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

## 3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

# VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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

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].

side of the above in	qualified voters of the district in which the above candidate  GWPHO  COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN his page, do hereby petition the above named individual to be the [check only one]  General Election	signed hereunder or on the reverse pages ecome a candidate for the office stated mary Republican Primary , 20 / \( \), and we do further petition election.	ne page of the pe may be circulated age must be a pe resident of the Union is not a minor r rights have not be tor also must swe	by law need not be on etition. Numerous d. The circulator of erson who is her/himself nited States of America for a felon whose een restored. The ear or affirm in the nally witnessed the
	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVER MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BE GNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN A THAN ONE CANDIDATE.	EN RESTORED AND THAT S/HE PERSONALLY WITNESSED.	EACH SIGNATURE.	
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.	PRINT Arlette L. Smith	RESIDENCE 44 God Speed Way CITY/TOWN Hampton, VA 23663	5/29/18	
2.	PRINT SUSANNAD MCKENSEE	RESIDENCE 13 5 Junipu St CITY/TOWN Famoson, Va 2366	5/29/18	
3.	SIGN PURAGI ALMEND TO	RESIDENCE 1006 E MARCURY BLU CITY/TOWN HAMP+CU UCA	s/24/8	
4.	SIGN PRINT GRESINGER, TATOPANA	RESIDENCE FORT MONROE  CITY/TOWN HOMPTON	5/29/18	}
5.	SIGN GARBLELL ASPENS	RESIDENCE CITY/Town		,
6.	SIGN MAGNE Delley PRINT	RESIDENCE HEMPTON  CITY/TOWN	5/29/	8

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

	JED FROM REVERSE SIDE CANDIDATE NAME:	SHAUN D. BROWN	OFFICE SOUGHT:		PESENTATIVES
Sid	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELO VOTING RIGHTS HAVE NOT BEEN RESTORED AND GNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOU THAN ONE CANDIDATE.				
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	ACC RESIDE House Numb	CE BOXES ARE NOT CEPTABLE ENCE ADDRESS per and Street Name or Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS C SOCIAL SECURIT NUMBER [OPTIONAL]
7.	PRINT LIZA Prostor	CITY/TOWN HOAN RESIDENCE 222	acrosse While D	5/24/1	
9	SIGN COLLEGE PRINT Day of 1110 cole	CITY/TOWN RESIDENCE / OC	Parkus Pl	5/29/1	<u> </u>
10.	SIGN HOWAY WAMPLE	CITY/TOWN Hamp  RESIDENCE 12-1  CITY/TOWN HAM	S.WIUARD AV MPTON,	5/29/18	
	PRINT HOUSE WATER	RESIDENCE 240  CITY/TOWN	10.2366° 10. spany 11	5/29/	18/
ommo dress is LCX sident o	prive alth of Virginia  s  in the County/City/Town withe United States of America; (iii) I am not a min witnessed the signature of each person who signed is a felony punishable by a maximum fine up to \$2	of <b>HAMOTON</b> nor; (iv) I am not a felon whosed this page or its reverse side	<ul> <li>Lundaretand that falcally at</li> </ul>	a legal restored; gning this -	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE VICGINIA
ACE PHO NOT S COMI	DTOGRAPHICALLY REPRODUCIBLE  IARY SEAL/STAMP BELOW  HREE F. GREEN  NOTARY PUBLIC  REG. #7643635  MONWEALTH OF VIRGINIA	Count instrument was subscribed an	ATING THE PETITION  y/City of		NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER' LICENSE CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER
SUL ATURE C	PRINT NAME OF OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OF	PERSON CIRCULATING TUE PETI 76 436 DATHS NOTARY REGISTRATION NU	35 513L  JAMBER** DATE NOTARY COMMISSIO		
	notice: The Code of Virginia, §§ 24.2-506 and this petition with the official voter registration. The State Board of Elections or the General Re	record, You are not require	d to provide this information.	social security and may sign t	number to facilitate he petition without

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any social security number or part thereof.

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

# **SHAUN D. BROWN** ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] **3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

lamp to N

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

that his/her name be printed upon the official ballots to be used at the election.

# **VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated

☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary

to be held on the 6th day of November, 20 18, and we do further petition

ENTER ABOVE, OFFICE SOUGHT

above in the [check only one]

ENTER ABOVE, DISTRICT, IF APPLICABLE

signed hereunder or on the reverse

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

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].

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. DATE OFFICE SIGNED USE POST OFFICE BOXES ARE NOT \*SEE NOTE BELOW [Must be ONLY **LAST 4 DIGITS OF** ACCEPTABLE after January 1 SOCIAL SECURITY RESIDENCE ADDRESS of election NUMBER House Number and Street Name or SIGNATURE OF REGISTERED VOTER Rural Route and Box Number and City/Town year] [OPTIONAL] [PRINT NAME IN SPACE BELOW SIGNATURE] SIGN 1. CITY/TOWN PRINT RESIDENCE SIGN City/Town SIGN 3. CITY/TOWN PRINT RESIDENCE CITY/Town PRINT RESIDENCE SIGN CITY/Town RESIDENCE SIGN 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 SBE-506/521 REV 1.2013 social security number or part thereof.

