGN <u>Alex Kirkby</u> PRINT <u>Alex Kirkby</u>	RESIDENCE <u>8709 Atlantic Ave</u> CITY/TOWN <u>VB</u>	<u>6-8 / 18</u>	
4.	SIGN <u>Glen Davis</u> PRINT <u>Glen Davis</u>	RESIDENCE <u>2552 Springlane Dr</u> CITY/TOWN <u>VB</u>	<u>6-8 / 18</u>	
5.	SIGN <u>Chelle Davis</u> PRINT <u>Chelle Davis</u>	RESIDENCE <u>2552 Springlane Dr</u> CITY/TOWN <u>VB</u>	<u>6/8 / 18</u>	
6.	SIGN <u>Randy Demille</u> PRINT <u>Randy Demille</u>	RESIDENCE <u>2485 Lindy Woods Dr</u> CITY/TOWN <u>VB</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.

SBE-506/521 REV 1.2013

107A

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>Jennifer Lesinski</i> PRINT Jennifer Lesinski	RESIDENCE 1672 <i>Nanney's Creek</i> CITY/TOWN VB	6/8/18	
8.	SIGN <i>Steve Lesinski</i> PRINT Steve Lesinski	RESIDENCE 11672 <i>Nanney's Creek</i> CITY/TOWN Virginia Beach	6/8/18	
9.	SIGN <i>Charles Davis</i> PRINT CHARLES DAVIS	RESIDENCE 1321 <i>Lyndburn Cw.</i> CITY/TOWN VA Beach	6/8/18	
10.	SIGN <i>Selvia Jones</i> PRINT Selvia Jones	RESIDENCE 1121 <i>250 A View Ave</i> CITY/TOWN Norfolk	6/8/18	
11.	SIGN <i>Brian Sai</i> PRINT Brian Sai	RESIDENCE 4870 <i>Woodliff Rd</i> CITY/TOWN Norfolk	6-8/18	
12.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia

- AFFIDAVIT -

I, Daniel Bohner, swear or affirm that (i) my full residential address is 101 Bishop Dr Virginia Beach in the State/Commonwealth of Virginia; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

A60556735

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

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

Daniel Bohner
PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

7628169
NOTARY REGISTRATION NUMBER**

10/31/19
DATE NOTARY COMMISSION EXPIRES**

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** If not included in seal/stamp.

107B

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 VIRGINIA BEACH signed hereunder or on the reverse

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

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

- General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼		POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN	RESIDENCE <u>4405 Lisbon Ln #101</u>	<u>6/9/18</u>	
	PRINT	CITY/TOWN <u>VBS VA</u>		
2.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
3.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
4.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
5.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
6.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

Commonwealth of Virginia

- AFFIDAVIT -

I, Daniel Bohner, swear or affirm that (i) my full residential address is 701 Bishop Dr in the State/Commonwealth of VA; in the County/City/Town of Va 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.

440556735

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VA

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

CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

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

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**

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10 PB

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]

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For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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1.	SIGN PRINT Chris Hobler	RESIDENCE 5605 Memorial Dr. CITY/TOWN VA BEACH VA	6/8/18	
2.	SIGN PRINT William Harpster	RESIDENCE 5605 Memorial Drive CITY/TOWN VA BEACH VA	6/8/18	
3.	SIGN PRINT Tara Davis	RESIDENCE 250 A View Drive CITY/TOWN Norfolk, VA 23503	6/8/18	
4.	SIGN PRINT	RESIDENCE CITY/TOWN		
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

Commonwealth of Virginia

- AFFIDAVIT -

I, Daniel Bohner, swear or affirm that (i) my full residential address is 701 Bishop Dr in the State/Commonwealth of VA; in the County/City/Town of VA 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.

