

②

① Voters who checked
no to citizenship -
(we entered in error: them
deleted)

② Voters who we can't
find any corresponding
paperwork for telling
us they are not
citizens.

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: EDA P ALMANZAR
Date of Birth: 09/03/1968
Voter ID: 151701015
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 474
Street Name: BROAD AVE
Address Line 2:
Address Line 3:
Municipality : ENGLEWOOD
Postal City: ENGLEWOOD
State: NJ
Zip: 07631

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 02/03/2011
Registration Type: Mail-In without Identification
Last Action Taken Date: 02/09/2011

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	02	District	03	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Please fill out and print the completed form. YOU MUST SIGN YOUR NAME and then mail to the appropriate county in order to be registered.



New Jersey Voter Registration Application

Bergen 76

Please print clearly in ink. All information is required unless marked optional. *sent ID + signature letter*

1 Check boxes that apply:						<input type="checkbox"/> New Registration <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY Clerk 2/3/11 <i>WJL</i> Registration # Office Time Stamp
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)						Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)						
3 Last Name <i>ALMANZAR</i>			First Name <i>EDA</i>		Middle Name or Initial <i>PATRICIA</i>		Suffix (ex. Jr., Sr., III)					
4 Date of Birth (MM/DD/YY) <i>9-3-1968</i>												
5 NJ Driver's License Number or MVC Non-driver ID Number						If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) <i>474 Broad</i>			Apt.	Municipality <i>Englewood</i>		County	State <i>NJ</i>	Zip Code				
7 Mailing Address if different from above			Apt.	Municipality		County	State	Zip Code				
8 Last Address Registered to Vote (DO NOT use PO Box)			Apt.	Municipality		County	State	Zip Code		<input type="checkbox"/> by mail <input type="checkbox"/> in person		
9 Former Name if Making Name Change						Day Phone Number (Optional)						
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.												
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: ● I am a U.S. Citizen ● I live at the above address ● I will be at least 18 years old on or before the next election				● I will have resided in the State and county at least 30 days before the next election ● I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws				● I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1		
Signature: Sign or mark and date on line below <i>X</i> _____ Date _____						If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____						

151701015



EDA F ALMANZAR
474 BROAD AVE
ENGLEWOOD NJ 07631

is 5, 6 and 10

When registering to vote for the first time: If you do not have any of the above information, you will be asked to provide a COPY of a current and valid address on it to avoid having to provide identification at the polling place.

Not used by any governmental agency. Any person who uses such numbers

providing a contact point or the location where you spend most of your time.

You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is Optional and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

☐ absentee voting

☐ polling place accessibility

☐ available election materials in this alternative language: _____

☐ becoming a poll worker

☐ voting if you have a disability, including visual impairment

For more information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: JENNIFER ACEVEDO
Date of Birth: 07/04/1990
Voter ID: 151117209
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 2
Suffix A:
Suffix B:
Street Number: 11
Street Name: KINZLEY ST
Address Line 2:
Address Line 3:
Municipality : LITTLE FERRY
Postal City: LITTLE FERRY
State: NJ
Zip: 07643

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 03/30/2009
Registration Type: Mail-in with Identification
Last Action Taken Date: 03/30/2009

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	04	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Voter Profile

User Printed: BESSPARS
Date: 03/30/2017

Voter Information:

Voter's Name: DILIPREDDY BANDELA
Date of Birth: 12/05/1989
Voter ID: 152225266
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 204
Suffix A:
Suffix B:
Street Number: 715
Street Name: LINDEN AVE
Address Line 2:
Address Line 3:
Municipality : TEANECK
Postal City: TEANECK
State: NJ
Zip: 07666

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 04/17/2012
Registration Type: Mail-in with Identification
Last Action Taken Date: 04/19/2012

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	05	Congressional	05	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Polling Place:

Next Election Date -- Name
Polling Place

06/06/2017 -- PRIMARY ELECTION

Name

AMERICAN LEGION POST #128

Address

650 AMERICAN LEGION DR

TEANECK NJ 07666



New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Clerk BD 4/4/12	
3 Last Name BANDELA	First Name DILIP REDDY	Middle Name or Initial	Suffix (Jr., Sr., III)	Registration # NR		
4 Date of Birth 12-05-1989				Office Time Stamp		
5 NJ Driver's License Number or MVC Non-driver ID Number B03951690012892		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.			2012 APR 18	
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) 715 Linden Ave	Apt. 204	Municipality Teaneck	County Bergen	State NJ	Zip Code 07666	SUPERINTENDENT OF ELECTIONS BERGEN COUNTY
7 Mailing Address if different from above 715 Linden Ave	Apt. 204	Municipality Teaneck	County Bergen	State NJ	Zip Code 07666	
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	
9 Former Name If Making Name Change		a. Day Phone Number (Optional) 571-226-0816				
		b. E-Mail Address (Optional) bandela.reddy@gmail.com				
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below			if applicant is unable to complete this form, print the name and address of individual who completed this form.			
X Date 04/07/12			Name _____ Date _____ Address _____			

152225266



DILIPREDDY BANDELA
715 LINDEN AVE Apt-Unit 204
TEANECK NJ 07666

s 5, 6 and 10

are registering to vote for the first time: If you do not have any of the provided cannot be verified, you will be asked to provide a COPY of a and current address on it to avoid having to provide identification at the

leased by any governmental agency. Any person who uses such penalties.

your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: GIACOMO BARI
Date of Birth: 07/22/1962
Voter ID: 119530984
Legacy ID: J676986
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 146
Street Name: HOWARD AVE
Address Line 2:
Address Line 3:
Municipality: ROCHELLE PARK
Postal City: ROCHELLE PARK
State: NJ
Zip: 07662

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 02/20/1996
Registration Type: Mail-in without Identification
Last Action Taken Date: 09/21/2010

Status Information:

Voting Privilege Date: 03/20/1996
Current Status: Deleted
Date Last Voted:
Deleted Date: 09/21/2010
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	04	Congressional	05	Legislative	38
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



Inquiry - Voter Change Audit History**BESOEAD2 /
BERGEN****Voter Name:** GIACOMO BARI

Change Audit History:						
Audit Date/Time	Type	Change Date	Change Reason	Changed User ID	Type of Change	Change Memo
09/21/2010 12:11 PM	Deleted	09/21/2010	Administrative Action	BESCPOWE	Status, Other	NOT A U S CITIZEN

[Close](#)[Print List](#)

Permanent Registration J 676986
(ORIGINAL)

CHANGE IN A

k- or			State of New Jersey County Commissioners of Registration		49
	Voter Registration Application				
the e of 18 New at	1	Check one: <u>D-4</u> <u>8239-01</u> <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change			
	2	Last Name <u>BARI</u>		First Name <u>GIALOMO</u>	Middle Initial <u>II</u> Jr. Sr. <u>III</u>
ion this	3	Street Address Where You Live <u>146 HOWARD AVE.</u>			Apt. #
	4	City or Town <u>ROCHELLE PARK.</u>	County <u>N.J. Bergen</u>	Zip Code <u>07662</u>	
to 29	5	Address Where You Get Your Mail (if different from above) <u>146 HOWARD AVE. ROCHELLE PARK.</u>			
	6	Date of Birth- Month, Day, Year <u>7-22-62</u>		7	Telephone Number (optional) <u>712-1796</u>
be rk	8	Name And Address Of Your Last Voter Registration			
	Declaration - I swear or affirm that: 119530984  GIACOMO BARI 146 HOWARD AVE ROCHELLE PARK NJ 07662				For Office Use Only <u>NR3/11/96</u> Clerk Registration No.
tly he to an	pursuant to R.S. 19:34-1.				Office Time Stamp FEB 20 10 02 AM '96 SUFFOLK COUNTY, MA OF ELECTIONS
	10	Name Address			Date