D FROM REVERSE SIDE CANDIDATE NAME:		OFFICE SOUGHT: _		PESENTATIVES
ACTING KIGHTS HAVE NOT REEN KESTOKED AND I	LHA LS/HE PERSONALLY WITNESS	SED FACH SIGNATURE		
SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	ACC RESIDE House Numb	CEPTABLE INCE ADDRESS per and Street Name or	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS O SOCIAL SECURIT NUMBER [OPTIONAL]
PRINT FRICA MCCray	RESIDENCE 22 1	made Lone	02,92-18	
RINTBrend+ Wallace	:1	ptor VA 3366; TIBBY ST	1 1	
RINT SHAKIRA WASHING	RESIDENCE 204 8		Ae 2502	a
RINT NICHOLE WILSON	RESIDENCE 1349 CITY/TOWN + QV	Coval PI Mpton, VA 2	5/23/18 3/069	
GN Delle Mar Sun	RESIDENCE ///	More To	125 7231 3663	18°
the United States of America; (iii) I am not a mino tnessed the signature of each person who signed	or; (iv) I am not a felon whos	in the State/Commonwealth (ii) I an e voting rights have not bee	n of n a legal n restored; signing this —	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  VICTORIA  VAME OF STATE THAT ISSUED  THE CIRCULATOR'S DRIVER'S
OGRAPHICALLY REPRODUCIBLE  RY SEAL/STAMP BELOW  State of	Fine Count	y/City of Hpt-		LICENSE  CIRCULATOR'S LAST 4 DIGITS  OF SOCIAL SECURITY  NUMBER
NOTARY PUBLIC REG. #7643635 MONWEALTH OF VIRCINIA	PERSON CIRCULATING THE POPULATION OF A 136	, 20 <u>1</u> 8, by	. • .	affin -
	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]  SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]  SIGN GRAPHICALLY REPRODUCIBLE RY SEAL/STAMP BELOW  STATE POPULATION  STATE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]  SIGN GRAPHICALLY REPRODUCIBLE RY SEAL/STAMP BELOW  STATE OF REGISTERED VOTER  SIGNATURE OF REGISTERED VOTER  [PRINT NAME IN SPACE BELOW SIGNATURE]  SIGN GRAPHICALLY REPRODUCIBLE RY SEAL/STAMP BELOW  STATE OF V.C.  SHREE F. GREEN  NOTARY PUBLIC REG. #7543635  MONIMER 187843635  MONIMER 187843635  MONIMER 187843635	ERINT SHORT AND AND THE PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY THAN ONE CANDIDATE.  POST OFFICE ACC RESIDENCE  SIGNATURE OF REGISTERED VOTER  [PRINT NAME IN SPACE BELOW SIGNATURE]  POST OFFICE RESIDENCE  RESIDENCE  ACC RESIDENCE  RESIDENCE  ACC RESIDENCE  FOR SIGNATURE OF REGISTERED VOTER  [PRINT RUSS AND AND AND DOES NOT SIGNIFY THAN ONE CANDIDATE.  RESIDENCE  RESIDENCE  RESIDENCE  CITY/TOWN HAMM  RESIDENCE  CITY/TOWN HAMM  RESIDENCE  RESIDENCE  CITY/TOWN HAMM  RESID	POST OFFICE BOXES ARE NOT THAN ONE CANDIDATE.  POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS.  SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]  POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS.  HOUSE NUMBER and Street Name or RUTAI ROVE and BOX Number and Chyfrown  RESIDENCE ADDRESS.  HOUSE NUMBER AND STREET NAME IN SPACE BELOW SIGNATURE]  RESIDENCE [IS E. Kelly Are  CITY/TOWN HOUSE NOT A 256 IN THE PERFORMAN OF PERSON CITY/TOWN HOUSE NOT A 256 IN THE PERFORMAN OF PERSON CITY/TOWN HOUSE NOT HELD AND A 256 IN THE PERFORMAN OF PERSON CITY/TOWN HOUSE IN THE PERFORMAN OF PUBLIC REG. #7843635  NOTARY PUBLIC REG. #7843635  THE FOREIGN CALLY REPRODUCIBLE SIGNATURE OF PERSON CITCULATING THE PERFORMAN OF PERSON CITCULATING THE PERFORMANCE IN THE PERF	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS HOUSE NUMBER and City/Town OF RESIDENCE ADDRESS HOUSE NUMBER and City/Town OF RESIDENCE ADDRESS HOUSE NUMBER and City/Town ACCEPTABLE RESIDENCE ADDRESS HOUSE NUMBER AND ACCEPTABLE RESIDENCE ADDRESS HOUSE NUMBER AND ACCEPTABLE RESIDENCE ADDRESS HOUSE ADDRESS HOUSE NUMBER AND ACCEPTABLE ACCEPTABLE AND ACCEPTABLE

any social security number or part thereof.
\*\* If not included in seal/stamp.

# SHAUN D. BROWN ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

## **3683 WINDMILL DRIVE**

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

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

# VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

# HOUSE OF REPRESENTATIVES 2ND

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated

ENTER ABOVE, OFFICE SOUGHT

above in the [check only one]

Hampton

ENTER ABOVE, DISTRICT, IF APPLICABLE

VICS INT Sad signed hereunder or on the reverse

COMMONWEALTH OF VIRGINIA						
PETITION OF QUALIFIED						
VOTERS						

[Must be filed with Declaration of Candidacy]

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For a statewide office

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to be he	General Election	oting righ irculator a iffidavit th	nts have not be also must swe	or a telon whose en restored. The ar or affirm in the ally witnessed the				
	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 NO ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Tov		DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW  LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]			
1.	PRINT Sandra L. Foy	RESIDENCE 1815 La Fayette CITY/TOWN Hamston. 23	Dr 664	5 /26/18				
2.	SIGN PAN MU (O) NEUTE PRINT BANDAMA Q. White r	RESIDENCE / 3 Mainsail Dr CITY/TOWN Hampton, Vt 2361	 64	5/26/18				
3.	SIGN PRINT OF GOVERNMENT OF GO	RESIDENCE 9628 D. M. B. CITY/TOWN PAR VIVONIVO V	say saa	1/27/2 h 232	18 7 <u>Y</u>			
4.	SIGN ANTHUNY WOULHOUSE PRINT WOULK WOULH	RESIDENCE 4013 PHISALV CITY/TOWN VA. BEACK VE 234	4 lhy 1 164	PLU, 5/27/18				
5.	PRINT A RESIDENCE AND	RESIDENCE 256 hynler Kol CITY/TOWN Warie Breigh M		5/27/18				
6.	SIGN PRINT ASh Show	RESIDENCE POBOX 2453  CITY/TOWN Charperte un	233	727/18				

<sup>\*</sup> 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

CONTIN	UED FROM REVERSE SIDE CANDIDATE NAME:	SHAUN D. BROWN	OFFICE SOUGHT:	SE OF REPE	PESENTATIVES	
	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW VOTING RIGHTS HAVE NOT BEEN RESTORED AND TIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOU THAN ONE CANDIDATE.	HAT S/HE PERSONALLY WITNESS	ED EACH SIGNATURE.			
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	ACC RESIDE House Numb	E BOXES ARE NOT CEPTABLE NCE ADDRESS er and Street Name or 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.	PRINT FOR EN D. XON	RESIDENCE 632	Beach	5/27/18		
8.	PRINT DA CAULTAR SCOX	RESIDENCE DY  CITY/TOWN ()	13 Blust Cheen	5/27/18		
9.	PRINT MUNICO SMITH	RESIDENCE 1313	BCh. VA	5/27/18		
10.	PRINT Derek Fuller	RESIDENCE 3669  CITY/TOWN MA	Stem Pild Lop Boh MA	5/27/18		
<b>*</b> 11.	PRINT Christie Shields	RESIDENCE VSV	3 Finsbuyly	5/37/18		
12.	SIGN	RESIDENCE CITY/Town				
Commonwealth of Virginia  I, Shall by Security  AFFIDAVIT -  I, Shall by Security  In the State/Commonwealth of Virginia in the State/Commonwealth						
CO	DMMONWEALTH OF VIRGINIA DMMISSION EXPIRES MAY 31, 2019 Shaur	instrument was subscribed a of MAM BROW PERSON CIRCULATING THE PERSO	nty/City ofHAmgH and sworn before me this , 20 18, by	ON EXPIRES**	CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
* Privac	cy notice: The Code of Virginia, §§ 24.2-506 and king this petition with the official voter registration	24.2-521, authorizes reques	sting the last four digits of you red to provide this information	r social security	number to facilitate the petition without	

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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.