AG0556735

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

VA

NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER LICENSE

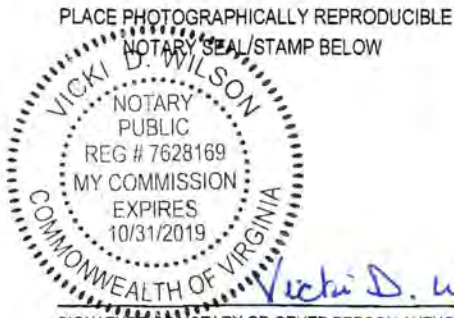
[REDACTED] DIGIT OF SOCIAL SECURITY NUMBER

[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

Daniel Bohner
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**

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1093

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

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For a statewide office

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

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

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

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OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <i>[Signature]</i> PRINT <u>Kona Coe</u>	RESIDENCE <u>3277 Donchin Rd</u> CITY/TOWN <u>VA VA 23451</u>	<u>6/8/18</u>	
2.	SIGN <i>[Signature]</i> PRINT <u>Michael Wigginton</u>	RESIDENCE <u>450 Oakmeads Crescent Apt 20</u> CITY/TOWN <u>Virginia Beach, VA 23464</u>	<u>6/8/18</u>	
3.	SIGN <i>[Signature]</i> PRINT <u>Dutrick Guthrie</u>	RESIDENCE <u>Virginia Beach, VA</u> CITY/TOWN <u>1849 Calash Way</u>	<u>6/8/18</u>	
4.	SIGN <i>[Signature]</i> PRINT <u>Carolyn A. Culpepper</u>	RESIDENCE <u>2233 Cedar Crescent Ct</u> CITY/TOWN <u>Va. Beach Va. 23457</u>	<u>6/8/18</u>	
5.	SIGN <i>[Signature]</i> PRINT <u>Herbert A. Culpepper Jr</u>	RESIDENCE <u>2232 Cedar Crescent Court</u> CITY/TOWN <u>Virginia Beach, VA, 23457</u>	<u>6-8-18</u>	
6.	SIGN <i>[Signature]</i> PRINT <u>Thomas K. Tillman</u>	RESIDENCE <u>1824 Pleasant Ridge Rd.</u> CITY/TOWN <u>Va. Beach, VA, 23457</u>	<u>6-8-18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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110A

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7.	SIGN <u>G. Burnett</u> PRINT Gabrielle Burnett	RESIDENCE 1314 Cypress Ave CITY/TOWN Virginia Beach	7/8/18	-
8.	SIGN <u>W. Holcomb</u> PRINT Wayne E. Holcomb	RESIDENCE 53 Forest Rd CITY/TOWN Poquoson, VA 23662	6/19/18 June 9	
9.	SIGN <u>Colleen H. Holcomb</u> PRINT Colleen H. Holcomb	RESIDENCE 53 Forest Rd CITY/TOWN Poquoson, VA 23662	6-9-18 June 9	
10.	SIGN <u>Holly Tutthill</u> PRINT Holly Tutthill	RESIDENCE 21 Smith Street CITY/TOWN Poquoson VA 23662	6-9-18	
11.	SIGN <u>Larry Hamilton</u> PRINT LARRY Hamilton	RESIDENCE 9 La Fayette Rd CITY/TOWN Poquoson, VA 23662	6-9-18	
12.	SIGN <u>Theodore S. Imbarciani</u> PRINT Theodore S Imbarciani	RESIDENCE 19 Dryden Dr. CITY/TOWN Poquoson Va 23662	9/3/18	

Commonwealth of Virginia

- AFFIDAVIT -

I, Daniel Bohner, swear or affirm that (i) my full residential address is 701 Bishop Dr in the State/Commonwealth of VA; in the County/City/Town of VA 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.