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: KRISTYNA BRODZINSKA
Date of Birth: 07/16/1960
Voter ID: 150775058
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 7
Street Name: HALSTEAD AVE
Address Line 2:
Address Line 3:
Municipality : WALLINGTON
Postal City: WALLINGTON
State: NJ
Zip: 07057

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 10/23/2008

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/02/2008
Registration Type: Mail-in with Identification
Last Action Taken Date: 10/03/2008

Status Information:

Voting Privilege Date: 10/23/2008
Current Status: Deleted
Date Last Voted:
Deleted Date: 10/03/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	02	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Memo:

marked off no to US citizen on vr - 10/03/2008,
BESOEAD2

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0



New Jersey Voter Registration Application

Please print clearly in ink.
All information is required
unless marked optional.

Are you a U.S. Citizen? ☐ Yes ☒ No (If No, DO NOT complete this form)

¿Es ciudadano estadounidense? ☐ Sí ☐ No (Si no lo es, NO complete este formulario)

NR

Will you be 18 years of age by the next election? ☐ Yes ☐ No (If No, DO NOT complete this form)

¿Tendrá 18 años de edad para la próxima elección? ☐ Sí ☐ No (Si no lo es, NO complete este formulario)

10-02-08

Mailing Address

*****AUTO**5-DIGIT 07057
KRYSTYNA BRODZINSKA
7 HALSTEAD AVE
WALLINGTON NJ 07057-1002



*Do you wish to declare a political party affiliation? (Optional)

☐ Yes, the party name is

☐ No, I do not wish to be affiliated with any political party.

Home Address

*¿Desea declarar una afiliación a un partido político? (Opcional)

☐ Sí, el nombre del partido es

☐ No, no deseo afiliarme a ningún partido político.

Date of Birth

07/16/60

Fecha de nacimiento

**NJ Driver's License Number or MVC Non-driver ID Number

**Número de licencia de conducir de NJ o Número de identificación de MVC de no conducir

B75214380057604

Day Phone Number (Optional)

Número de teléfono durante el día (Opcional)

150775058



KRYSTYNA BRODZINSKA
7 HALSTEAD AVE
WALLINGTON NJ 07057

Declaration* - I swear or affirm that:

- I am a U.S. Citizen
- I live at the above address
- I will be at least 18 years old on or before the next election
- I will have resided in the State and county at least before the next election

entence due to a
ny federal or state laws
istration may subject
up to 5 years, or both

Declaración* - Juro y afirmo que:

- Soy ciudadano de los Estados Unidos
- Vivo en la dirección indicada
- Tendré por lo menos 18 años de edad para la próxima elección o antes
- Habré residido en el Estado y condado al menos 30 días antes de la próxima elección
- No estoy bajo fianza ni cumpliendo una sentencia debido a una condena por un delito penado por ninguna ley federal ni estatal

- Entiendo que cualquier inscripción falsa o fraudulenta puede someterme a una multa de hasta \$15,000, pena de cárcel hasta 5 años o las dos cosas, conforme a R.S. 19:34-1

Signature: Sign or mark and date on lines below

Firma: Firme o marque y fecha en la líneas a continuación

X

Date/Fecha

*Completing the declaration section is OPTIONAL and will not affect the acceptance of your voter registration application.

*Es OPCIONAL completar la sección 10 y no afectará la aceptación de su solicitud de inscripción de votante.

****Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.**

****Nota: Los Números de identificación son confidenciales y no los comunicará ninguna entidad gubernamental. Cualquier persona que use dichos números ilegalmente quedará sujeta a sanciones penales.**

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: CARMEN CANEPA
Date of Birth: 02/22/1969
Voter ID: 152788800
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 2ND FL
Suffix A:
Suffix B:
Street Number: 208
Street Name: CAMBRIDGE AVE
Address Line 2:
Address Line 3:
Municipality : GARFIELD
Postal City: GARFIELD
State: NJ
Zip: 07026

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 07/04/2014

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 06/13/2014
Registration Type: Mail-in without Identification
Last Action Taken Date: 06/16/2014

Status Information:

Voting Privilege Date: 07/04/2014
Current Status: Deleted
Date Last Voted:
Deleted Date: 06/16/2014
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	01	District	03	Congressional	09	Legislative 35
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Inquiry - Voter Change Audit History**BESOEAD2 /
BERGEN****Voter Name:** CARMEN CANEPA

Change Audit History:						
Audit Date/Time	Type	Change Date	Change Reason	Changed User ID	Type of Change	Change Memo
06/16/2014 12:05 PM	Deleted	06/16/2014	Administrative Action	BESOEADM	Status, Other	NOT A CITIZEN
06/13/2014 03:22 PM	Add		New Voter	BESAPICO		

[Close](#) [Print List](#)




New Jersey Voter Registration Application

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Please print clearly in ink. All information is required unless marked optional.

Deleted

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY	
		<input type="checkbox"/> Name Change	<input type="checkbox"/> Signature Update			
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Clerk	
3 Last Name	CANEPA	First Name	Carmen	Middle Name or Initial	A	Registration #
4 Date of Birth	02/22/69					Office Time Stamp
5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.				
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box)	208 Cambridge Ave. 2 fl	Apt.	2 fl	Municipality	Garfield	County
7 Mailing Address if different from above		Apt.		Municipality		County
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.		Municipality		County
9 Former Name if Making Name Change						
		a. Day Phone Number (Optional)				
		b. E-Mail Address (Optional)				
10 Do you wish to declare a political party affiliation? (Optional)		<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.				
11 Gender	<div> <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male </div> <div> Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I will be at least 18 years old on or before the next election </div> <div> • I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws </div> <div> • I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19-24-1 </div>					
Signature: Sign or mark and date on lines below		If applicant is unable to complete this form, print the name and address of individual who completed the form.				
<div>  </div>		<div> Name _____ Date _____ Address _____ </div>				

152788800



CARMEN CANEPA
208 CAMBRIDGE AVE Apt-Unit 2ND FL
GARFIELD NJ 07026

is 5, 6 and 10

d are registering to vote for the first time: If you do not have any of the I provide cannot be verified, you will be asked to provide a COPY of a 1a and current address on it to avoid having to provide identification at the:

released by any governmental agency. Any person who uses such penalties.

or if you are homeless, you may complete section 10 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|--|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

10006-1-10/11-14-16

12 PM 11 08
COUNTY, N.J.
SUPERINTENDENT
ELECTIONS

Voter Profile

User Printed: BESPTOGU

Date: 03/30/2017

Information:

Full Name: COSME CASANUEVA
Date of Birth: 09/26/1953
Voter ID: 152361201
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 674
Street Name: MAYWOOD AVE
Address Line 2:
Address Line 3:
Municipality : MAYWOOD
Postal City: MAYWOOD
State: NJ
Zip: 07607

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 07/27/2012
Registration Type: Agency with Identification
Last Action Taken Date: 06/07/2013