SBE-506/521 REV 1.2013

#### COMMONWEALTH OF VIRGINIA SHAUN D. BROWN PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE SHOULD BE AS IT IS TO APPEAR ON BALLOT [Must be filed with Declaration of Candidacy] 3683 WINDMILL DRIVE When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each VIRGINIA BEACH, VA 23453 county or city to facilitate the processing of the filing. For a statewide office ENTER ABOVE, ZIP + 4 ENTER ABOVE, CITY/TOWN It is suggested that you file petitions in county/city **HOUSE OF REPRESENTATIVES** to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, DISTRICT, IF APPLICABLE ENTER ABOVE, OFFICE SOUGHT [optional]. enter district no.: We, the qualified voters of the district in, which the above candidate seeks nomination or election and of All signatures required by law need not be on Hampton signed hereunder or on the reverse the same page of the petition. Numerous COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself a legal resident of the United States of America above in the [check only one] ☑ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary and who is not a minor nor a felon whose 6 fa day of November, 20 18, and we do further petition voting rights have not been restored. The circulator also must swear or affirm in the that his/her name be printed upon the official ballots to be used at the election. 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. DATE OFFICE SIGNED USE POST OFFICE BOXES ARE NOT \*SEE NOTE BELOW [Must be ONLY **ACCEPTABLE** after LAST 4 DIGITS OF RESIDENCE ADDRESS January 1 SOCIAL SECURITY House Number and Street Name or of election SIGNATURE OF REGISTERED VOTER NUMBER Rural Route and Box Number and City/Town year] [OPTIONAL] PRINT NAME IN SPACE BELOW SIGNATURE RESIDENCE SIGN CITY/Town PRIN1 RESIDENCE SIGN PRIN1 RESIDENCE

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

CITY/Town

RESIDENCE

RESIDENCE

City/Town

RESIDENCE

CITY/Town

PRIN

SIGN

PRINT

5.

<sup>\*</sup> 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

		CHE IS A LEGAL DECIDENT OF THE UNITED STATES OF THE	<del></del>	Venesania
	- VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/	S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERIC HE PERSONALLY WITNESSED EACH SIGNATURE. N AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CAND		
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 SECURIT NUMBER [OPTIONAL]
7. SIGN (	Dagin Miller	CITY/TOWN Harpt-in	05/29/19	
8. SIGN PRINT	K. belanger Barber	CITY/TOWN Hampton	न्म/१४	
9. SIGN PRINT	ESTHER PORO	CITY/TOWN Hampton, VA 2366	- 5/29/18 4	)
10. SIGN PRINT	Edith A Thompson	CITY/TOWN Handon JA 23(do.3	5/29/18	
11. SIGN	Jude Hichaus	RESIDENCE 221 S. COVYST.  CITY/TOWN COMPLET	5/24/8	
12. SIGN Z	Latashi Dudley	RESIDENCE 35 W VIRSUMA  CITY/TOWN YIOH	3-29-18	
ddress is Vrcainv esident of the L nd (v) I witness	; in the County/City/Town of  Jnited States of America; (iii) I am not a minor; (iv)	swear or affirm that (i) my full in the State/Commonwealth of the state of the stat	a legal restored; ining this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  LICENSE NUMBER, IF APPLICABLE  APPLICABLE  LAME OF STATE THAT ISSUE! THE CIRCULATOR'S DRIVER'S
HOTABY	AL/3 AMP BELOW.	TURE OF PERSON CIRCULATING THE PETUTION		IRCULATOR'S LAST 4 DIGITS
NO RE COMMON	TARY PUBLIC  G. #7643635  WEALTH OF VIRGINIA  State of VN SC.  The foregoing instrum	nent was subscribed and sworn before me this  20 18, by	<u>^</u>	OF SOCIAL SECURITY NUMBER
Sure GNATURE OF NOTA	PRINT NAME OF PERSON  RY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS	N CIRCULATING THE PETITION  76 43635  NOTARY REGISTRATION NUMBER**  DATE NOTARY COMMISSION	O 19 NEXPIRES**	* 15th
Privacy notice	e: The Code of Virginia 88 24 2-506 and 24 2-5	21, authorizes requesting the last four digits of your	anaial 'V	

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

<sup>\*</sup> 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.

#### COMMONWEALTH OF VIRGINIA SHAUN D. BROWN PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] [Must be filed with Declaration of Candidacy] 3683 WINDMILL DRIVE When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each VIRGINIA BEACH, VA 23453 county or city to facilitate the processing of the filina. For a statewide office ENTER ABOVE, CITY/TOWN ENTER ABOVE, ZIP + 4 It is suggested that you file petitions in county/city **HOUSE OF REPRESENTATIVES** to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, OFFICE SOUGHT ENTER ABOVE, DISTRICT, IF APPLICABLE enter district no.: [optional]. We, the qualified voters of the district in, which the above candidate seeks nomination or election and of All signatures required by law need not be on signed hereunder or on the reverse the same page of the petition. Numerous COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself above in the [check only one] a legal resident of the United States of America and who is not a minor nor a felon whose ☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary to be held on the 6th day of November, 20 18, and we do further petition voting rights have not been restored. The circulator also must swear or affirm in the that his/her name be printed upon the official ballots to be used at the election. 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. DATE OFFICE SIGNED USE POST OFFICE BOXES ARE NOT \*SEE NOTE BELOW [Must be ONLY **ACCEPTABLE** after **LAST 4 DIGITS OF** RESIDENCE ADDRESS January 1 **SOCIAL SECURITY** SIGNATURE OF REGISTERED VOTER House Number and Street Name or of election NUMBER [PRINT NAME IN SPACE BELOW SIGNATURE] Rural Route and Box Number and City/Town year] [OPTIONAL]

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

RESIDENCE

City/Town

RESIDENCE

City/Town

RESIDENCE

CITY/Town

RESIDENCE

CITY/TOWN

SIGN

PRINT

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PRINT

3.

<sup>\*</sup> 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

\* 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.

NAME OF PERSON CIRCULATING

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

COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31, 2019

ATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

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

## **3683 WINDMILL DRIVE**

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

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

# **VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

filing.

enter district no.:

# HOUSE OF REPRESENTATIVES 2ND

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated

ENTER ABOVE, OFFICE SOUGHT

above in the [check only one]

ENTER ABOVE, DISTRICT, IF APPLICABLE

\_\_ signed hereunder or on the reverse

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.

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

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

[optional].