AL0556735

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

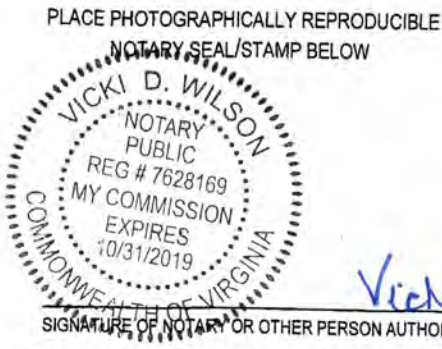
[Signature]
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

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

Daniel Bohner
PRINT NAME OF PERSON CIRCULATING THE PETITION

Vicki D. Wilson 7628169 10/31/19
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110B

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 VIRGINIA BEACH signed hereunder or on the reverse

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

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

General Election Special Election Democratic Primary Republican Primary

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

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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 Kajeed Islam	RESIDENCE 4113 Clintwood Ln CITY/TOWN Va Beach, Va 23452	6/9/18	
2.	SIGN PRINT Abigail Feigenbaum	RESIDENCE 916 Onole Dr CITY/TOWN Va Beach, VA 23451	6/9/18	
3.	SIGN PRINT KATHERINE Read	RESIDENCE 20773 Camino Real S CITY/TOWN VA Beach, Va 23456	6/9/18	
4.	SIGN PRINT Hayley Becker	RESIDENCE 1917 Meredith Rd CITY/TOWN Va Beach VA 23455	6/9/18	
5.	SIGN PRINT Helen Arnsz	RESIDENCE 1413 N Greenleaf Rd CITY/TOWN VA Beach VA 23454	6/9/18	
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

Commonwealth of Virginia - AFFIDAVIT.
 I, Heather Guillot, swear or affirm that (i) my full residential address is 41640 B Lee Ave 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.

762622511
 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

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 Heather Guillot

PRINT NAME OF PERSON CIRCULATING THE PETITION Vicki D. Wilson NOTARY REGISTRATION NUMBER** 7628169 DATE NOTARY COMMISSION EXPIRES** 10/31/19

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 ** If not included in seal/stamp.

111 B

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.

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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 November, 20 18 and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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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>Kathy L. Vargas</u> PRINT <u>Kathy L. Vargas</u>	RESIDENCE <u>1016 chatmoss DR</u> CITY/TOWN <u>Virginia Beach, VA 23464</u>	<u>6/6/18</u>	
2.	SIGN <u>Lisa Clark</u> PRINT <u>L. Clark</u>	RESIDENCE <u>4013 Rufford lane</u> CITY/TOWN <u>Virginia Beach, VA 23452</u>	<u>6/6/18</u>	
3.	SIGN <u>Paula Saunders</u> PRINT <u>Paula Saunders</u>	RESIDENCE <u>1707 Unicorn Dr</u> CITY/TOWN <u>Va Beach VA 23454</u>	<u>6/8/18</u>	
4.	SIGN <u>Chalese Bryant</u> PRINT <u>Chalese Bryant</u>	RESIDENCE <u>ROSEMONT forest</u> CITY/TOWN <u>VA beach, VA 23464</u>	<u>6-08-18</u>	
5.	SIGN <u>Rose Barrick</u> PRINT <u>Rose Barrick</u>	RESIDENCE <u>1900 Eunice court</u> CITY/TOWN <u>VA Beach, VA 23454</u>	<u>6/6/18</u>	
6.	SIGN <u>Vicki Grimstead</u> PRINT <u>Vicki Grimstead</u>	RESIDENCE <u>4762 Kempsville Greens PKWY</u> CITY/TOWN <u>VA Beach VA 23462</u>	<u>6/8/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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7.	SIGN <u>Jana Hopkins</u> PRINT <u>Jana Hopkins</u>	RESIDENCE <u>5317 Princess Anne Rd</u> CITY/TOWN <u>Virginia Beach</u>	<u>06/08/18</u>	[REDACTED]
8.	SIGN <u>Lori Harris</u> PRINT <u>Lori Harris</u>	RESIDENCE <u>1228 Brahm's Dr</u> CITY/TOWN <u>Virginia Beach</u>	<u>06-08-18</u>	[REDACTED]
9.	SIGN <u>P. Bryan</u> PRINT <u>Patricia D. Bryan</u>	RESIDENCE <u>4757 Deerfield Lane</u> CITY/TOWN <u>Virginia Beach</u>	<u>06-06-18</u>	[REDACTED]
10.	SIGN <u>C. Kames</u> PRINT <u>Christopher Kames</u>	RESIDENCE <u>4412 Santee Cir #303</u> CITY/TOWN <u>VA Beach, VA</u>	<u>6/8/18</u>	[REDACTED]
11.	SIGN <u>ORA</u> PRINT <u>Orhara Zmuda-Avila</u>	RESIDENCE <u>1731 Gunn Hall Dr.</u> CITY/TOWN <u>VB-VA-23454</u>	<u>6-8-18</u>	[REDACTED]
12.	SIGN <u>W. Bowers</u> PRINT <u>Weslie Bowers</u>	RESIDENCE <u>501 Rockport Lane Apt 1015</u> CITY/TOWN <u>VB, VA 23451</u>	<u>6/8/18</u>	[REDACTED]