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	01	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
09/19/2012		211 3RD ST APT.1				FAIRVIEW	New Jersey	07022

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Main Menu:

Activities

Voter Registration

Add/Change Voter

voter With No DOB

voter Address Change

Confirmation

Voter Address Change

Confirmation Export

MVC - Agency

MVC File Online Voter

Voters who have

Verification / Postal Notice

Verif. and Ack. Card Export

MVC Manual Update

Maintain Voter History

Maintain County Data

Elections

System

Poll Book Printing Schedule

Duplicate Voters

Batch Scanning

Messaging

MVC DL Search

Backend Reporting

Document Imaging

Inquiries

Reports

Help

Logout

Compare MVC - Agency

BES06AD2, JERGEN

Add - 9/19/12

MVC Voter				
Name	COSME CASANUEVA		Date of Birth	09/26/1953
Residence Address	674 MAYWOOD AVE MAYWOOD NJ 07607-1510		Mailing Address	
Driver's License Number	C07241400009532		Original Driver's License Number	C07241400009532
Card Number			Previous DOB	09/26/1953
Previous Name	COSME CASANUEVA		Previous Address	211 3RD ST APT.1 FAIRVIEW NJ 07022-1409
MVC Transaction Date	07/27/2012			

Reject ☐ English:

Spanish:

Reject

SVRS Matched Voters											
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the respective buttons.											

* under Status Reason indicates voter has multiple status reasons.

Note:

If status is blank, that implies the voter status is Active.

If Confidence Factor is 100 %, that implies Driver's License Number is matched statewide.

If Confidence Factor is 50 %, that implies Last Name, First Name, DOB (or)

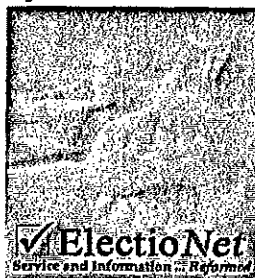
Last Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

If Confidence Factor is 25 %, that implies Soundex of Last Name, Soundex of First Name, DOB (including 01/01/1800) matched statewide.

Name matching process includes MVC previous names if there is a name change.

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152361201

COSME CASANUEVA
674 MAYWOOD AVE
MAYWOOD NJ 07607

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: TERACHI CHANTRASAKUL
Date of Birth: 01/01/1945
Voter ID: 152300839
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 42
Street Name: DILLINGHAM PL
Address Line 2:
Address Line 3:
Municipality : ENGLEWOOD CLIFFS
Postal City: ENGLEWOOD CLIFFS
State: NJ
Zip: 07632

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 08/01/2012
Registration Type: Mail-in without Identification
Last Action Taken Date: 08/02/2012

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	02	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional. DOB-316 letter

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY Clerk: 8/1/2012 Registration # Office Time Stamp	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form) Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)							
3 Last Name CHANTRASAKUL		First Name TERACHI		Middle Name or Initial		Suffix (Jr., Sr., III)	
4 Date of Birth							
5 NJ Driver's License Number or MVC Non-driver ID Number If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) 42 Dillingham Pl		Apt. Municipality Englewood Cliffs		County Bergen		State NJ Zip Code 07632	
7 Mailing Address If different from above		Apt. Municipality		County		State Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt. Municipality		County		State Zip Code <input type="checkbox"/> by mail <input type="checkbox"/> in person	
9 Former Name if Making Name Change				a. Day Phone Number (Optional) b. E-Mail Address (Optional)			
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is <input type="checkbox"/> No, I do not wish to be affiliated with any political party. (Optional)							
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I live at the above address <input type="checkbox"/> I will be at least 18 years old on or before the next election		<input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		<input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1	
Signature: Sign or mark and date on lines below X _____ Date _____				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name The Voter Participation Center Date 6/4/12 Address 1640 Rhode Island Avenue, NW Suite 825 Washington DC 20036			

152300839



TERACHI CHANTRASAKUL
42 DILLINGHAM PL
ENGLEWOOD CLIFFS NJ 07632

SUPERINTENDENT
 OF ELECTIONS
 BERGEN COUNTY, N.J.
 2012 AUG 1 PM 10 53

Voter Profile

User Printed: BESOEAD2

Date: 03/29/2017

Voter Information:

Voter's Name: EGIL J DALAKER

Date of Birth: 08/12/1929

Voter ID: 150666433

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A:

Suffix B:

Street Number: 11

Street Name: WOODSIDE AVE

Address Line 2:

Address Line 3:

Municipality : EMERSON

Postal City: EMERSON

State: NJ

Zip: 07630

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/16/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 09/16/2008

Registration Type: Mail-in with Identification

Last Action Taken Date: 09/16/2008

Status Information:

Voting Privilege Date: 09/16/2008

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/16/2008

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	00	District	04	Congressional	05	Legislative	39
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Miscellaneous Memo

**BESOEAD2 /
BERGEN**

Memo :

HE IS NOT A CITIZEN

Close

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: JIXIANG DOU
Date of Birth: 05/26/1961
Voter ID: 152229558
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 868
Street Name: RIVER RD
Address Line 2:
Address Line 3:
Municipality : NEW MILFORD
Postal City: NEW MILFORD
State: NJ
Zip: 07646

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 04/20/2012
Registration Type: Mail-in with Identification
Last Action Taken Date: 04/23/2012

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	06	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Not a U.S. Citizen

82



New Jersey Voter Registration Application

Please print clearly in ink. All information is required unless marked optional.

Bergen

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Address Change <input checked="" type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Clerk E4/23/12	
3 Last Name DOU		First Name JIXIANG		Middle Name or Initial		Suffix (Jr., Sr., III)	
4 Date of Birth Month 10 Day 15 Year 1961						Office Time Stamp 2012 APR 20 4:10 PM	
5 NJ Driver's License Number or MVC Non-driver ID Number 1D16178191 14021001 10156112						If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. [] [] [] []	
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) 868 RIVER RD.		Apt.	Municipality NEW MILFORD	County	State NJ	Zip Code 07646	
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code	
9 Former Name if Making Name Change				a. Day Phone Number (Optional) 201-873-7008			
				b. E-Mail Address (Optional) healthywaygroup@hotmail.com			
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below X [Redacted Signature] Date 4/13/2012						If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____	

Important Instructions for sections 5, 6 and 10

152229558



JIXIANG DOU
868 RIVER RD
NEW MILFORD NJ 07646

and are registering to vote for the first time: If you do not have any of on you provide cannot be verified, you will be asked to provide a COPY of name and current address on it to avoid having to provide identification at

released by any governmental agency. Any person who uses such penalties.

by providing a contact point or the location where you spend most

or your time.

- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | alternative language: |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: CHERSTINE ELSISI
Date of Birth: 03/08/1984
Voter ID: 526389846
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 125
Street Name: HUDSON AVE
Address Line 2:
Address Line 3:
Municipality : RIDGEFIELD PARK
Postal City: RIDGEFIELD PARK
State: NJ
Zip: 07660

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/11/2016
Registration Type: Mail-In with Identification
Last Action Taken Date: 03/14/2016

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	06	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

33

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update							FOR OFFICIAL USE ONLY Clerk <u>E</u> <u>3-14-16 AS</u> Registration # Office Time Stamp
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)				
3 Last Name <u>Elsisi</u>		First Name <u>cherstine</u>		Middle Name or Initial		Suffix (Jr., Sr., III)	
4 Date of Birth <u>3-8-1984</u>							
5 NJ Driver's License Number or MVC Non-driver ID Number <u>E56061226553842</u> If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) <u>Hudson Ave Ridgefield Park</u>			Apt. <u>125</u>	Municipality	County	State <u>NJ</u>	Zip Code <u>07060</u>
7 Mailing Address if different from above			Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)			Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change			a. Day Phone Number (Optional) _____ b. E-Mail Address (Optional) _____				
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below <u>[Signature]</u> Date: _____				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			

526389846



CHERSTINE ELSISI
125 HUDSON AVE
RIDGEFIELD PARK NJ 07060

5, 6 and 10

are registering to vote for the first time: If you do not have any of the above cannot be verified, you will be asked to provide a COPY of a and current address on it to avoid having to provide identification at the

used by any governmental agency. Any person who uses such facilities.

you may complete section 6 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: SEAN ELVIN
Date of Birth: **01/01/1111**
Voter ID: 152274735
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 62
Street Name: EUCLID AVE
Address Line 2:
Address Line 3:
Municipality : HACKENSACK
Postal City: HACKENSACK
State: NJ
Zip: 07601

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 06/28/2012

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 06/28/2012
Registration Type: Mail-in without Identification
Last Action Taken Date: 07/17/2012

Status Information:

Voting Privilege Date: 06/28/2012
Current Status: Deleted
Date Last Voted:
Deleted Date: 07/17/2012
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	05	District	01	Congressional	05	Legislative	37
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

NOT A US CITIZEN- 07/17/2012, BESOEAD2

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

NOT A US Citizen




New Jersey *New (No D.O.B., Not a Citizen, No ID)*
Voter Registration Application *MTP*

76

6/28/12

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change				FOR OFFICIAL USE ONLY		
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				Clerk
3 Last Name ELVIN		First Name SEAN		Middle Name or Initial K	Suffix (Jr., Sr., III)	Registration #
4 Date of Birth						Office Time Stamp
5 NJ Driver's License Number or MVC Non-driver ID Number If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) 62 Euclid Ave		Apt.	Municipality Hackensack	County Bergen	State NJ	Zip Code 07601
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change		a. Day Phone Number (Optional) b. E-Mail Address (Optional)				
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I live at the above address <input type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1				
Signature: Sign or mark and date on lines below  Date 6/15/2012				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name The Voter Participation Center Date 6/4/12 Address 1640 Rhode Island Avenue, NW Suite 825 Washington DC 20036		

152274735



SEAN ELVIN
62 EUCLID AVE
HACKENSACK NJ 07601

SUPERINTENDENT
OF ELECTIONS
BERGEN COUNTY, N.J.
2012 JUN 26 AM 11 10

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: TITO EMANUEL
Date of Birth: 08/12/1995
Voter ID: 531976937
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 222
Suffix A:
Suffix B:
Street Number: 160
Street Name: HACKENSACK ST
Address Line 2:
Address Line 3:
Municipality : EAST RUTHERFORD
Postal City: EAST RUTHERFORD
State: NJ
Zip: 07073

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 09/22/2016
Registration Type: Third Party with Identification
Last Action Taken Date: 09/22/2016

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	01	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update or Non-affiliation Change <input type="checkbox"/> Political Party Affiliation				FOR OFFICIAL USE ONLY Clerk E 9.22.16 Registration # Office Time Stamp 2016 SEP 22 PM 3:37 <input type="checkbox"/> by mail <input type="checkbox"/> in person	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			
3 Last Name TITO EMANUEL		First Name TITO			
4 Date of Birth 8/12/1995		Middle Name or Initial Suffix (Jr., Sr., III)			
5 NJ Driver's License Number or MVC Non-driver ID Number If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."					
6 Home Address (DO NOT use PO Box) 160 Hackensack Street		Apt. 222		Municipality East Rutherford	
		County Bergen		State NJ	
7 Mailing Address if different from above		Apt.		Municipality	
		County		State	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.		Municipality	
		County		State	
9 Former Name if Making Name Change				a. Day Phone Number (Optional) 973-518-4103	
				b. E-Mail Address (Optional)	
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.					
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I am at least 17 years old, and understand that I may not vote until reaching the age of 18. <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1			
Signature Sign or mark and date on lines below [Signature]				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____	
X				Date 9/12/16	

531076937 M-0211 W-00 D-01



TITO EMANUEL
160 HACKENSACK ST Apt-Unit 222
EAST RUTHERFORD NJ 07073

is 5, 6 and 10

gistering to vote for the first time: If you do not have any of the information not be verified, you will be asked to provide a COPY of a current and valid ID on it to avoid having to provide identification at the polling place.

ed by any governmental agency. Any person who uses such numbers

iding a contact point or the location where you spend most of your time.

10) You may declare a political party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 55 days before the primary election in order to vote in the primary election. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: ANTHONY C FOSTER
Date of Birth: 08/14/1981
Voter ID: 523653329
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 285
Street Name: PINDLE AVE
Address Line 2:
Address Line 3:
Municipality : ENGLEWOOD
Postal City: ENGLEWOOD
State: NJ
Zip: 07631

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 08/27/2015

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 08/27/2015
Registration Type: Mail-in with Identification
Last Action Taken Date: 09/04/2015

Status Information:

Voting Privilege Date: 08/27/2015
Current Status: Deleted
Date Last Voted:
Deleted Date: 09/04/2015
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	01	District	03	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

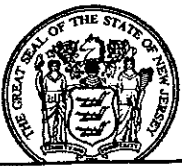
Registration History:

No Records Found for the Registration History

Inquiry - Voter Change Audit History**BESOEAD2 /
BERGEN****Voter Name:** ANTHONY C FOSTER

Change Audit History:						
Audit Date/Time	Type	Change Date	Change Reason	Changed User ID	Type of Change	Change Memo
09/04/2015 09:23 AM	Deleted	09/04/2015	Administrative Action	BESCPWE	Status, Other	NOT A US CITIZEN
08/27/2015 03:27 PM	Add		New Voter	BESSDACO		


[Close](#)[Print List](#)



New Jersey **NOT A US CITIZEN** Voter Registration Application **49**

Please print clearly in ink. All information is required unless marked optional.

