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

2ND 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

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

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.: foptionall.

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

General Election Democratic Primary Republican Primary to be held on the			ind who i oting rigl irculator iffidavit th	is not a minor r hts have not be also must swe	nited States of America nor a felon whose een restored. The ar or affirm in the nally 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 RACINGEL Kambic	RESIDENCE 121 N 6th St. CITY/JOWN Hampton Vàa	3669	5/23/18			
2.	SIGN PRINT PANTY RANGE	RESIDENCE 219 E HOWARD &	7343	AZ 3/18			
3.	SIGN Jacob A Holld PRINT JACOB G. Hubbard	RESIDENCE 210 W. TAylor And CITY/TOWN HAMPTON VA	e	\$ 23 18			
4.	SIGN HAY CHERY	RESIDENCE 132 MERCED 1977 CITY/TOWN 1 FPC. VA	+	27/8</td <td></td>			
5.	PRINT JASON TONGUINE HE	RESIDENCE 2 Beseer CAPY/e CITY/TOWN LAMBOTON VI 23		5/2/18			
6.	PRINT COSEM JOHNSON	RESIDENCE 926 Wilson Ln. CITY/TOWN Hampton VA 33	463	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

CONTIN	UED FROM REVERSE SIDE CANDIDATE NAME:	IAUN D. BROWN OFFICE SOUGHT: H	OUSE OF REPE	PESENTATIVES
SI	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S GNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OW THAN ONE CANDIDATE.	S/HE PERSONALLY WITNESSED FACH 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.	PRINT NI COL Reca	CITY/TOWN CHAST Handen	5-23-14	
8.	PRINT LAUNIE XO/GXX5	CITY/TOWN Hampton, a	533 20/8	
9.	PRINT JON KONIPE	RESIDENCE 187 Merrimac 701 CITY/TOWN VIIII anshurg VA	5-23-18	
10.	PRINT Lin MATCAY	CITY/TOWN 42 (Almina Place	5-23-18	
11.	PRINT ROCKES Malloy	RESIDENCE 7/7 Grave 57 CITY/TOWN Flantal VI	5-73/8	/
12.	PRINT LEKENdrick Roberson	CITY/TOWN Hampton, VA	5-23-18	
address in the control of the contro	*I THE CROWN CT. #	; (ii) I am) I am not a felon whose voting rights have not been page or its reverse side. Lunderstand that falsely side	of a legal restored; gning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE AME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE
NO	TARY SEAL/STAMP BELOW	TURE OF PERSON CIRCULATING THE PETITION County/City of HAMPLE		IRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY
COM	NOTARY PUBLIC REG. #7643635 IMONWEALTH OF VIRGINIA IMISSION EXPIRES MAY 31, 2019	ment was subscribed and sworn before me this ON CIRCULATING THE PETITION	<u>) </u>	NUMBER
	OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS	7643635 5-31 NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION	NEXPIRES**	nint

SBE-506/521 REV 1.2013

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COMMUNITY EALTH 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, 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 famo TOH 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 to be held on the 6 th day of November, 20 8 and we do further petition 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 vearl [OPTIONAL] SIGN CITY/Town RESIDENCE 2 PRINT CITY/Town

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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SBE-506/521 REV 1.2013