CIRCULA	MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVEI MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BE GNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN A THAN ONE CANDIDATE.	RSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDI	CH SIGNATURE.	
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.	PRINT	RESIDENCE 49 North Mallony. CITY/TOWN / TAMP +M, 28	M PA \$723/ 463	[2018
2.	PRINT Shaking Respect	RESIDENCE 12 phelps CISC CITY/TOWN Hampton, VIA 2363	5/27/2018	
3.	SIGN Patricia Lop PRINT PATRICIA FOX	RESIDENCE 1721 Beach Rd CITY/TOWN Hpt 23664	5/23/2010	P
4.	SIGN (planda P) PRINT LUBLANDA RICHARDA	RESIDENCE 405 Institute Dr.	5318	
5.	PRINT NOSODA PODVISE	RESIDENCE 114 E. Vikcinia A CITY/TOWN Hampton La 2006	2 5/23/11	S .
6.	PRINT JACQUELINE Small	RESIDENCE 160-A Cummings CITY/TOWN LAPT VA 23663	5/23/1	8

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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<sup>\*</sup> 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

CONTINU	ED FROM REVERSE SIDE CANDIDATE NAME:	SHAUN D. BKOWN	OFFICE SOUGHT:	SE OF KEPS	PESENTATIVES
	MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW VOTING RIGHTS HAVE NOT BEEN RESTORED AND YOUR SIGNATURE ON THIS PETITION MUST BE YO THAN ONE CANDIDATE.	THAT S/HE PERSONALLY WITNES:	SED EACH SIGNATURE.		
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [FRINT NAME IN SPACE BELOW SIGNATURE]	ACC RESIDE House Numi	CE BOXES ARE NOT CEPTABLE ENCE ADDRESS ber and Street Name or Box Number and City/Town	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS O SOCIAL SECURIT NUMBER [OPTIONAL]
7.	PRINT DO NA A Satisfie	1	npton, UA 23CG	-123/201	
8.	PRINT Evaluace Hexas	RESIDENCE 201	4 E. Pembroke	2/24/	
9.	SIGN JAMES AND SIGN PRINT AND STATE OF THE PR	RESIDENCE / Ya	0 Windows 11- + VA 23613	7/24/W	
10.	SIGN HAMI VILLY PRINT THOMAS PEARY	RESIDENCE 398	AINTRIDUC AVE	424/2018	
	SIGN JOLING ARMSFORM		schoole 23664	5/24	
12.	SIGN	RESIDENCE CITY/Town			
esident o	onwealth of Virginia  Solution  Solu	of Victory  of Victory  nor; (iv) I am Not a felon who	de. I understand that falsely s	I residential of a legal n restored; igning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE VICEMIA  NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER
	OTOGRAPHICALLY REPRODUCIBLE TARY SEAL/STAMP BELOW State of Va	SIGNATURE OF PERSON CIRC	ULATING THE PETITION  nty/City of HAMO		CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY
MY CC	SHREE F. GREEN  NOTARY PUBLIC  REG. #7643635  DIMMONWEALTH OF VIRGINIA  DIMMISSION EXPIRES MAY 31, 2019  SHALL	instrument was subscribed of MAY	and sworn before me this, 20 1 k , by	-/1	NUMBER
	OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER				200
rrivacy	notice: The Code of Virginia, §§ 24.2-506 and	24.2-521, authorizes reque	sting the last four digits of you	r social security	number to facilitate

0051

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.

Shoun D. Brown  ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]  3683 Mindmill Drive  ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE	[Must When as county of separate	VOTION TO THE PROPERTY OF CITY, IT IS SUG- POSITION TO THE PROPERTY OF THE PRO	QUALIFIED ERS aration of Candidacy] includes more than one gested that you use a qualified voters in each
VICAINIA Beach, VA 23  ENTER ABÓVE, CITY/TOWN HOUSE of Representatives  ENTER ABOVE, OFFICE SOUGHT  ENTER A	ENTER ABOVE, ZIP + 4  It is sug to facility the num	For a statey gested that you file the processing	e petitions in county/city of the filing. If you track by congressional district
We, the qualified voters of the district in which the above candidate seeks nom signed he country or city or, for town council, NAME OF TOWN side of this page, do hereby petition the above named individual to become a call above in the [check only one]  General Election Special Election Democratic Primary of the behalf on the day of November 20 to that his/her name be printed upon the official ballots to be used at the election.	the sam pages n each pages n a legal r and who yoting ricirculate affidavit	e page of the pe ay be circulated ge must be a pe esident of the Un is not a minor no ghts have not be or also must swe	y law need not be on tition. Numerous . The circulator of rson who is her/himself nited States of America or a felon whose the restored. The pally witnessed the
CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORE YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT THAN ONE CANDIDATE.	D AND THAT S/HE PERSONALLY WITNESSED EA	ACH SIGNATURE.	`
SIGNATURE OF REGISTERED VOTER	T OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS louse Number and Street Name or 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 CANOLOR TIGOUT RESIDENCE PRINT TONG 150 Pact CITY/TOWN	53W. Chamberlins nomation 23663	5/29/2018	1.
PRINT The Land City/Town	105 MAIL-15+	5/29	. "
3. SIGN PRINT: CDEN CITY/TOWN	11-115 2216	5/29/8	
SIGN KIM C. HODREN RESIDENCE PRINT KIM HOD KUS CITY/TOWN	11. L 1/11 226/3	5 Jugg	
5. SIGN TARLE OF THE RESIDENCE CITY/TOWN	Malin 02/13	5/29/18	
6. SIGN JO DING M. QUEST SIDENCE CITY/TOWN	Hor 10 22/1 -	5/29/18	

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\*\*BE-506/521 REV 1.2013\*\*

CONTINUED FROM REVERSE SIDE CANDIDATE NAME:	haun D. Office sought:	92 vol	ET Represa		
CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OW! THAN ONE CANDIDATE.	S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMER /HE PERSONALLY WITNESSED EACH SIGNATURE. N AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CAN				
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 Elisabeth L. Brown PRINT Elisabeth Thrown	RESIDENCE 1415 - Dogwood CT CITY/TOWN Newpord News VA				
8. SIGN CAYON SOUTH	CITY/TOWN Hampton VA.	15/24/12			
9. SIGN WAR Direct	CITY/TOWN 212 5 hope St		:		
10. SIGN Renell Souly PRINT Cheff Bayley	RESIDENCE 425. Highland are CITY/TOWN Hampton, UC	5-29-18			
11. SIGN Source Grant	CITY/TOWN Lampon VA	d 5-29-18	<u> </u>		
12. PRINT BOAY BOSTIAN	CITY/TOWN Hot 1/4 73643	5/29/18			
Commonwealth of Virginia  I. ANALY Support Sup					
PLACE PHOTOGRAPHICALLY REPRODUCIBLE  SIGNATURE OF PERSON CIRCULATING THE PETITION  CIRCULATOR'S DRIVER'S  LICENSE  CIRCULATOR'S LAST 4 DIGITS					
SHREE F. GREEN  NOTARY PUBLIC  REG. #7643635  COMMONWEALTH OF VIRGINIA  COMMISSION EXPIRES MAY 31, 2019  State of VICANIA County/City of MANNIA COMMISSION EXPIRES MAY 31, 2019  State of VICANIA County/City of MANNIA Coun					
PRINT NAME OF PERSON CIRCULATING THE PETITION  TO A 13635  SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS  NOTARY REGISTRATION NUMBER**  DATE NOTARY COMMISSION EXPLIPES**					
* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-5	NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION 121, authorizes requesting the last four digits of your	,	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.

