

Source - DOTIA, DOTIC, OM  
Voting History - No Vote

09

Voters: Find/Modify Voter

ABDEL MOUNIM  
102509021-02

Security: Not Restricted Last Changed 3/20/2013 2:09:54 PM

Voter Hall of Fame ☐ Federal Voter ☐

General ☐ Districts ☐ Votes ☒ Correspondence ☐ Petitions ☐ Changes ☐ Documents ☐ Other ☐ Application

Changes Made to Voter Record

County	Type	Date/Time	User	Station ID
02	CHG	3/18/2010 8:11 AM	c-rschfin	DOSSUREAPP1
02	CHG	3/16/2010 3:26 PM	BatchUser	STWLOSSCDP0
02	CHG	3/16/2010 3:26 PM	BatchUser	STWLOSSCDP0
02	CHG	7/13/2009 10:30 AM	c-dboscia	DOSSUREAPP1
02	CHG	6/22/2009 1:01 PM	c-rschfin	DOSSUREAPP1














Record: 6 of 11

Change Description

\*[ApplicationSource] was changed from DOTIA to OM  
\*[CityID] was changed from 4998 to NULL  
\*[DateLastChanged] was changed from Jul 13 2009 10:30AM to Mar 16 2010 3:26PM  
\*[HouseNum] was changed from 700 to  
\*[IsSendIDCard] was changed from False to True  
\*[LastIDReason] was changed from NVR to VAC  
\*[PrecinctSplitCode] was changed from 2270105-1 to 1850704-1  
\*[PrecinctSplitID] was changed from 4145 to 2525  
\*[SSN] was changed to XXXXX

OK Cancel

Record: 1 of 1

Voter Applications									
 <b>ABDELMOUNIM</b>					Address Verified <b>Approved</b>				
2270105-1, WILKINS 01 05									
 Application  App Status  Correspondence  HAVA Checks									
<div>Source: <b>DOTIA</b> <input type="checkbox"/> Transfer To: <input type="text"/></div> <div><input checked="" type="checkbox"/> New <input type="checkbox"/> Addr Chg <input type="checkbox"/> Name Chg <input type="checkbox"/> Party Chg <input type="checkbox"/> Other <input type="checkbox"/> Cancel</div> <div>Last Name: <input type="text"/> Suffix: <input type="text"/> First Name: <b>ABDELMOUNIM</b> Middle Name: <input type="text"/> Sex: <input type="text"/> Race: <input type="text"/></div> <div>House #: <input type="text"/> 1/2 Dir: <input type="text"/> Street Name: <input type="text"/> Type: <input type="text"/> Dir: <input type="text"/> Unit: <input type="text"/> Unit #: <input type="text"/> City: <b>PITTSBURG</b> State: <b>PA</b> Zip Code: <b>15235</b></div> <div>Address Line 2: <input type="text"/> Mail Addr Line 1: <input type="text"/> Mail City: <input type="text"/> State: <input type="text"/> Mail Zip: <input type="text"/> Mail Country: <input type="text"/></div> <div>Birth Date: <b>07/07/1978</b> SSN: <input type="text"/> Drivers Lic: <input type="text"/> Phone: <input type="text"/> Party: <b>NO AFFILIATION</b> Other Party: <input type="text"/></div> <div>Email Address: <input type="text"/> <input type="button" value="Insert"/> <input type="button" value="Clear"/>   </div> <div>App Date: <b>06/09/2009</b> Reg Date: <b>06/21/2009</b> Assistance: <input type="text"/> <input type="button" value="Refresh"/> <input type="button" value="Reset"/></div> <div><div>Old Name: <input type="text"/> Title: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/> First Name: <input type="text"/> Middle Name: <input type="text"/> Voter Number: <b>102509021-02</b></div><div>Old Address: <input type="text"/> House #: <input type="text"/> Street Name: <input type="text"/> Unit: <input type="text"/> Unit #: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/> County: <input type="text"/></div></div>									
<input type="button" value="Delete App"/>					<input type="button" value="OK"/> <input type="button" value="Cancel"/>				
Record:   <b>390713</b>    of 928419									