CIRCULATOR:	VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/ YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN	S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERI	CA, NOT A MINOR I	NOR A FELON WHO
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]
7. SIGN	Charteens Roberson	CITY/TOWN Hampton, VA	5-23:-18	
8. SKEN	Finde (in	CITY/TOWN / to = 707 NN aux.	5/23/8	
9. SIGN	S CAMIN	RESIDENCE PHEBUS, VA CITY/TOWN HAMP IV	5/23/18	-
10. SIGN	1	CITY/TOWN HAMPTEN W.	5/23/18	
11. SIGN PRINT	Jamara Spier	CITY/TOWN CITY/T	5/23/8	
12. SIGN	Jamel Grier	RESIDENCE 130 Dr1350 4 CITY/TOWN Hampton 23443	9/23/18	
address is resident of the and (v) I witnes	NIA ; in the County/City/Town of	swear or affirm that (i) my full in the State/Commonwealth (ii) I am on the state of the page or its reverse side. I understand that falsely signs or imprisonment up to ten years.	of a legal restored; gning this	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE LICENSE NAME OF STATE THAT ISSUE THE CIRCULATOR'S DRIVER'S LICENSE
NOTARY SHI N R COMMO MY COMMIS	SION EXPIRES MAY 31, 2019 day of	County/City of Hamphement was subscribed and sworn before me this	119	OF SOCIAL SECURITY OF SOCIAL SECURITY OF NUMBER

SBE-506/521 REV 1.2013

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

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

VIRGINIA BEACH, VA 23453

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

How Photo

COUNTY OR CITY OR, FOR TOWN COUNCH, 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

to be held on the

day of

A Color of the district in which the above candidate seeks nomination or election and of signed hereunder or on the reverse signed hereunder or on the

CONNINGINANTER LITT OF A INCHINIA

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 filling.

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 SIGNIFICANTIONS FOR MORE OFFICE DATE SIGNED HSE 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 PRINT NAME IN SPACE BELOW SIGNATURE Rural Route and Box Number and City/Town year] [OPTIONAL] RESIDENCE CfTY/Town RESIDENCE CITY/Town RESIDENCE 4 8,995 5/29/16 CITY/TOWN Hampton, UA 23669 RESIDENCE 5. 2366 PRINT RESIDENCE 1 CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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SBE-506/521 REV 1.2013

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW TH			
VOTING RIGHTS HAVE NOT BEEN RESTORED AND THA SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR O THAN ONE CANDIDATE.	AT 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 OI SOCIAL SECURIT NUMBER {OPTIONAL}
PRINT GY EODCU Such	RESIDENCE 1/7 COUNTY ST ATB CITY/TOWN HAMOTON VA	5/29/18	
8. SIGN KORNE CONTACTOR SIGN KORNE SAN E JACKSON	CITY/TOWN HANDTON UA	5/24/18	
9. SIGN CUA D. GUND	ciryttanpter UA	0/29/18	
10. PRINT JETTRY WALLY	CITY/Awampton VA	5/29/15	/
print Johnathan L. Walker	r CITY/TOWN HAMPTON VA	5/29/18	
12. SIGN PRINT MATThece Cherry	CITY/Toyler Sterre	7-9/1	<u> </u>
I, CANIANUS Supply address is in the County/City/Town of resident of the United States of America; (iii) I am not a minor; and (v) I witnessed the signature of each person who signed the affidavit is a felony punishable by a maximum fine up to \$2,500.	his page or its reverse side. I understand that falsely si	of a legal restored;	CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE JAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S
PLACE PHOTOGRAPHICALLY REPRODUCIBLE	SINATURE OF PERSON CIRCULATING THE PETITION	<u> </u>	DISCOULATOR'S LAST 4 DIGITS
SHREE F. GREEN NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31, 2019 State of	trument was subscribed and sworn before me this		OF SOCIAL SECURITY NUMBER
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATH			Anth
* 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

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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 Candidacv] **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, 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, 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 Hamtton 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 to be held on the 6th day of November, 2016, and we do further petition 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 of election House Number and Street Name or NUMBER [PRINT NAME IN SPACE BELOW SIGNATURE] Rural Route and Box Number and City/Town vearl [OPTIONAL] RESIDENCE SIGN **CITY/TOWN** RESIDENCE PRINT