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

## **3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

5.

PRINT

VIRGINIA BEACH,	VA 23453 separ count filing.	y or city to facilitat	te the processing of the
ENTER ABOVE, CITY/TOWN  HOUSE OF REPRESENT.	TATIVES 2 <sup>ND</sup> to fac	ilitate the processing	wide office ile petitions in county/city of the filing. If you track by congressional district
ENTER ABOVE, OFFICE SOUGHT		district no.:[op	
We, the qualified voters of the district in which the above candidate    Fample	signed hereunder or on the reverse page each ecome a candidate for the office stated each a legal and voting election. the signal the sample page each a legal and voting election.	ame page of the pe s may be circulated page must be a pe al resident of the U who is not a minor a rights have not be ator also must swe	d. The circulator of erson who is her/himself Inited States of America nor a felon whose een restored. The ear or affirm in the nally witnessed the
CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVER MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEING SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN A THAN ONE CANDIDATE.	EN RESTORED AND THAT S/HE PERSONALLY WITNESSED	EACH SIGNATURE.	
OFFICE USE ONLY  ▼  SIGNATURE OF REGISTERED VOTER	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]
[PRINT NAME IN SPACE BELOW SIGNATURE]	RESIDENCE DAMPON AS	13:5/23	
PRINTER (LACE L. BONG)	DESIDENCE   CIESTUDDO CICLO CITY/TOWN Hampton, Va. 23Loc	9 5/25	
3. SIGN SA J M S PRINT SHELTON MRKIN	RESIDENCE 102 WATTSD	R 5/25	
SIGN Ellon's Sprally	RESIDENCE /3/8 Co/cbruk	Dr 5-1	

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

CUIVIIVIUNIVEAL I FI 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

RESIDENCE //

CITY/Town

RESIDENCE

CITY/TOWN

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SBE-506/521 REV 1.2013

CONTINUED FROM REVERSE SIDE CANDIDATE NAME:			
CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OW 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]
PRINT Sarbra Hale	CITY/TOWN Hampton UA 23663	5/28/18	
8. PRINT Paulen Donnes  9. SIGN DEUT UM	RESIDENCE 34 NOW 23669 RESIDENCE 34 NOW 23669	729/18	
10. SIGN MACUA UNDUCS	RESIDENCE LE W. SELECLIQUE	5/24x	
11. SIGN SOLL SCHAEFRER	RESIDENCE FARMANTH TURAING- CITY/TOWN HAMP DN, VA 23669	5/29/18 5/29/18	
12. SIGN EMPLY MANUAL TANISAN	RESIDENCE Z8Z CSSEX Parks CITY/TOWN HAMPOUR, VA 2369	5/29/1	
Commonwealth of Virginia  I,	1906 Of its rovorco cido I underetarable et el el el el	legal estored; ning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  LICENSE NUMBER, IF APPLICABLE  AME OF STATE THAT ISSUED HE CIRCULATOR'S DRIVER'S
PLACE PHOTOGRAPHICALLY REPRODUCIBLE SIGNAL NOTARY SEAL/STAMP BELOW	URE OF PERSON CIRCULATING THE PETITION	4	RCULATOR'S LAST 4 DIGITS 'OF SOCIAL SECURITY
COMMONWEALTH OF VIRGIN. MY COMMISSION EXPIRES MAY 31 1019   day of	county/City of		NUMBER
GNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS  Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-52 checking this petition with the official voter registration record. doing so. The State Board of Elections or the General Registrar,		cial security n	umber to facilitate

0053

any social security number or part thereof.
\*\* If not included in seal/stamp.

#### COMMUNICALITY OF VIRGINIA **SHAUN D. BROWN** PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] [Must be filed with Declaration of Candidacy] 3683 WINDMILL DRIVE When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each **VIRGINIA BEACH, VA 23453** county or city to facilitate the processing of the filing. For a statewide office ENTER ABOVE, ZIP + 4 ENTER ABOVE, CITY/TOWN It is suggested that you file petitions in county/city HOUSE OF REPRESENTATIVES to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, DISTRICT, IF APPLICABLE ENTER ABOVE, OFFICE SOUGHT enter district no.: [optional]. We, the qualified voters of the district in which the above candidate seeks nomination or election and of All signatures required by law need not be on Hampton signed hereunder or on the reverse the same page of the petition. Numerous COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself above in the [check only one] 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. 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. DATE OFFICE SIGNED USE POST OFFICE BOXES ARE NOT \*SEE NOTE BELOW [Must be ONLY **ACCEPTABLE** after **LAST 4 DIGITS OF** RESIDENCE ADDRESS January 1 SOCIAL SECURITY House Number and Street Name or of election SIGNATURE OF REGISTERED VOTER NUMBER Rural Route and Box Number and City/Town [PRINT NAME IN SPACE BELOW SIGNATURE] vear] [OPTIONAL] RESIDENCE 5-21-12 CITY/Town RESIDENCE SIGN 3. CITY/Town RESIDENCE OF

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

RESIDENCE 150 Eba

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5.

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PRINT

Teil. Zach

4054

<sup>\*</sup> 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

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT	S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERIC		NORA FELON WHO
VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT SA SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	HE PERSONALLY WITNESSED EACH SIGNATURE		
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 O SOCIAL SECURIT NUMBER [OPTIONAL]
PRINT (Flippen	CITY/TOWN Hampton VA	5/21/18	
8. SIGN John & Cate R PRINT JUHA G CARFER	CITY/TOWN / JAMPION . 23669	5/2,1	
9. SIGN WIRKES PRINT WELL / / Cir Kir	CITY/TOWN HAMPTON VA 23663	5/21/8	
10. SIGNE SIDE EN MCCIND	RESIDENCE SPROBASA Rd. CITY/TOWN Hamotor	5-21-1)	
PRINT Par Hu. Bung	CITY/TOWN Hampican	5-21-18	,
12. SIGN SET MYNC STREET OF SIGN SIGN SET MYNC STREET OF SIGN SET MYNC STREET SET MYNC	RESIDENCE 18 KIXIGS/FIXIDING CITY/TOWN LAMPTON VA	5-71-1	3.
Commonwealth of Virginia  address is  in the County/City/Town of esident of the United States of America; (iii) I am not a minor; (iv) and (v) I witnessed the signature of each person who signed this particular is a felony punishable by a maximum fine up to \$2,500 ar	swear or affirm that (i) my full when the State/Commonwealth of the State is a state in the State is a state in the State is a state in the State in	of a legal restored; uning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  LICENSE NUMBER, IF APPLICABLE  APPLICABLE  NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S
NOTARY SEAL/STAMP BELOW	TURE OF PERSON CIRCULATING THE PERFORM  COUNTY/City of Hampto	<u> </u>	CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
NOTARY PUBLIC  REG. #7643635  COMMONWEALTH OF VIRGINIA  MY COMMISSION EXPIRES MAY 31 2019	nent was subscribed and sworn before me this may, 20 1%, by  N CIRCULATING THE PETITION  7643635 5-31-	1	NUMBER

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

<sup>\*</sup> 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.