Commonwealth of Virginia

- AFFIDAVIT -

I, Heather Guillot, swear or affirm that (i) my full residential address is 1640 B Lee Ave in the State/Commonwealth of VA; in the County/City/Town of Virginia Beach; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

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PRINT NAME OF PERSON CIRCULATING THE PETITION



SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

NOTARY REGISTRATION NUMBER**

DATE NOTARY COMMISSION EXPIRES**

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SHAUN D. BROWN

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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

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HOUSE OF REPRESENTATIVES 2ND

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General Election Special Election Democratic Primary Republican Primary

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1.	SIGN <u>Keith Harper</u> PRINT <u>Keith Harper</u>	RESIDENCE <u>209 S. Parliament St</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
2.	SIGN <u>Jeffrey Benn</u> PRINT <u>Jeffrey Benn</u>	RESIDENCE <u>3853 Charter Oak Rd</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
3.	SIGN <u>Carol Bryant</u> PRINT <u>Carol Bryant</u>	RESIDENCE <u>3637 Starlighter</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
4.	SIGN <u>Lamberto Barcaga</u> PRINT <u>Lamberto Barcaga</u>	RESIDENCE <u>708 Reason Dr</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
5.	SIGN <u>Robert Cassin</u> PRINT <u>Robert Cassin</u>	RESIDENCE <u>801 St. Mark's Ct</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
6.	SIGN <u>George Vespa</u> PRINT <u>George Vespa</u>	RESIDENCE <u>905 Morgan Trl.</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</u>	

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7.	SIGN <i>Rebecca Tabatur</i> PRINT Rebecca Tabatur	RESIDENCE 609 REASON DR CITY/TOWN Virginia Beach	6/9/18	
8.	SIGN <i>Robert Lee</i> PRINT Robert Lee	RESIDENCE 1953 WOLF CREEK CT CITY/TOWN VB	6/14/18	
9.	SIGN <i>John Blair</i> PRINT John Blair	RESIDENCE 1133 CHATMOSS DR CITY/TOWN VB	6/14/18	
10.	SIGN <i>Elizabeth Beasley</i> PRINT Elizabeth Beasley	RESIDENCE 2428 GREENWELL RD CITY/TOWN VB	6/14/18	
11.	SIGN <i>Brenda Armitage</i> PRINT Brenda Armitage	RESIDENCE 325 KING CHRISTIAN RD CITY/TOWN Virginia Beach	6/14/18	
12.	SIGN <i>Kenneth Hall</i> PRINT Kenneth Hall	RESIDENCE 41505 GARDNER ST CITY/TOWN Virginia Beach	6/19/18	

Commonwealth of Virginia

- AFFIDAVIT -

76262511

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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