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 REPRESENTATIVES
CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW TO VOTING RIGHTS HAVE NOT BEEN RESTORED AND THE SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR THAN ONE CANDIDATE.	THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AN HAT S/HE PERSONALLY WITNESSED EACH SIGNATURE. R OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE	
OFFICE USE ONLY SIGNATURE OF REGISTERED VOTER [PFINT NAME IN SPACE BELOW SIGNATURE] SIGN	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town RESIDENCE 138 S. Second Street Name of Rural Route and Rou	DATE SIGNED [Must be after January 1 of election year] *SEE NOTE BELOV LAST 4 DIGITS C SOCIAL SECURI NUMBER [OPTIONAL]
8. SIGN S. Zahr	CITY/TOWN thempoon RESIDENCE & Pratt St.	5/29/18
9. SIGN Qualu TSmill TU PRINT And N J Smill TU	RESIDENCE SEG Homested 1 CITY/TOWN Hampton 1/A	14 5/29/19
10. SIGN De State Sill- PRINT William ADDRÉ Gilliam	RESIDENCE 1802 MARLIN CITY/TOWN HAM DION, VO 23664	
11. SIGN ACCORDANCE CONCUES 12. SIGN MOSTLEY 12. SIGN MOSTLEY 13. SIGN MOSTLEY 14. SIGN MOSTLEY 15. SIGN MOSTLEY 16. SIGN MOSTLEY 17. SIGN MOSTLEY 18. SIGN MOSTLEY 18. SIGN MOSTLEY 18. SIGN MOSTLEY 19. SIGN MOSTLEY 1	CITY/TOWN Homoton 423663 RESIDENCE 4 WERT SEWELL	754
PRINT MARY IN ESWEAVED	f ; (ii) I am not a felon whose voting rights have not be this page or its reverse side. I understand that false	alth of LICENSE NUMBER, IF am a legal een restored; y signing this NAME OF STATE THAT ISSUE
PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW SHREE F. GREEN NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31, 2019	County/City of Homos nstrument was subscribed and sworn before me this 20 16, by	CIRCULATOR'S DRIVER CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OA	Sittle to the control of the control	
Privacy notice: The Code of Virginia, §§ 24.2-506 and 2- checking this petition with the official voter registration r	4.2-521, authorizes requesting the last four digits of y record. You are not required to provide this informa	our social security number to facilitate

SBE-506/521 REV 1.2013

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

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

2ND **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

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 to be hel	qualified voters of the district in which the above candidate Harmy Pton 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 ecome a candidate for the office stated imary ☐ Republican Primary, 20 \(\subseteq \subseteq \), and we do further petition e election.	the same page pages may be each page must a legal resident and who is not voting rights had circulator also resident.	of the peti- circulated. It be a pers t of the Uni- a minor no ave not bee must swear he persona	law need not be on tion. Numerous The circulator of son who is herhimself ted States of America or a felon whose en restored. The r or affirm in the ally witnessed the
	MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVE MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BE SNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	EN RESTORED AND THAT S/HE PERSONALLY WIT	TNESSED EACH SIGN	NATURE.	
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE ACCEPTABLE RESIDENCE ADDRESS House Number and Street Name of Rural Route and Box Number and City	NOT SIC [Mu a Jan of e		*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN'EWN Montgomery	RESIDENCE 722 Oakland V CITY/TOWN Hamaton VA	Ave 5/2	9/18	Ŧ
2.	SIGN OF CUT CAN CONTROLL OF SIGN OF CUT CAN CONTROLL OF CONTROL OF CON	RESIDENCE 321 Wybster C	t 32	18	
3.	SIGN DED DIS PRINT	RESIDENCE HORTS V CITY/TOWN 321 Webster	10 5	129118	7
4.	PRINT TREDELL PETE	RESIDENCE HANDLON CITY/Town	2469 J/2	29/2018	P
5.	PRINT AmbrossA Alexander	RESIDENCE 21 Godspeed W	23668	29/18	,
6.	SIGN JOHN WESCH	RESIDENCE WILLIAM DUR CIENTOWN HAM OF TO	1 SMAN	0/28/ DR	2018