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

#### **3683 WINDMILL DRIVE**

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

# **VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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].

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

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.

	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.					
OFFK USE ONL'		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.	PRINT Douglas CAUDIE	RESIDENCE 349 CLANS  CITY/TOWN SAMPTON	5/22/2010		
	2.	PRINT CALL' N ASHTON	RESIDENCE 11-15,500 DY CITY/TOWN HAM P + 1 A	5/20/18		
,	3.	SIGN AND NONY PRIANTES	RESIDENCE 1520 WILTSHIRE PL CITY/TOWN MMPTON, UA 23664	5/24/15		
	1.	PRINT DPVan Jucker	RESIDENCE JOJ S, F, FH St CITY/TOWN Hampton, VA 23664	5-22-18		
ł	5.	SIGN Robert les KN/9/1 JE PRINT Robert les Bright	CITY/TOWN Hampton Viriginia	3-22.18		
	5.	PRINT Arme Ca Wright	RESIDENCE 13   reland St CITY/TOWN + 1 AMpton UA 23643	5-22		
	CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE					

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

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.

CONTINUED FROM REVERSE SIDE CANDIDATE NAME:	OFFICE SOUGHT: H	OUSE OF REP	RESENTATIVES
SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OW! THAN ONE CANDIDATE.	S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERI HE PERSONALLY WITNESSED EACH SIGNATURE. N AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CAND		
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 SECURIT NUMBER [OPTIONAL]
PRINT JOHN CLASTER IN	RESIDENCE 1760 Ng wton CITY/TOWN HAMPTON V.A. 23663	5/22/18	
8. SIGN She direct / Lite (4)	CITY/TOWN Hampter VA	5/22/8	
9. SIGN PRINT (1855 SQUETT) 66 Le	RESIDENCE 429 Marion &CITY/TOWN JULY 23/663	5/22/18	
10. SIGN WAR NAME OF SIGN WAR SIN	CITY/TOWN Namton VA	ke 5/22/st	
11. SIGN Kelem Kem PRINT Kadren VANA	CITY/TOWN HAMPION	5/22/18	
12. SIGN (Ortho) tStS PRINT (Ortho) tStS	CITY/TOWN HOLD WA 23 Edd	5/22/18 0	
OCTAVIANUS, SMITH	) I am not a felon whose voting rights have not been page or its reverse side. I understand that falsely side.	residential of a legal restored; gning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  VICCIANIA  NAME O STATE THAT ISSUED
NOTARY SEAL/STAMP BELOW	TURE OF PERSON CIRCULATING THE PETITION		THE CIRCULATOR'S DRIVER'S LICENSE  CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY
SHREE F. GREEN NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31-20019	County/City of Hampto.  The ment was subscribed and sworn before me this many and the petition of the petition	19 N EXPIRES**	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.

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

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

that his/her name be printed upon the official ballots to be used at the election.

#### 3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

Hampton

# VIRGINIA BEACH, VA 23453

day of Novimber, 20 18, and we do further petition

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

# HOUSE OF REPRESENTATIVES 2ND

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated

☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary

ENTER ABOVE, OFFICE SOUGHT

above in the [check only one]

ENTER ABOVE, DISTRICT, IF APPLICABLE

signed hereunder or on the reverse

VOTERS
[Must be filed with Declaration of Candidacy]

When an election district includes more than one

COMMUNITYEAL THE OF VIRGINIA

PETITION OF QUALIFIED

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].

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.

		signatur	e of each voter.	
CIRCUL	MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BE	RSE SIDE OF THIS FORM THAT S/HE IS A LEGAL RESIDENT EN RESTORED AND THAT S/HE PERSONALLY WITNESSED EA AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CAND	CH SIGNATURE.	
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER	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 PAU GEE	CHYTOWN MENON NEWS.	5/27/18	,
2	PRINT Michael Parkli	CITY/TOWN HAM PTON A	5/22/18	4 / 34
3.	PRINT LAShontay Wister S	RESIDENCE Slaboard Ave. CITY/TOWN HAMPTUN, Va.	5/23/18	
4.	PRINT MY WILLIAM  PRINT MY WILLIMS	RESIDENCE CITY/Town		
5.	PRINT Venada Williams	RESIDENCE 113 N Sixth St CITY/TOWN Hampton	5/22/18	
6.	printigne Barnes	RESIDENCE Phelp Cir CITY/TOWN Hamputon Va	5-da-18	

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

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	GNER:	VOTING AIGHTS HAVE NOT BEEN RESTORED AND THAT S/	S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERI /HE PERSONALLY WITNESSED EACH SIGNATURE. NAND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CAND		
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 SECURIT NUMBER [OPTIONAL]
7.	SIGN	Anastasia & Cobery	RESIDENCE 12 CONNIEST.	500/18	\$
8.	SIGN PRINT	Myssin Moore	CITY/TOWN Dampton	8/vd 5/03/18	
9.	SIGN PRINT	Days Turnes	RESIDENCE 1212 Pansy St CITY/TOWN Hampton UA	5/22/18	/
10.	SIGN (	Valer Coelan	CITY/TOWN/FILM FOR NO	42/12	
	SIGN /	Lenzolia Jewis	CITY/TOWN Hat The 23663	5/24	
12.	SIGN	amuel Blue	RESIDENCE LOT VA 33663 CITY/TOWN 3 Galveston, (ourt	5/2/8	
address is resident and (v) I v	s i Mile of the U witness	inited States of America: (iji) I am not a minor: (iv)	am not a felon whose voting rights have not been rights or its reverse side. Lunderstand that falsely side	e legal restored; ning this —	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  VICAINA NAME OF STATE THAT ISSUED
		PHICALLY REPRODUCIBLE SIGNAT STAMP BELOW  State of V	URE OF PERSON CIRCULATING THE PETITION  COSS County/City of Amoreus		THE CIRCULATOR'S DRIVER'S  CIRCULATOR'S LAST 4 DIGITS  OF SOCIAL SECURITY
CON	NOT REC MMONI	TARY PUBLIC  G. #7643635  WEALTH OF VIRGINIA ON EXPIRES MAY 30, 2019	tent was subscribed and sworn before me this  20 18, by  CIRCULATING THE PETITION		NUMBER
		RY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS	7643635 5-31- NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION		

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.