Voter Applications															<input type="button" value="-"/> <input type="button" value="□"/> <input type="button" value="X"/>				
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;"> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100px; height: 15px;"></div> </div> <div style="margin-left: 5px;"> <b>ABDELMOUNIM</b> </div> </div>										<b>Address Verified</b> <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">Declined</div>					<b>1850704-1, PENN HILLS 07 04</b>				
<div style="display: flex; justify-content: space-between;"> <span> Application</span> <span> App Status</span> <span> Correspondence</span> <span> HAVA Checks</span> </div>																			
<div style="display: flex;"> <div style="flex: 1;"> <b>Source:</b>  <div style="border: 1px solid black; padding: 2px;">DOTIC ▼</div> </div> <div style="flex: 2; padding-left: 10px;"> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> New</span> <span><input checked="" type="checkbox"/> Addr Chg</span> <span><input checked="" type="checkbox"/> Name Chg</span> <span><input type="checkbox"/> Party Chg</span> <span><input type="checkbox"/> Other</span> <span><input type="checkbox"/> Cancel</span> </div> </div> </div>																			
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last Name:</span> <span>Suffix:</span> <span>First Name:</span> <span>Middle Name:</span> <span>Sex:</span> <span>Race:</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 100px; height: 20px;">ABDELMOUNIM</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M ▼</div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">▼</div> </div>																			
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>House #: 1/2</span> <span>Dir:</span> <span>Street Name:</span> <span>Type:</span> <span>Dir:</span> <span>Unit:</span> <span>Unit #:</span> <span>City:</span> <span>State:</span> <span>Zip Code:</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 100px; height: 20px;">PITTSBURG</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">PA ▼</div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">15235 ▼</div> </div>																			
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Address Line 2:</span> <span>Mail Addr Line 1:</span> <span>Mail City:</span> <span>State:</span> <span>Mail Zip:</span> <span>Mail Country:</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>																			
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<div style="display: flex;"> <div style="flex: 1;"> <b>Email Address:</b>  <div style="border: 1px solid black; width: 250px; height: 20px;"></div> </div> <div style="flex: 0.5; padding: 0 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">Insert</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Clear</div> </div> <div style="flex: 1.5;"> <div style="border: 1px solid black; width: 200px; height: 40px;"></div> </div> </div>																			
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>App Date:</span> <span>Reg Date:</span> <span>Assistance:</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 100px; height: 20px;">03/09/2010</div> <div style="border: 1px solid black; width: 100px; height: 20px;">03/16/2010</div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">▼</div> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 5px;">↺</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 5px;">↻</div> </div>																			
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Old Name:</span> <span>Title:</span> <span>Last Name:</span> <span>Suffix:</span> <span>First Name:</span> <span>Middle Name:</span> <span>Voter Number:</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 100px; height: 20px;">ABDELMOUNIM</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>																			
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Old Address:</span> <span>House #:</span> <span>Street Name:</span> <span>Unit:</span> <span>Unit #:</span> <span>City:</span> <span>State:</span> <span>Zip Code:</span> <span>County:</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">APT ▼</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">▼</div> <div style="border: 1px solid black; width: 100px; height: 20px;">PITTSBURG</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">PA ▼</div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">15235 ▼</div> <div style="border: 1px solid black; width: 100px; height: 20px;">ALLEGHEN ▼</div> </div>																			
<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px 15px;">ReProcess</div> <div style="border: 1px solid black; padding: 5px 15px;">Delete App</div> <div style="border: 1px solid black; padding: 5px 15px;">OK</div> <div style="border: 1px solid black; padding: 5px 15px;">Cancel</div> </div>																			
<div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Record:</span> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 2px;">◀</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 2px;">▶</div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center; margin: 0 2px;">390712</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 2px;">▶</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 2px;">▶</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 2px;">▶</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 2px;">▶</div> </div> <span>of 928419</span> </div>																			

# Voter Applications



ABDELMOUNIM

Address Verified **Approved**  
1850704-1, PENN HILLS 07 04

Application App Status Correspondence HAVA Checks

Source:

OM

Transfer To:

☐ New ☒ Addr Chg ☐ Name Chg ☐ Party Chg ☐ Other ☐ Cancel

Last Name:

Suffix:

First Name:

Middle Name:

Sex:

Race:

House #: 1/2

Dir:

Street Name:

Type:

Dir:

Unit:

Unit #:

City:

State:

Zip Code:

Address Line 2:

Mail Addr Line 1:

Mail City:

State:

Mail Zip:

Mail Country:

Birth Date:

07/07/1978

SSN:

XXX-XX

Drivers Lic:

Phone:

Party:

Other Party:

Email Address:

Insert

Clear

App Date:

03/09/2010

Reg Date:

03/26/2010

Assistance:

Old Name:

Title:

Last Name:

Suffix:

First Name:

Middle Name:

Voter Number:

102509021-02

Old Address:

House #:

Street Name:

Unit:

Unit #:

City:

State:

Zip Code:

County:

Delete App

OK

Cancel

Record: 390711 of 928419



DAN ONORATO  
CHIEF EXECUTIVE

# COUNTY OF ALLEGHENY

## DEPARTMENT OF ADMINISTRATIVE SERVICES ELECTIONS DIVISION

604 COUNTY OFFICE BUILDING • 542 FORBES AVENUE  
PITTSBURGH, PENNSYLVANIA 15219-2953  
PHONE (412) 350-4500 • FAX (412) 350-5697

TIMOTHY H. JOHNSON  
DIRECTOR

MARK WOLOSIK  
DIVISION MANAGER

Date

7/13/09

Dear MR

You have recently informed this office that you desire to cancel your voter registration due to the fact that you are not a United States citizen. We have enclosed a copy of your letter which acknowledges same. Your voter registration has been cancelled.

Please contact this office if you have any questions concerning this matter.

Very truly yours,

Mark Wolosik, Division Manager  
Department of Administrative Services  
Elections Division

Enclosure

7/13/09

803



**Abdelmounim**

Pittsburgh, Pa.....15235

Phone.

ALLEGHENY COUNTY  
ELECTIONS DIVISION  
2009 JUL 13 AM 10:21

To whom it may concern:

Please remove my name as a registered voter in Allegheny County. I recently passed 6/9/2009 and received my new drivers license. I was mistakenly registered to vote because I did not understand the questions I was being asked after I passed my test, I am not legally allowed to vote at this time, because I do not have a very good command of the English language, I did not comprehend that I was registering to vote after passing the test. My wife and my lawyer helped me write this letter.

Thank you very much,

**Abdelmounim**

Will you please reply to this letter to know you have received it...my address and phone are above...



**Voters: Find Voter**

**ABDELMOUNIM** Security: **Not Restricted** Last Changed: **7/13/2009 10:30:09**

**102509021-02** Cancelled Federal Voter ☐

General ☐ Districts ☐ **Votes** ☐ Correspondence ☐ Petitions ☐ Changes ☐ Documents ☐ Other ☐

**ID Number:** 102509021-02 **Application Source:** DOTIA **Means of Regist:** **Registered:** 06/21/2009 **Status-Reason:** CANCEL - NOT A CITIZEN

6/9/2009 7/13/2009

**Title:** **First Name:** ABDELMOUNIM **Middle Name:** **Suffix:** **Maiden Name:** **Verify**

**House #:** 1/2 **Street Name:** **Unit:** **Unit #:** **City:** PITTSBURGH **State:** PA **Zip Code:** 15235

**Address Line 2:** **Mail Addr Line 1:** **Mail City:** **State:** **Mail Zip:** **Mail Country:**

**BirthDate:** 07/07/1978 **Place of Birth:** **Social Sec:** **Driver's Lic.:** **Sex:** **Race:** **Language:** **Assistance:**

**Political Party:** NO AFFILIATION **Phone:** **U:** ☐ **Last Voted:** **Must Vote In Person** ☐ **Poll Worker Interest** ☐ **Poll Worker** ☐

**Precinct Split:** 2270105-1 **Insert** **Clear** **WILKINS 01 05**

**OK** **Cancel**

Record: 1 of 1