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CONTINUED FR	OM REVERSE SIDE CANDIDATE NAME:	SHAUN D. BROWN	OFFICE SOUGHT:	SE OF REPP	ESENTATIVES
	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 WITNESS	SED EACH SIGNATURE.		
OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	ACC RESIDE House Numb	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 OF SOCIAL SECURIT NUMBER [OPTIONAL]
7. SIGN	7 9 1		Krissell of Mpton	May 29,18	
8. SIGN	Ardrea faile	RESIDENCE 139 CITY/TOWN Ha	71DIOIC	May 29.	
9. SIGN	Dealer (a. all	RESIDENCE S CL	10ey St 10ton 23663	May 29	
10. SIGN	Sherika Blain	RESIDENCE 930 CITY/TOWN Han	plon 23/de3	19	
11. SIGN	Accord to	RESIDENCE CITY/Town	Hon esco	5/29/	
12. SIGN PRINT		CITY/Town HA	CAST COUNTY ST UPTON	18	
Commonwealth of Virginia I,					
NO SAY	SION EXPIRES MAY 31, 2019	g instrument was subscribed y of A S S S S S S S S S S S S S S S S S S	nty/City of Hamp on and sworn before me this 120 18, by		CIRCULATOR'S LAST 4 DIGIT OF SOCIAL SECURITY NUMBER
SIGNATURE OF NO	OTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER	NOTARY REGISTRATION		ON EXPIRES**	AB'A
* Privacy not checking the	ice: The Code of Virginia, §§ 24.2-506 and is petition with the official voter registration	d 24.2-521, authorizes requen n record. You are not requi	sting the last four digits of you ired to provide this information	r social security	number to facilitate 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. 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

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

2ND **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

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

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 day of Modern day of Mod				erson who is her\himself Jnited States of America nor a felon whose een restored. The ear or affirm in the anally witnessed the
	ATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVE MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BE IGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	EEN RESTORED AND THAT S/HE PERSONALLY WITNESS	SED 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	after January 1 of election	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN Un Parine PRINT Eliza P Dixie	RESIDENCE 252 Lee 57 CITY/TOWN Hampton	530,	
2.	SIGN Y CANADY	RESIDENCE Z9 Hendson C	N 5-30	
3.	SIGN MULTIN PORTH	CITY/TOWN Hander	24 5-3-	
4.	PRINT CHYPANNA MONAVRADEH	RESIDENCE 1713 CARPINGE CITY/TOWN HAMPTON, VA	5-30 - 18	
5.	PRINT. Bill Boster	RESIDENCE BWILLCREK CITY/TOWN 1 LM - VA	[err 5/50 18	
6.	SIGN Jan S. Vincent PRINT Fort Mons Vincent	RESIDENCE 33 Tidbell Ra	5=30	