#### COMMONWEALTH OF VINGINIA SHAUN D. BROWN PETITION OF QUALIFIED VOTERS ENTER ABOVE, NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT] [Must be filed with Declaration of Candidacy] **3683 WINDMILL DRIVE** When an election district includes more than one county or city, it is suggested that you use a ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE separate petition form for qualified voters in each VIRGINIA BEACH, VA 23453 county or city to facilitate the processing of the filing. For a statewide office ENTER ABOVE, CITY/TOWN ENTER ABOVE, ZIP + 4 It is suggested that you file petitions in county/city 2<sup>ND</sup> HOUSE OF REPRESENTATIVES to facilitate the processing of the filing. If you track the number of signatures by congressional district ENTER ABOVE, OFFICE SOUGHT ENTER ABOVE, DISTRICT, IF APPLICABLE enter district no.: [optional]. We, the qualified voters of the district in which the above candidate seeks nomination or election and of All signatures required by law need not be on Hampton signed hereunder or on the reverse the same page of the petition. Numerous COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN pages may be circulated. The circulator of side of this page, do hereby petition the above named individual to become a candidate for the office stated each page must be a person who is her\himself above in the [check only one] a legal resident of the United States of America ☑ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary 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 DATE USE SIGNED POST OFFICE BOXES ARE NOT \*SEE NOTE BELOW ONLY [Must be **ACCEPTABLE** after **LAST 4 DIGITS OF RESIDENCE ADDRESS** January 1 SOCIAL SECURITY SIGNATURE OF REGISTERED VOTER House Number and Street Name or of election NUMBER Rural Route and Box Number and City/Town [PRINT NAME IN SPACE BELOW SIGNATURE] vear] [OPTIONAL] RESIDENCE CITY/Town RESIDENCE SIGN(

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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CITY/Town

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<sup>\*</sup> 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

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT			NORA FELON WHOSE
VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT SA SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	HE PERSONALLY WITNESSED EACH SIGNATURE.		
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 SIGNCALOUT WALKER PRINT CAHBERT WARKER	RESIDENCE 33 Manford DR.  CITY/TOWN Hamplon MA	5-24-19	
8. SIGNA TANCOPLINE STEWART	RESIDENCE 125 Shorty LEGG	5/24/18	
9. SIGN SIGN SHOP PRINT / ERRI / //	RESIDENCE Trelands	724/	/8
10. SIGN ON PRINT (1) PRIN	CITY/Town Kelighthause	5/24/15	
11. SIGN KIFTERING KIShia Fleming	CITY/TOWN Hampton VA	5/24/18	
12. SIGNET TONDER TO JUN	CITY/TOWN Hampton, VA	5/25/18	
Commonwealth of Virginia  I,	<ul> <li>i am not a felon whose voting rights have not been a page or its reverse side. I understand that falsely si</li> </ul>	of a legal restored;	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  L'ÈINA  NAME OF STATE THAT ISSUED  THE CIRCULATOR'S DRIVER'S
SHREE F. GREEN NOTARY PUBLIC PEG. #7643635  NOTARY PUBLIC The foregoing instru	County/City of	lon	CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31, 2019	, 20 1%, by  SON CIRCULATING THE PETITION  7643635  NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION	19 ON EXPIRES**	with the same of t
* Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-checking this petition with the official voter registration reco			

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.

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

## 3683 WINDMILL DRIVE

RAthleen EdeRuson

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

# **VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

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

ENTER ABOVE, OFFICE SOUGHT

Hampton

ENTER ABOVE, DISTRICT, IF APPLICABLE

signed hereunder or on the reverse

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].

All signatures required by law need not be on

the same page of the petition. Numerous

above in the [check only one]  Democratic Primary  The best of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]  Begin and who is a legal resignant who is a legal resignant to be held on the the period upon the official belief to be used at the election.				ed. The circulator of person who is her/himself United States of America nor a felon whose peen restored. The rear or affirm in the ponally witnessed the restored.
	LATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVE MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BE SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	EEN RESTORED AND THAT S/HE PERSONALLY WITNESSED	EACH SIGNATURE.	•
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.	PRINT KRIN TOSTENSON	RESIDENCE 11 Ivory Guil Ges.		
2	ASIGN. Katil Parker	RESIDENCE 42 W Va ave	5-24-19	· ·
3.	PRINT Betty L. Adams	CITY/TOWN Hairypton, VA.	4	
4.	PRINT MILL Man	CITY/TOWN Hangh VA 2316	5-41	
5.	SIGN Carl Mann	RESIDENCE 7.08 N. MAKORY St. CITY/TOWN HPT. Vq. 2366	- 5-2448	
	SIGN Nathleen & do Russy	RESIDENCE Chamberlin		

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

Homesty I365

3058

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

RIN NAME OF PERSON CIRCULATING THE PERFON

7643635

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER DATHS NOTARY REGISTRATION NUMBER\*\* DATE NOTARY COMMIS

5/31/19

DATE NOTARY COMMISSION EXPINES 19 S

**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.

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

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

#### 3683 WINDMILL DRIVE

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

# **VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

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

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated

☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary

ENTER ABOVE, OFFICE SOUGHT

Ha meton

above in the [check only one]

ENTER ABOVE, DISTRICT, IF APPLICABLE

signed hereunder or on the reverse

COMMUNICAL ITE OF VINGINIA PETITION OF QUALIFIED

# VOTERS

[Must be filed with Declaration of Candidacy]

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to be h that his	to be held on the					
	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 NO ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Tov	after January 1 of election	*SEE NOTE BELOW  LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]		
1.	SIGN CHIEF BOXET	RESIDENCE 750+land Rd	5)22/.			
· 2.	PRINT Whitney Heard	RESIDENCE 50 Ireland St CITY/TOWN HUMPTON, VA	net 5/23/			
3.	sign Ruth Davis PRINT RUTH Davis	RESIDENCE 416 Scotland R CITY/TOWN	5/23/			
4.	SIGN Belsier Vonces PRINT KEIVIN SORS	RESIDENCE G/FUSTONST	1523-201	<b>k</b>		
5.	PRINT ofher A. Robertson SR	RESIDENCE 615-I Michigan DK CITY/TOWN HAT	5-23.18			
6.	sign Frankie Watt	RESIDENCE 52 Shelton	<u>kd</u> 5/23/18			