COMPLETED 9/4/15
SEP 04 2015

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Clerk	
3 Last Name	First Name	Middle Name or Initial	Suffix (Jr., Sr., III)	Registration #		
Foster	Anthony	Christopher				
4 Date of Birth				Office Time Stamp		
Month 08 Day 11 Year 1981				S.D.		
5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.		8-27-16		
1F617411 105363 1088112		1111		ReNEW		
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	<input type="checkbox"/> by mail <input type="checkbox"/> in person
285 Pindle Ave	FL1	Englewood	Bergen	N.J.	07631	
7 Mailing Address if different from above	Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	
9 Former Name if Making Name Change			Day Phone Number (Optional) 201-993-7906			
10 Do you wish to declare a political party affiliation? (Optional)						
<input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender	Declaration - I swear or affirm that:					
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<ul style="list-style-type: none"> I am a U.S. Citizen I live at the above address I will be at least 18 years old on or before the next election I will have resided in the State and county at least 30 days before the next election I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1 					
Signature: Sign or mark and date on lines below			If applicant is unable to complete this form, print the name and address of individual who completed this form.			
 Date 08/16/2015			Name _____ Date _____ Address _____ 2015 AUG 27 AM 11:00 BERGEN COUNTY, NJ SUPERINTENDENT OF ELECTIONS			

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or current and valid photo ID, or a document providing identification at the polling place.
- Note: ID Numbers are Confidential. Numbers illegally shall be:**
- 6) If you are homeless, you may count your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

523653329



ANTHONY C FOSTER
285 PINDLE AVE
ENGLEWOOD NJ 07631

Need More Information? Check boxes below if you would like to receive more information about:

<input type="checkbox"/> absentee voting	<input type="checkbox"/> polling place accessibility	<input type="checkbox"/> available election materials in this alternative language
<input type="checkbox"/> becoming a poll worker	<input type="checkbox"/> voting if you have a disability, including visual impairment	

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: JOZEF GAJ
Date of Birth: 03/12/1955
Voter ID: 152778083
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: A1
Suffix A:
Suffix B:
Street Number: 11
Street Name: ARGYLE PL
Address Line 2:
Address Line 3:
Municipality : NORTH ARLINGTON
Postal City: NORTH ARLINGTON
State: NJ
Zip: 07031

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/13/2014
Registration Type: Mail-in with Identification
Last Action Taken Date: 05/13/2014

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	01	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

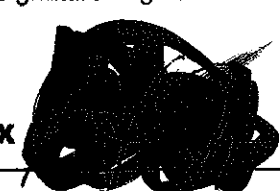


New Jersey Voter Registration Application

82

Please print clearly in ink. All information is required unless marked optional.

Not a citizen/rejected

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change				FOR OFFICIAL USE ONLY Clerk <u>Y 5-13-14</u> Registration # Office Time Stamp			
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)					
3 Last Name <u>GAJ</u>		First Name <u>JOZEF</u>		Middle Name or Initial		Suffix (Jr., Sr., III)	
4 Date of Birth Month <u>10</u> Day <u>12</u> Year <u>1955</u>				5 NJ Driver's License Number or MVC Non-driver ID Number <u>60203 41500 03554</u> If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.			
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) <u>11 ARGYLE PL</u>		Apt. <u>A1</u>					
7 Mailing Address if different from above		Apt.		Municipality		County	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.		Municipality		County	
9 Former Name if Making Name Change		a. Day Phone Number (Optional)					
		b. E-Mail Address (Optional)					
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below X  Date <u>04/28/14</u>							
If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____							

152778083



JOZEF GAJ
11 ARGYLE PL Apt-Unit A1
NORTH ARLINGTON NJ 07031

is 5, 6 and 10

d are registering to vote for the first time. If you do not have any of
you provide cannot be verified, you will be asked to provide a COPY of
ame and current address on it to avoid having to provide identification at

released by any governmental agency. Any person who uses such
penalties.

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

RECEIVED
 MAY 12 11:14 AM
 BURLINGTON COUNTY
 SUPER OF ELECTIONS

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: ERNESTO B GARCIA
Date of Birth: 03/02/1975
Voter ID: 150260561
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 12
Street Name: ENGLISH AVE
Address Line 2:
Address Line 3:
Municipality : ELMWOOD PARK
Postal City: ELMWOOD PARK
State: NJ
Zip: 07407

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 10/10/2007
Registration Type: Mail-in with Identification
Last Action Taken Date: 10/11/2007

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	07	Congressional	09	Legislative 35
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Clerk <u>Eid/11/07</u>	
3 Last Name <u>GARCIA</u>		First Name <u>ERNESTO</u>		Middle Name or Initial <u>Bladimir</u>	Suffix (Jr., Sr., III)	Registration # <u>N.R.</u>	
4 Date of Birth Month <u>03</u> Day <u>02</u> Year <u>1975</u>		Office Time Stamp					
5 NJ Driver's License Number or MVC Non-driver ID Number				If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.			
<input type="checkbox"/> I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number.							
6 Home Address (DO NOT use PO Box) <u>12 English Ave</u>		Apt.	Municipality <u>Elmwood Park</u>	County <u>Bergen</u>	State <u>N.J.</u>	Zip Code <u>07407</u>	SUPERINTENDENT OF ELECTIONS BERGEN COUNTY N.J.
7 Mailing Address (if different from above)		Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code	
9 Former Name if Making Name Change				Day Phone Number (Optional)			
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is <input type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election		<input checked="" type="checkbox"/> I will have resided at least 30 days <input checked="" type="checkbox"/> I am not on parole sentence due to offense under a		150260561 ERNESTO B GARCIA 12 ENGLISH AVE ELMWOOD PARK NJ 07407	
Signature: Sign or mark and date on lines below Date <u>10-7-07</u>							
Address <u>12 English Ave</u> <u>Elmwood Park</u>							

VS letter

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo ID, or a document with your name and current address on it to avoid having to provide identification at the polling place.
- Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.
- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application. A voter can affiliate with one of the following parties: Democratic, Republican, Green, Libertarian, Natural Law, Reform, or United States Constitution.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|--|--|
| <input type="checkbox"/> absentee voting | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability including visual impairment | |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: GLORIA N GARCIA
Date of Birth: **05/16/1965**
Voter ID: 151767013
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 225
Street Name: W BROAD ST
Address Line 2:
Address Line 3:
Municipality : BERGENFIELD
Postal City: BERGENFIELD
State: NJ
Zip: 07621

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 04/14/2011

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/24/2011
Registration Type: Mail-in with Identification
Last Action Taken Date: 04/07/2011

Status Information:

Voting Privilege Date: 04/14/2011
Current Status: Deleted
Date Last Voted:
Deleted Date: 04/07/2011
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	13	Congressional	05	Legislative	38
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Miscellaneous Memo

**BESOEAD2 /
BERGEN**

Memo :

Not A US Citizen

Close

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1.9.0



Nueva Jersey

76

Solicitud de Inscripción de Votantes

Escriba claramente con tinta. Se requiere toda la información a menos que esté marcada como opcional.

1 Marque las casillas que correspondan: <input type="checkbox"/> Nueva inscripción <input type="checkbox"/> Cambio de dirección <input type="checkbox"/> Afiliación a partido político <input type="checkbox"/> Cambio de nombre <input type="checkbox"/> Actualización de la firma <input type="checkbox"/> Cambio de sin afiliación						Solo para uso oficial Secretario Núm. de inscripción Nombre de la oficina JERSEY COUNTY, N.J.
2 ¿Es ciudadano estadounidense? <input type="checkbox"/> SI <input type="checkbox"/> No (Si no lo es, NO complete este formulario)						
3 Apellido: <u>GARCIA</u>						
4 Fecha de nacimiento: Mes <u>05</u> Día <u>16</u> Año <u>1965</u>						
5 Número de licencia de conducir de NJ o Número de identificación de MVC de no conductor						
6 Dirección del domicilio (NO use apartados postales)						
7 Dirección postal si es diferente de la anterior						
8 Última dirección registrada para votar (NO use apartados postales)						
9 Nombre anterior si hace un cambio de nombre						
10 ¿Desea declarar una afiliación a un partido político?						
11 Sexo						
12 Firma: Firme o marque y fecha en la líneas a continuación						

cciones 5, 6 y 10

e inscriban para votar por primera vez: Si no tiene ninguna de la vrese la información que indique, se le pedirá presentar una COPIA de su nombre y dirección actual incluida, para evitar tener que

comunicará ninguna entidad gubernamental. Cualquier persona que use nales.