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

0066

CONTINUED FROM REVERSE SIDE CANDIDATE NAME:	SHAUN D. BKUWN	OFFICE SOUGHT:	SE OF REPP	ESENTATIVES
CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW VOTING RIGHTS HAVE NOT BEEN RESTORED AND SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOU THAN ONE CANDIDATE.	THAT S/HE PERSONALLY WITNES	SED EACH SIGNATURE.		
OFFICE USE ONLY SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	AC RESIDE House Num	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 C SOCIAL SECURIT NUMBER {OPTIONAL}
7. SIGN RICCO LEWIS		scotland Rd	5/30/2018	\$
QQ/A	1 CITY/TOWN /+ps	Scwell Ave TUA 23663	5-302018	
9. SIGN X. CAPENDET 10. SIGN Jose Hernan Lez	CITY/TOWN A/M	Chamberlin Ove plon VA 23666		
PRINT C	RESIDENCE () > () CITY/TOWN / / / 9 RESIDENCE 1413 (inia Beach	5/30/19	
11. SIGN PRINT SOLL END	CITY/TOWN HLA RESIDENCE 1203	plan, VA E. Kembrate	>1/8/18 Hwat 73d/	
Commonwealth of Virginia I, OCTAVIANUS SMITH,	- AFFIDAVIT -	, swear or affirm that (i) my ful	Iresidential	16035952 CIRCULATOR'S DRIVER'S
address is; in the County/City/Town resident of the United States of America; (iii) I am not a mir and (v) I witnessed the signature of each person who signed	of Hampton or; (iv) I am fot a felon who d this page or its reverse si	_ in the State/Commonwealth ; (ii) I am se voting rights have not beer de. Lunderstand that falsely s	of a legal a restored:	LICENSE NUMBER, IF APPLICABLE
affidavit is a felony punishable by a maximum fine up to \$2	4/0	\leq		NAME OP STATE THAT ISSU THE CIRCULATOR'S DRIVER LICENSE
PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW State of V SHREE F. GREEN The foregoing	<i>J</i> .	nty/City of Hamp	ton	CIRCULATOR'S LAST 4 DIGI OF SOCIAL SECURITY NUMBER
NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA	instrument was subscribed of MASS PERSON CIRCULATING THE PERSON CIRC	, 20 <u>18</u> , by	10	231.18
* Privacy notice: The Code of Virginia, §§ 24.2-506 and checking this petition with the official voter registration doing so. The State Board of Elections or the General R	DATHS NOTARY REGISTRATION 24.2-521, authorizes requered record. You are not required.	NUMBER** DATE NOTARY COMMISSION sting the last four digits of you ired to provide this information	r social security	the netition without

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

VIRGINIA BEACH, VA 23453

ENTER ABOVE, CITY/TOWN

ENTER ABOVE, ZIP + 4

2ND **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

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] Define General Election			e must be a pe sident of the U s not a minor r nts have not be also must swe nat s/he persor of each voter.	d. The circulator of erson who is her/himself nited States of America nor a felon whose een restored. The ar or affirm in the nally witnessed the	
	MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BE YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN THAN ONE CANDIDATE.	EN RESTORED AND THAT S/HE PERSONALLY: WITNES	SSED EAC	H SIGNATURE.	SIGN PETITIONS FOR MORE
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/Tow		DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN De Wayne Vichx	RESIDENCE CITY/TOWN A CON PYON	A		
2.	SIGN COLESTER OF THE CONTER-VICE	RESIDENCE RESIDENCE RESIDENCE RESIDENCE RESIDENCE RESIDENCE	A		
3.	PRINT Demo Edució	RESIDENCE TECHNETT. CITY/TOWN Hemother. VA		2018 May 25,	2000000
4.	PRINT Dermell Hammands	RESIDENCE 52 I reland & T CITY/TOWN Hampton, VI	A-	MAY25 2014	-
5.	PRINT MOST LOGICU	RESIDENCE \$3600 Train	_	5/25/	
6.	SIGN AMOS	RESIDENCE 23 Segar S	_ 1	5-2518	,

^{*} 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 6067

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

SBE-506/521 REV 1,2013

7643635

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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 2ND

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

ENTER ABOVE, OFFICE SOUGHT

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 to be	e in hel	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	ech page legal res nd who i oting righ rculator ffidavit th	nay be circulated. The circulator of ge must be a person who is her\himself resident of the United States of America is not a minor nor a felon whose ghts have not been restored. The or also must swear or affirm in the that s/he personally witnessed the e 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.											
OFFIC 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/Tow		DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BELOW LAST 4 DIGITS OF SOCIAL SECURITY NUMBER [OPTIONAL]					
	1.	PRINT DIANA F. MILLEK	CITY/TOWN Handon VA 2366	7	5/29/18						
	2	SIGN Trum HILLS PRINT MIMI HILLS	RESIDENCE 7 COMMEST CITY/TOWN Hamber VA 23)6(H)	512918						
	3.	SIGN Jasmyne Coulton	residence 44 Godspeed way City/Town Hampton VA 24	(3	5/29/8						
	4.	SIGN Jenn Richardson	RESIDENCE 374 Chamber on 1	Aue 663	5/2918						
	5.	SIGN Mus eths PRINT Chris Stubs	RESIDENCE 17 COTEY CITY CITY/TOWN HAMPTON		5/29/18						
	6.	SIGN Carrie M tulbotor PRINT Carrie M. Littleton	RESIDENCE 725 Catalpa Ave CITY/TOWN Hamphon VA 2366	,}	5/29/18						