Heather Guillot
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of VA County/City of Va. Beach

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Heather Guillot
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**

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113B

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

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HOUSE OF REPRESENTATIVES 2ND

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1.	SIGN <u>Jason</u> PRINT <u>Jason Starks</u>	RESIDENCE <u>3353 Turtle A.</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/11/18</u>	
2.	SIGN <u>Megan Eason</u> PRINT <u>Megan Eason</u>	RESIDENCE <u>4733 Little John Rd.</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
3.	SIGN <u>Bhonda Campbell</u> PRINT <u>Bhonda Campbell</u>	RESIDENCE <u>2125 Emerald Ct</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</u>	
4.	SIGN <u>John Ennis</u> PRINT <u>John Ennis</u>	RESIDENCE <u>4484 Smokey Lake</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
5.	SIGN <u>Betty Simmons</u> PRINT <u>Betty Simmons</u>	RESIDENCE <u>3872 Liberty Ridge Rd</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
6.	SIGN <u>Truman Baxter</u> PRINT <u>Truman Baxter</u>	RESIDENCE <u>1608 Arrowhead Pt.</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	

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7.	SIGN <i>[Signature]</i> PRINT <u>Kim McDonald</u>	RESIDENCE <u>701 Edwain Dr.</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
8.	SIGN <i>[Signature]</i> PRINT <u>Bobby Boyle</u>	RESIDENCE <u>15841 Coolspring</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
9.	SIGN <i>[Signature]</i> PRINT <u>Susan Golden</u>	RESIDENCE <u>500 N. Claypool Ct.</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
10.	SIGN <i>[Signature]</i> PRINT <u>Robert Felber</u>	RESIDENCE <u>1356 Sycamore Rd.</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
11.	SIGN <i>[Signature]</i> PRINT <u>Anna Boyd</u>	RESIDENCE <u>5208 Lola Cir.</u> CITY/TOWN	<u>6/12/18</u>	
12.	SIGN <i>[Signature]</i> PRINT <u>Gena Gates</u>	RESIDENCE <u>4505 Clyde St.</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/12/18</u>	

Commonwealth of Virginia

- AFFIDAVIT -

I, Heather Guillet, swear or affirm that (i) my full residential address is 4640 B Lee Ave 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.

76282511
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE

[Signature]
 SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

State of VA County/City of Va. Beach

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

Heather Guillet
 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**

CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

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

** If not included in seal/stamp.

114 B

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Ruth Seal</u> PRINT Ruth Seal	RESIDENCE <u>1924 Charla Lee Ln</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
2.	SIGN <u>Ellen Cox</u> PRINT Ellen Cox	RESIDENCE <u>4516 N. Hessian Rd</u> CITY/TOWN <u>VB</u>	<u>6/2/18</u>	
3.	SIGN <u>Calvin Smith</u> PRINT Calvin Smith	RESIDENCE <u>125 Convention Dr.</u> CITY/TOWN <u>Virgin. Beach</u>	<u>6/7/18</u>	
4.	SIGN <u>James Shell</u> PRINT James Shell	RESIDENCE <u>517 Rolleston Dr.</u> CITY/TOWN <u>Virgin. Beach</u>	<u>6/7/18</u>	
5.	SIGN <u>Nancy Ellis</u> PRINT Nancy Ellis	RESIDENCE <u>128 Kings Way Dr</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
6.	SIGN <u>Anne Long</u> PRINT Anne Long	RESIDENCE <u>5600 Sedgemore Rd</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
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OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>[Signature]</i> PRINT <u>Mary Bishop</u>	RESIDENCE <u>4468 Drumcast Ct.</u> CITY/TOWN <u>Virginia Beach</u>	<u>6/9/18</u>	
8.	SIGN <i>[Signature]</i> PRINT <u>Lucie Hughes</u>	RESIDENCE <u>113 S. Parliament Dr.</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
9.	SIGN <i>[Signature]</i> PRINT <u>Paul Lawson</u>	RESIDENCE <u>152 Herndon Pk.</u> CITY/TOWN <u>Va. Beach</u>	<u>6.9.18</u>	
10.	SIGN <i>[Signature]</i> PRINT <u>Carol Hickey</u>	RESIDENCE <u>946 W Ferry Plantation Rd</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
11.	SIGN <i>[Signature]</i> PRINT <u>Mona Estes</u>	RESIDENCE <u>5227 Brattle St.</u> CITY/TOWN <u>VB</u>	<u>6/9/18</u>	
12.	SIGN <i>[Signature]</i> PRINT <u>Amard Crandall</u>	RESIDENCE <u>3841 Anson Ln.</u> CITY/TOWN <u>VB</u>	<u>6/2/18</u>	