ón 6 dando un punto de contacto o la ubicación donde pasa la mayor parte del tiempo.

10) Puede declarar una afiliación política o puede declarar no estar afiliado, sin importar ninguna afiliación anterior a un partido. Es OPCIONAL completar la sección 10 y no afectará la aceptación de su solicitud de inscripción de votante. Un votante puede afiliarse a uno de los partidos siguientes: Democratic (Demócrata), Republican (Republicano), Green (Verde), Libertarian (Libertario), Natural Law (Ley Natural), Reform (Reforma) o United States Constitution (Constitución de los Estados Unidos).

Necesita más información? Marque las casillas a continuación si desea recibir más información acerca de:

☐ votante asistente

☐ trabajar en los lugares de votación

☐ personas sin hogar de votación

☐ votar si tiene alguna discapacidad

☐ incluyendo problemas de votación

☐ materiales electorales disponibles en este idioma

Para obtener más información, visite www.NJ.elections.org o llame a las líneas gratuitas 1-877-NJ-VOTER o 1-855-683-7411

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: RAUL A GONZALEZ
Date of Birth: 04/19/1971
Voter ID: 152608355
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 1
Suffix A:
Suffix B:
Street Number: 166
Street Name: JANE ST
Address Line 2:
Address Line 3:
Municipality : ENGLEWOOD
Postal City: ENGLEWOOD
State: NJ
Zip: 07631

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/14/2013
Registration Type: Mail-in with Identification
Last Action Taken Date: 05/14/2013

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	03	District	02	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

COMPLETED JUN 04 2013 MT

82

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input type="checkbox"/> New Registration <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY Clerk 5/14/13 [Signature] Registration # Office Time Stamp	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)					
3 Last Name GONZALEZ		First Name RAUL		Middle Name or Initial A.			
4 Date of Birth Month 04 Day 19 Year 1971							
5 NJ Driver's License Number or MVC Non-driver ID Number 96459 64200 04712						If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.	
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) 166 JANE ST		Apt. 1	Municipality ENGLEWOOD	County BERGEN	State NJ	Zip Code 07631	
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box) 180 WEST ST AP		Apt. 1	Municipality ENGLEWOOD	County BERGEN	State NJ	Zip Code 07631	
9 Former Name if Making Name Change		a. Day Phone Number (Optional) 201-403-1079 b. E-Mail Address (Optional)					
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below [Signature] Date 5-6-2013						If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____	

152608355



RAUL A GONZALEZ
166 JANE ST Apt-Unit 1
ENGLEWOOD NJ 07631

is 5, 6 and 10

I am registering to vote for the first time: If you do not have any of you provide cannot be verified, you will be asked to provide a COPY of me and current address on it to avoid having to provide identification at

released by any governmental agency. Any person who uses such penalties.

9) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- ☐ voting by mail
- ☐ becoming a poll worker
- ☐ polling place accessibility
- ☐ voting if you have a disability, including visual impairment
- ☐ available election materials in this alternative language:

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESSPARS

Date: 03/30/2017

Voter Information:

Voter's Name: DONNA L GOODEN
Date of Birth: 07/25/1969
Voter ID: 119524424
Legacy ID: J670685
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 37
Street Name: E FOREST AVE
Address Line 2:
Address Line 3:
Municipality : TEANECK
Postal City: TEANECK
State: NJ
Zip: 07666

Party Information:

Current Party: Democratic*
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 11/08/1995
Registration Type: Mail-in without Identification
Last Action Taken Date: 06/05/2010

Status Information:

Voting Privilege Date:

Current Status: Rejected
Date Last Voted: 05/11/2010

Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	23	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo User Scanned	Date Scanned	Date Counted	Ballot Status
05/11/2010- MAY MUNICIPAL	Municipal	MAHW RDWD TEAN TETR	Machine	BERGEN	TEANECK		BESCPOWE	06/05/2010	05/11/2010	
04/20/2010- STATE-SCHOOL ELECTION	Annual School	STATESCHOOL10	Machine	BERGEN	TEANECK		BESOEADM	04/29/2010	04/20/2010	
05/13/2008- MAY MUNICIPAL	Municipal	MM08	Machine	BERGEN	TEANECK		BESCPOWE	05/13/2008	05/13/2008	
11/05/1996- GENERAL	General	00040	Machine	BERGEN	UNKNOWN		CONV	01/01/1996	11/05/1996	
06/04/1996- PRIMARY	Primary	00040	Machine	BERGEN	UNKNOWN	Democratic*	CONV	01/01/1996	06/04/1996	
01/01/1996- 1996M	Municipal	00019	Machine	BERGEN	UNKNOWN		CONV	01/01/1996	01/01/1996	

Previous Party:

Date Changed

07/22/1996

Party Privilege Date

Party Name

Unaffiliated

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



BERGEN COUNTY
SUPERINTENDENT OF ELECTIONS
ONE BERGEN COUNTY PLAZA, ROOM 380
HACKENSACK, N. J. 07601
PHONE: (201) 336-6100
FAX: (201) 336-6111

PATRICIA DI COSTANZO
SUPERINTENDENT OF ELECTIONS
COMMISSIONER OF REGISTRATION

THERESA M. O'CONNOR
DEPUTY SUPERINTENDENT OF ELECTIONS
DEPUTY COMMISSIONER OF REGISTRATION

May 20, 2014

Donna Gooden
37 E Forest Avenue
Teaneck, NJ 07666

DOB: 07/25/1969

Donna Gooden registered to vote 11/08/1995.

Ms. Gooden voted in six elections.

A certified copy of her voter profile, showing she was removed from the rolls, per her request, is enclosed.

If you have any questions, please do not hesitate to call this office.

Sincerely,

A handwritten signature in cursive script that reads "Patricia DiCostanzo".

Patricia DiCostanzo
Superintendent of Elections

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: BOON Y GOU
Date of Birth: 02/08/1953
Voter ID: 119722829
Legacy ID: J927379
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 3B
Suffix A:
Suffix B:
Street Number: 729
Street Name: BROAD AVE
Address Line 2:
Address Line 3:
Municipality : RIDGEFIELD
Postal City: RIDGEFIELD
State: NJ
Zip: 07657

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/06/2003
Registration Type: Mail-In without Identification
Last Action Taken Date: 09/22/2009

Status Information:

Voting Privilege Date: 11/04/2003
Current Status: Deleted
Date Last Voted: 11/02/2004
Deleted Date: 09/22/2009
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	04	Congressional	09	Legislative	36
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User	Date Scanned	Date Counted	Ballot Status
11/02/2004- GENERAL 11/02/2004	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2004	11/02/2004	

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Memo:

REMOVED PER VOTER-NOT A US CITIZEN - 09/22/2009,
BESOEAD2

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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Voter Profile

User Printed: BESOEAD2

Date: 03/29/2017

Voter Information:

Voter's Name: ROZETA GOXHABELLI

Date of Birth: 05/21/1975

Voter ID: 150464159

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A:

Suffix B:

Street Number: 425

Street Name: LEONHARDT DR

Address Line 2:

Address Line 3:

Municipality : SADDLE BROOK

Postal City: SADDLE BROOK

State: NJ

Zip: 07663

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 05/13/2008

Miscellaneous:

Gender: Female

Absentee Ballot Type: None

Registration Date: 04/22/2008

Registration Type: In-Person with Identification

Last Action Taken Date: 06/09/2008

Status Information:

Voting Privilege Date: 05/13/2008

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/09/2008

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	00	District	09	Congressional	09	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

SADDLE BROOK NJ 07663

Memo:

ae per voter came to office not a u s citizen -
06/09/2008, BESCPOWE

[Previous](#)

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015/11/10/08
PT

SADDLE BROOK COUNTY OF BERGEN

Kathleen A. Dohovan, County Clerk

New Jersey

Provisional Ballot Affirmation Statement

1. Reason for Provisional Ballot (Check one)

- ☒ Moved within the county after registering without notifying election office
☐ Registration information missing from poll book
☐ Did not show required ID
☐ "A" in poll book but did not receive, or did not apply for, an absentee ballot
☐ Name change

E. Kathy 4/22/08

FOR OFFICIAL
USE ONLY

Municipality/Ward/District

SABR
#9

2. I am a US citizen: ☒ Yes ☐ No 3. I am 18 or older: ☐ Yes ☐ No

4. Current Name

Last GOXHABELLI First ROZETA M.I. MARTIN Suffix

If your name was changed after registering to vote, provide your former name

Former Name

Signature of Former Name

5. Current Home Address

425 LEONHARDT DR
Municipality SADDLE BROOK County BERGEN Zip Code 07663

Mailing Address, if different from above:

6. Please Fill Out Only If You Moved within the County after Registering Without Notifying Election Office

Previous Home Address

Municipality BRONX County N.Y. Zip Code 10467

7. Date of Birth Month 03 Day 21 Year 1975

8. Gender Female ☒ Male ☐

9. NJ Driver's License (DL#) or MVC Non-Driver ID (ID#) Number

Telephone Number (Optional) 201-773-3832

If No DL# or ID#, last four digits of your Social Security Number (SS#)

10. ☐ I affirm that I do not have a DL#/ID# or SS#

150464159



11. Political Party

Required for primary election only; Optional for all oth

ROZETA GOXHABELLI
425 LEONHARDT DR
SADDLE BROOK NJ 07663

12. Voter Declaration - I swear or affirm that I am a U.S. citizen, live at the address above, am at least 18 years of age at the time of the election, have been a resident of the State and county at least 30 days before the election, am not on parole, probation or serving a sentence due to the conviction for an indictable offense under any Federal or State laws. I UNDERSTAND THAT ANY FALSE OR FRAUDULENT REGISTRATION MAY SUBJECT ME TO A FINE OF UP TO \$15,000, IMPRISONMENT UP TO FIVE YEARS, OR BOTH PURSUANT TO R.S. 19-34-1.

Signature of Voter

Date

Name of person providing assistance



Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: JUAN D HENAO
Date of Birth: 07/20/1973
Voter ID: 151112229
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A: A
Suffix B:
Street Number: 512
Street Name: ANDERSON AVE
Address Line 2: 2ND FL
Address Line 3:
Municipality: CLIFFSIDE PARK
Postal City: CLIFFSIDE PARK
State: NJ
Zip: 07010

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 08/28/2014
Registration Type: Agency with Identification
Last Action Taken Date: 03/10/2015

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	05	Congressional	09	Legislative	36
Freeholder		School		Special		Fire	

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
03/10/2015	7551	BERGENLINE AVE			FL1	NORTH BERGEN	New Jersey	07047
03/23/2009		8904 2ND AVENUE APT 2				NORTH BERGEN	New Jersey	07047

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

Prior County	Registration Date	Last Status	Date of Status	Status Reason	Date of Transfer
HUDSON	12/23/2008	Deleted			03/10/2015

Main Menu:

Activities
Inquiries

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 Voter Change Audit
 Voter Deletions
 County Data
 Polling Place
 Purged Voters
 Voter DIA
 MVC File

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 Logout

Compare MVC - Agency

BESOEAD2 / BERGEN

T. Hoenig

MVC Voter			
Name	JUAN D HENAO	Date of Birth	07/20/1973
Residence Address	512A ANDERSON AVE 2ND FL CLIFFSIDE PARK NJ 07010	Mailing Address	
Driver's License Number	H24954156407732	Original Driver's License Number	H24954156407732
Card Number		Previous DOB	07/20/1973
Previous Name	JUAN D HENAO	Previous Address	418 75TH ST FL 1 NORTH BERGEN NJ 07047-5502
MVC Transaction Date	08/28/2014		

MVC Signature Date: 08/28/2014

Reject ☐ English:☒ Spanish:

Reject

No Card Issued

Reject
Signature
from
Importing

SVRS Matched Voters											
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
<input checked="" type="checkbox"/>	151112229	JUAN D HENAO	07/20/1973	12/23/2008	7551 BERGENLINE AVE, Apt-Unit FL1, NORTH BERGEN, NJ 07047-5459		H24954156407732		100 %	Deleted	No signature

* under Status Reason indicates voter has multiple status reasons.

151112229



JUAN D HENAO
 512 A ANDERSON AVE
 2ND FL
 CLIFFSIDE PARK NJ 07010

Select Add Back No Action

Note:

If status is blank, that implies the voter status is Active.

If Confidence Factor is 100 %, that implies Driver's License Number is

If Confidence Factor is 50 %, that implies Last Name, First Name, DOI

Last Name, First Name, First Letter of Middle Name and DOB (01/01/

If Confidence Factor is 25 %, that implies Soundex of Last Name, Soundex or First Name, DOB (including 01/01/1800) matched statewide.

Name matching process includes MVC previous names if there is a name change.

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3/9/2015

NOT AUS CITIZEN.

- Main Menu:
- Activities
- Inquiries
 - Voter Registration
 - Voter Mail-In Ballot Request
 - Voter Mail-In Ballot
 - Voter Election History
 - Voter Change Audit
 - Voter Deletions
 - County Data
 - Polling Place
 - Purged Voters
 - Voter DIA
 - MVC File
- Reports
- Help
- Logout

Compare MVC - Agency

BESOEAD2 / BERGEN

MVC Voter			
Name	JUAN D HENAO	Date of Birth	07/20/1973
Residence Address	512A ANDERSON AVE 2ND FL CLIFFSIDE PARK NJ 07010	Mailing Address	
Driver's License Number	H24954156407732	Original Driver's License Number	H24954156407732
Card Number		Previous DOB	07/20/1973
Previous Name	JUAN D HENAO	Previous Address	418 75TH ST FL 1 NORTH BERGEN NJ 07047-5500
MVC Transaction Date	08/28/2014		

MVC Signature Date: 08/28/2014

Reject ☐ English:

☒ Spanish:

Reject

No Card Issued

Reject Signature from Importing

SVRS Matched Voters											
Select	Voter ID	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
<input checked="" type="checkbox"/>	151112229	JUAN D HENAO	07/20/1973	12/23/2008	7551 BERGENLINE AVE, Apt-Unit FL1, NORTH BERGEN, NJ 07047-5459		H24954156407732		100 %	Deleted	No signature

* under Status Reason indicates voter has multiple status reasons.

151112229



JUAN D HENAO
512 A ANDERSON AVE
2ND FL
CLIFFSIDE PARK NJ 07010

Select Add Back No Action

Note:

If status is blank, that implies the voter status is Active.