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SBE-506/521 REV 1.2013

CONTINUED FROM REVERSE SIDE CAND	DATE NAME:	D. BROWN	OFFICE SOUGHT:	SE OF REPR	ESENTATIVES
CIRCULATOR: MUST SWEAR OR AFFIRM IN TO VOTING RIGHTS HAVE NOT B SIGNER: YOUR SIGNATURE ON THIS P THAN ONE CANDIDATE.	EEN RESTORED AND THAT S/HE PEI	RSONALLY WITNESSED F.	ACH SIGNATURE		
OFFICE USE ONLY SIGNATURE OF REGIS [PRINT NAME IN SPACE BE		POST OFFICE B ACCEP RESIDENCE House Number ar Rural Route and Box N	E ADDRESS nd Street Name or	DATE SIGNED [Must be after January 1 of election year]	*SEE NOTE BEL LAST 4 DIGITS SOCIAL SECU NUMBER [OPTIONAL]
7. SIGN Amil Taylo	·	HIDENCE 320 (Ne	ebsterst NA 236		
8. SIGNTHUR S. J. PRINT Milmer C.	tolle RESI	IDENCE 14400 (TOWN 2/2012	Codpole R	5248	
9. SIGN Poll Cr PRINT Rightman A	C. A. A.	IDENCE/SOFI	bacis RD	5/29/18	
10. SIGN BY ALLW	0 0000	IDENCE ISSATIAN	en un	512918	
11. SIGN PRINT DEFFECT SCAPE	,	DENCE Gayle	St.	5-2918	
12.	01500/	DENCE Carle	SK VA	5-2-18	/
doress is ; in the (sident of virginia); in the (sident of the United States of America; in (v) I witnessed the signature of each fidavit is a felony punishable by a maxim	County/City/Town of	in the state of th	understand that falsely sig	of a legal restored; gning this	CIRCULATOR'S DRIVI LICENSE NUMBER, APPLICABLE SICGINIA NAME OF STATE THAT IN
ACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW SHREE F. GREEN NOTARY PUBLIC REG. #7643635 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES MAY 31, 2019	State of	was subscribed and s	worn before me this		CIRCULATOR'S DRI LICENSE CIRCULATOR'S LAST 4 E OF SOCIAL SECURIT NUMBER
SNATURE OF NOTARY OR OTHER PERSON AUTHOR		7643635 ARY REGISTRATION NUMBER	5 5 31	N EXPIRES**	5.2
Privacy notice: The Code of Virginia, checking this petition with the official	§§ 24.2-506 and 24.2-521, au voter registration record. Yo	uthorizes requesting to ou are not required to	he last four digits of your provide this information	social security i and may sign t	number to facilitate he petition withou

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

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

PRINT

ENTER ABOVE, ZIP + 4

filing.

HOUSE OF REPRESENTATIVES 2ND

ENTER ABOVE, OFFICE SOUGHT

ENTER ABOVE, DISTRICT, IF APPLICABLE

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 Candidacv]

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

We, the qualified voters of the district in which the above candidate seeks nomination or election and of signed hereunder or on the reverse COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

General Election Special Election Democratic Primary Republican Primary to be held on the day of Modern between 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.

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 [PRINT NAME IN SPACE BELOW SIGNATURE] Rural Route and Box Number and City/Town vear1 [OPTIONAL] 1. RESIDENCE PRINT SIGN 3. CITY/Town PRINT RESIDENCE City/Town SIGN RESIDENCE 5. CITY/Town PRINT SIGN

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

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

CITY/Town

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