Commonwealth of Virginia

- AFFIDAVIT -

I, Heather Guillot, swear or affirm that (i) my full residential address is 416403 Lee Ave 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.

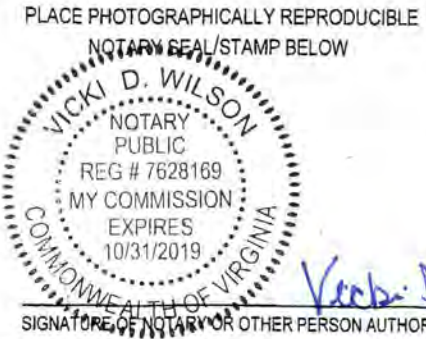
76282511
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
VA
 NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER

[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

Heather Guillot
 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**

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 ** If not included in seal/stamp.

115A

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 VIRGINIA BEACH signed hereunder or on the reverse

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN PRINT Dustin Rinehart	RESIDENCE 1540 Hummingbird CITY/TOWN VA Beach VA	6/8/2018	
2.	SIGN PRINT Risa Rinehart	RESIDENCE 403 Erie Crescent CITY/TOWN VA Beach VA	6/8/18	
3.	SIGN PRINT Dan Rinehart	RESIDENCE 700 Forest Trail CITY/TOWN VA Beach VA	6/8/18	
4.	SIGN PRINT MA Marcie Rinehart	RESIDENCE 700 Forest Tr CITY/TOWN VA Beach	6/8/18	
5.	SIGN PRINT Taylor Derringer	RESIDENCE 700 Forest Tr. CITY/TOWN VA Beach	6/8/18	
6.	SIGN PRINT Jeff Moffett	RESIDENCE 702 Forest Tr CITY/TOWN VA Beach	6/8/18	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7.	SIGN <i>Stacey Moffett</i> PRINT STACEY MOFFETT	RESIDENCE 702 Forrest Tr CITY/TOWN VA Beach	6/8/18	
8.	SIGN <i>Paula Knight</i> PRINT PAULA KNIGHT	RESIDENCE 1852 Mill Landing CITY/TOWN VA Beach	6/8/2018	
9.	SIGN <i>Doug Smith</i> PRINT Doug Smith	RESIDENCE 2048 Ridge End Rd CITY/TOWN VA Beach	6/8/18	
10.	SIGN <i>Kevin Hunter Knight</i> PRINT Kevin Hunter Knight	RESIDENCE 1852 Mill Landing CITY/TOWN Virginia Beach	6/8/18	
11.	SIGN <i>Donna Odame</i> PRINT DONNA ODAME	RESIDENCE 1229 Exeter Ln CITY/TOWN VA Beach	6/8/18	
12.	SIGN <i>Ben Odame</i> PRINT BEN ODAME	RESIDENCE 1229 Exeter Ln CITY/TOWN VA Beach	4/8	

Commonwealth of Virginia

- AFFIDAVIT -

I, Heather Guillot, swear or affirm that (i) my full residential address is 4640 B Cee Ave 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.