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

10. SIGN JA MAN  PRINT JAMEN Bright  11. SIGN ALTA BRINT BRINT BRINT BROWN ROWS OF THE COUNTY/City/Town of The County/City/Tow	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town  RESIDENCE Mill Creek Terrace CITY/TOWN Hamoton, VA 23663  RESIDENCE 22 Chester CITY/Town Lange of City/Town City/Town City/Town City/Town City/Town City/Town City/Town City/Town Lange of City/Town	DATE SIGNED [Must be after January 1 of election year]  5/23/18	*SEE NOTE BELOW LAST 4 DIGITS O SOCIAL SECURIT NUMBER [OPTIONAL]
PRINT	CITY/TOWN Hamoton, VA23663  RESIDENCE 29 Chester  CITY/TOWN Hamoton, VA23663  RESIDENCE 29 Chester  CITY/TOWN Hamoton, VA23663  RESIDENCE 20 Chester  CITY/TOWN Hamoton, VA23663  RESIDENCE 20 Cossel Ct  CITY/TOWN Hat 23669  RESIDENCE 21 Bascoll U	5,25,8	13/12
9. SIGN JAZA JAGO PRINT JAMES IS TO PRINT JAMES STATES IN THE COUNTY/City/Town of	CITY/TOWN HOW 23 Le Leg  RESIDENCE /29 /2 Ches to 2  CITY/TOWN How to 2  RESIDENCE 300 Kossel Ct  CITY/TOWN Hot 2369  RESIDENCE 211 Bascoll W		/23 /x
PRINT JAMES STATE  10. SIGN JAMES JAMES STATE  PRINT JAMES JAMES STATE  TESS IS TO E COUNTY/City/Town of; in the County/City/Town of;	RESIDENCE 360 KOSS C/ CT CITY/TOWN HOT 2369 RESIDENCE 3/3 BASCO II TU	5/15/18 5/15/18	123/12
PRINT A CALL WICH  SIGN A CHARACTER SIGN Plants Roberts of Commonwealth of Virginia  Tress is	CITY/TOWN HOT 23409  RESIDENCE 2/1 Bassaul TV	\$15 K	,
PRINT Ather Bright  12. SIGN Plush Robers of PRINT Brenda ROBERS IS TO FE COUNTY (CITY/CITY/Town of PRINT BRENDA ROBERS IS TO FE COUNTY (CITY/TOWN OF PRINT BRENDA ROBERS IS TO FE COUNTY (CITY/TOWN OF PRINT BRENDA ROBERS IS TO FE COUNTY (CITY/TOWN OF PRINT BRENDA ROBERS IS TO FE COUNTY (CITY/TOWN OF PRINT BRENDA ROBERS IS TO FE COUNTY (CITY/TOWN OF PRINT BRENDA ROBERS IS TO FE COUNTY	(0)	5/2/	•
mmonwealth of Virginia  SMITH  TOTALIANUS  SMITH  TOTALIANUS  SMITH  TOTALIANUS  ; in the County/City/Town of	OIT IT TOWN	10/8	· · ·
mmonwealth of Virginia  CTAVIANUS Smith  Itess is	RESIDENCE 15 CA/MUNST. CITY/TOWN	5/23/18	
; in the County/City/Town of	FIDAVIT -		10359525
(v) I witnessed the signature of each person who signed this p davit is a felony punishable by a maximum fine up to \$2,500 and	in the State/Commonwealth of the state of th	of a legal restored; gning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE  APPLICABLE  NAME OF COATE THAT ISSUED  THE CIRCULATOR'S DRIVER'S
NOTARY SEAL/STAMP BELOW	URE OF PERSON CIRCULATED THE PETITION		CIRCULATOR'S LAST 4 DIGITS
REG. #7643635 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31, 2019	ent was subscribed and sworn before me this	1/19	NUMBER
rivacy notice: The Code of Virginia, §§ 24.2-506 and 24,2-52			number to facilitate

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

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

## **3683 WINDMILL DRIVE**

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

ENTER ABOVE, RESIDENCE ADDRESS OF CANDIDATE

# **VIRGINIA BEACH, VA 23453**

ENTER ABOVE, CITY/TÓWN

ENTER ABOVE, ZIP + 4

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

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

side of this page, do hereby petition the above named individual to become a candidate for the office stated

☐ General Election ☐ Special Election ☐ Democratic Primary ☐ Republican Primary

ENTER ABOVE, OFFICE SOUGHT

above in the [check only one]

Hampton

ENTER ABOVE, DISTRICT, IF APPLICABLE

signed hereunder or on the reverse

#### COMMODIAMENT LLI OL AIUGUNIA 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].

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

that his/her name be printed upon the official ballots to be used at the election.  circulator affidavit to					also must swe	en restored. The arror affirm in the ally witnessed the		
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.								
OFFI US ONL	Εļ	SIGNATURE OF REGISTERED VOTER . {PRINT NAME IN SPAÇE BELOW SIGNATURE}	POST OFFICE BOXES ARE NO ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Tov		DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW  LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]		
	1.	sign allo letalite PRINT San Leton Watson	RESIDENCE 221 Frequent 5 T CITY/TOWN Hamp for Va		3-24/8			
	2.	PRINT ASTON W. Sun TIT	RESIDENCE 625 Rell St. CITY/TOWN HAMMONUM		5.24.18			
	3.	PRINT Roymond Nack	RESIDENCE 1834 Awdrews CITY/TOWN Ham ton	Ì	5,248			
	4.	SIGN T6 rayt	RESIDENCE SZ6 Settlerse CITY/TOWN Hanpton	Lavy	5/24/18			
	5.	SIGNEMANDA WISDOM	RESIDENCE 310 S. HOPE S	St	S/24/18			
	6.	SIGN THERESALLE	RESIDENCE 7 STUTHFRIAND VA	DR	5/04/18			

<sup>\*</sup> 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 00**6**0

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWITHAN ONE CANDIDATE.	HE PERSONALLY WITNESSED EACH SIGNATURE.						
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 SECURIT' NUMBER [OPTIONAL]				
7. SIGN TO THE READ TO SIGN SIGN SIGN SIGN STATE OF THE READ STATE	RESIDENCE 2012 BARCEPET JA.  CITY/TOWN CHAMPIEN A 2363  RESIDENCE 79 MULTON ST	5-26-15					
9. SIGN. Swendayn Jenkin	CITY/TOWK JOHNA, VOI 23663 RESIDENCE 60 PHEIRS CIR	5-24					
10. SIEN MANON TONKOWSKY	RESIDENCE SLO LUCAS DL  CITY/TOWN HPT VA 23669	5-24	R				
11. SIGN Junitige PRINT Vestie Wait	RESIDENCE 1222Tilig 54  CITY/TOWN Thompton VA 2343	Zumylk					
12. SIGN SEPHANIA Worken	CITY/TOWN HP+ VA	5/24/1	8				
Commonwealth of Virginia  I,							
PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW  SHREE F. GREEN NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31, 2019  PRINT NAME OF PERSON CIRCULATING THE PETITION  CIRCULATOR'S LAST 4 DIGITION  CIRCULATOR'S LAST 4 DIGITION  CIRCULATOR'S LAST 4 DIGITION  CIRCULATOR'S LAST 4 DIGITION  OF SOCIAL SECURITY NUMBER  And							
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS  * Privacy notice: The Code of Virginia, §§ 24.2-506 and 24.2-	BATE NO PART COMMISSION		5/2/				

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

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