76282511

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

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

Heather Guillot
SIGNATURE OF PERSON CIRCULATING THE PETITION

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



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

Heather Guillot
PRINT NAME OF PERSON CIRCULATING THE PETITION

CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER

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

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** If not included in seal/stamp.

116B

SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

For a statewide office

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

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

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

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

General Election Special Election Democratic Primary Republican Primary

to be held on the 10 day of NOVEMBER, 2018, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

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

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

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

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

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
7	SIGN <i>Mahesh R Patel</i> PRINT Mahesh R. Patel	RESIDENCE 74 S. Atlantic Ave CITY/TOWN VA BCH, VA 23451	6/9/18	-
8	SIGN <i>H. Patel</i> PRINT HARISH PATEL	RESIDENCE 1240 KNIGHTS BRIDGE LN CITY/TOWN VIRGINIA BEACH, VA: 23455	6/9/18	-
9	SIGN <i>Monisha Patel</i> PRINT MONISHA PATEL	RESIDENCE 1240 Knights Bridge Ln CITY/TOWN Virginia Beach, VA: 23455	6/9/18	-
10	SIGN PRINT Rupal K. Master	RESIDENCE 1256 Knights Bridge Ln CITY/TOWN VA BCH, VA 23455	6/10/18	-
11	SIGN PRINT KAIPESH D. MASTER	RESIDENCE 1256 knights Bridge Ln CITY/TOWN VA BCH, VA 23455	6/10/18	-
12	SIGN <i>Kaushika M. Patel</i> PRINT KAUSHIKA M. Patel	RESIDENCE 724 S. Atlantic Ave CITY/TOWN VA BCH 23451	6/10/18	-

Commonwealth of Virginia

- AFFIDAVIT -

I, Heather Guillot, swear or affirm that (i) my full residential address is 21640 B Lee Ave in the State/Commonwealth of VA; in the County/City/Town of Virginia; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have not been restored; and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

T62622511

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

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

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE

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 Heather Guillot Guillot
 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.

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SHAUN D. BROWN

COMMONWEALTH OF VIRGINIA PETITION OF QUALIFIED VOTERS

[Must be filed with Declaration of Candidacy]

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

5887 Campus Drive

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

VIRGINIA BEACH, VA 23462

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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For a statewide office

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

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

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
2.	SIGN	RESIDENCE 127 Yorkshire Dr.	6/8/18	
	PRINT James W. Skinner	CITY/TOWN Yorktown, VA 23093		
3.	SIGN	RESIDENCE 193 West Queens Drive	6/7/18	
	PRINT Elena Evans	CITY/TOWN Williamsburg, VA		
4.	SIGN	RESIDENCE 193 W. Queens Dr.	6/7/18	
	PRINT Julia C. Evans	CITY/TOWN Williamsburg VA		
5.	SIGN	RESIDENCE 1378 Popcorn Lane	6/9/18	
	PRINT Melissa Holloway	CITY/TOWN Popson VA 23662		
6.	SIGN JOHN TURBEVILLE	RESIDENCE 104 Medellan Ct	6/9/18	
	PRINT	CITY/TOWN Yorktown 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 WHO 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 Crystal Davenport	RESIDENCE 106 Heathstone CITY/TOWN Yorktown VA 23692	6/9/18	[REDACTED]
8.	SIGN <i>[Signature]</i> PRINT Rick Davenport	RESIDENCE 106 HEARTHSTONE CITY/TOWN YORKTOWN VA 23692	6/9/18	[REDACTED]
9.	SIGN <i>[Signature]</i> PRINT Nancy Gauntreau	RESIDENCE 2390 Jacqueline Dr CITY/TOWN Yorktown VA 23109	6/9/18	[REDACTED]
10.	SIGN <i>[Signature]</i> PRINT <i>[Signature]</i>	RESIDENCE 676 Town Center Drive CITY/TOWN VA	6/9/18	[REDACTED]
11.	SIGN <i>[Signature]</i> PRINT Cynthia D. Speegle	RESIDENCE 1118 Wormley Creek Dr CITY/TOWN Yorktown, VA 23692	6/9/18	[REDACTED]
12.	SIGN <i>[Signature]</i> PRINT Merrillyn Dodson	RESIDENCE 411 Ilex Dr CITY/TOWN Yorktown 23692	6/9/18	[REDACTED]

Commonwealth of Virginia

- AFFIDAVIT -

I, Nicholas Hornung, swear or affirm that (i) my full residential address is 310 Ludlow Dr, in the County/City/Town of York County; (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.

A61773143

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

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

[REDACTED]
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

Nicholas Hornung
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**

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW



* 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 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 York County, Williamsburg signed hereunder or on the reverse

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

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

General Election Special Election Democratic Primary Republican Primary

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

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

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

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>Shaun D. Sheppard</u> PRINT <u>Thomas G. Sheppard Jr</u>	RESIDENCE <u>131 Chinquapin Orchard</u> CITY/TOWN <u>Yorktown VA 23693</u>	<u>6/7/18</u>	
2.	SIGN <u>Elaine Grant</u> PRINT <u>Elaine Grant</u>	RESIDENCE <u>105 A Stratford Dr</u> CITY/TOWN <u>Williamsburg 23185</u>	<u>6/9/18</u>	
3.	SIGN PRINT	RESIDENCE CITY/TOWN		
4.	SIGN PRINT	RESIDENCE CITY/TOWN		
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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

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

Commonwealth of Virginia

- AFFIDAVIT -

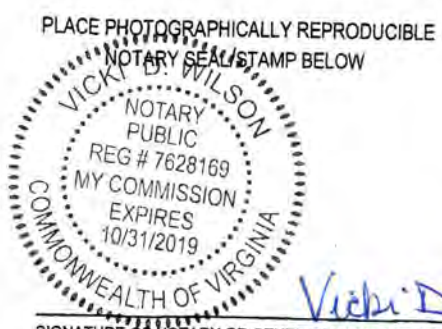
I, Nicholas Hornung, swear or affirm that (i) my full residential address is 310 Ludlow Dr. in the State/Commonwealth of Virginia; in the County/City/Town of York County; (ii) I am a legal resident of the United States of America; (iii) I am not a minor; (iv) I am not a felon whose voting rights have 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.

Nicholas Hornung
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 Nicholas Hornung
PRINT NAME OF PERSON CIRCULATING THE PETITION

AG1773143
CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE
[REDACTED]
CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER



Vicki D. Wilson 7628169 10/31/18 19
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

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 ** If not included in seal/stamp.

109B

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 Poquoson signed hereunder or on the reverse

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

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


General Election Special Election Democratic Primary Republican Primary

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

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

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

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

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN <u>David M. Christhilf</u> PRINT <u>David M. Christhilf</u>	RESIDENCE <u>135 Messick Road</u> CITY/TOWN <u>Poquoson, VA 23662</u>	<u>June 9, 2018</u>	
2.	SIGN PRINT	RESIDENCE CITY/TOWN		
3.	SIGN PRINT	RESIDENCE CITY/TOWN		
4.	SIGN PRINT	RESIDENCE CITY/TOWN		
5.	SIGN PRINT	RESIDENCE CITY/TOWN		
6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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10.17.18

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

Commonwealth of Virginia

- AFFIDAVIT -

I, Nicholas Haerung, swear or affirm that (i) my full residential address is 310 Ludlow Dr. in the State/Commonwealth of Virginia; in the County/City/Town of York County; (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.

AG1773143
 CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE
Virginia
 NAME OF STATE THAT ISSUES THE CIRCULATOR'S DRIVER'S LICENSE
 [REDACTED]
 CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

Nicholas Haerung
 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 Nicholas Haerung
 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**

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ROB