If Confidence Factor is 100 %, that implies Driver's License Number is

If Confidence Factor is 50 %, that implies Last Name, First Name, DOB

Last Name, First Name, First Letter of Middle Name and DOB (01/01/)

If Confidence Factor is 25 %, that implies Soundex of Last Name, Soundex of First Name

Name matching process includes MVC previous names if there is a name change.

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3/9/2015

Memo:

PER VOTER-NOT A US CITIZEN- 01/26/2016, BESOEAD2
MVC Agency
MVC Transaction Date - 08/28/2014 ,BESOEAD2

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: DENNIS R HINDS
Date of Birth: 01/05/1979
Voter ID: 150496803
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 15
Suffix A:
Suffix B:
Street Number: 67
Street Name: ELMORE AVE
Address Line 2:
Address Line 3:
Municipality : ENGLEWOOD
Postal City: ENGLEWOOD
State: NJ
Zip: 07631

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 06/03/2008

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/13/2008
Registration Type: Mail-in without Identification
Last Action Taken Date: 05/14/2008

Status Information:

Voting Privilege Date: 06/03/2008
Current Status: Deleted
Date Last Voted:
Deleted Date: 05/14/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	04	District	01	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

NOT A US CITIZEN - 05/14/2008, BESCPOWE

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: DOREEN A HOLDER
Date of Birth: 09/11/1943
Voter ID: 119352612
Legacy ID: J432392
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 163
Street Name: HUMPHREY ST
Address Line 2:
Address Line 3:
Municipality : ENGLEWOOD
Postal City: ENGLEWOOD
State: NJ
Zip: 07631

Party Information:

Current Party: Democratic*
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 07/15/1992
Registration Type: Mail-in without Identification
Last Action Taken Date: 06/05/2007

Status Information:

Voting Privilege Date: 08/13/1992
Current Status: Deleted
Date Last Voted: 11/07/2000
Deleted Date: 06/05/2007
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	04	District	04	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User Scanned	Date Scanned	Date Counted	Ballot Status
11/07/2000-GENERAL 11/07/2000	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2000	11/07/2000	
06/06/2000-PRIMARY 06/06/2000	Primary	00040	Machine	BERGEN	UNKNOWN	Democratic*		CONV	01/01/2000	06/06/2000	
11/02/1999-GENERAL 11/02/1999	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/1999	11/02/1999	
11/03/1998-GENERAL 11/03/1998	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/1998	11/03/1998	
11/04/1997-GENERAL 11/04/1997	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/1997	11/04/1997	
11/05/1996-GENERAL 11/05/1996	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/1996	11/05/1996	
11/07/1995-GENERAL 11/07/1995	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/1995	11/07/1995	
11/08/1994-GENERAL	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/1994	11/08/1994	

11/08/1994					
11/02/1993- GENERAL 11/02/1993	General	00040	Machine BERGEN UNKNOWN	CONV	01/01/1993 11/02/1993
11/03/1992- GENERAL 11/03/1992	General	00040	Machine BERGEN UNKNOWN	CONV	01/01/1992 11/03/1992

Previous Party:

Date Changed

07/03/2000

Party Privilege Date

Party Name

Unaffiliated

Previous Name:

Date Changed

08/21/1995

Last Name

HOLDER

First Name

Middle Name

Suffix

Registration History:

No Records Found for the Registration History

REMOVED VOTERS REQUEST. NOT A CITIZEN -
06/05/2007, BESOEADM

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: KYUMIN HWANG
Date of Birth: 08/29/1972
Voter ID: 152412961
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 2
Suffix A:
Suffix B:
Street Number: 417
Street Name: CATHERINE ST
Address Line 2:
Address Line 3:
Municipality : FORT LEE
Postal City: FORT LEE
State: NJ
Zip: 07024

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/01/2012
Registration Type: Agency with Identification
Last Action Taken Date: 10/19/2012

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	District	Congressional	Legislative
00	08	09	37
Freeholder	School	Special	Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
10/09/2012		2043 MARGUERITE STREET				FORT LEE	New Jersey	07024

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Main Menu:

Activities

Voter Registration

Add/Change Voter

Voter With No DOB

Voter Address Change

Confirmation

Voter Address Change

Confirmation Export

MVC - Agency

MVC File Online Voter

Voters who have

Verification / Postal Notice

Verif. and Ack. Card Export

MVC Manual Update

Maintain Voter History

Maintain County Data

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Duplicate Voters

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Compare MVC - Agency

BESOEAD2 / BERGEN

Add - Incom 10/9/12

MVC Voter				
Name	KYUMIN HWANG		Date of Birth	08/29/1972
Residence Address	417 CATHERINE ST FL 2 FORT LEE NJ 07024-2610		Mailing Address	
Driver's License Number	H95624380008722		Original Driver's License Number	H95624380008722
Card Number			Previous DOB	08/29/1972
Previous Name	KYUMIN HWANG		Previous Address	2043 MARGUERITE STREET FORT LEE NJ 07024-2913
MVC Transaction Date	10/01/2012			

MVC Signature Date: 10/01/2012

Reject ☐ English:

Spanish:

Reject

No Card Issued

Reject
Signature
from
Importing

SVRS Matched Voters											
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the respective buttons.											

* under Status Reason indicates voter has multiple status reasons.

152412981



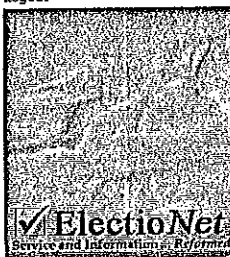
KYUMIN HWANG
417 CATHERINE ST Apt-Unit 2
FORT LEE NJ 07024

statewide.

ched statewide.

rst Name, DOB (including 01/01/1800) matched statewide.

h



Voter Profile

User Printed: BESSPARS

Date: 03/30/2017

Voter Information:

Voter's Name: HEYSOON S JEONG

Date of Birth: 03/16/1969

Voter ID: 152639091

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A:

Suffix B:

Street Number: 95

Street Name: CORTLANDT
PL

Address Line 2:

Address Line 3:

Municipality : TENAFLY

Postal City: TENAFLY

State: NJ

Zip: 07670

Party Information:

Current Party: Unaffiliated

Party Privilege Date:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 07/10/2013

Registration Type: Agency with
Identification

Last Action Taken Date: 07/22/2013

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to
U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	00	District	02	Congressional	09	Legislative	37
Freeholder		School		Special		Fire	

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
07/17/2013		A NORTH 95 CORTLAND PL				TENAFLY	New Jersey	07670

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Main Menu:

Activities

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Duplicate Voters

Batch Scanning

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Logout

Compare MVC - Agency

E km

8ES0EAD2 / I

MVC Voter				
Name	HEYSOON S JEONG		Date of Birth	03/16/1969
Residence Address	A NORTH 95 CORTLAND PL TENAFLY NJ 07670		Mailing Address	
Driver's License Number	J26093300053691		Original Driver's License Number	J26093300253691
Card Number			Previous DOB	03/16/1969
Previous Name	HEY S JEONG		Previous Address	A NORTH 95 CORTLAND PL TENAFLY NJ 07670
MVC Transaction Date	07/10/2013			

MVC Signature Date: 07/10/2013

Reject ☐ English: ☒ Spanish: Reject

No Card Issued

SVRS Matched Voters										
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Sta
No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the re buttons.										

* under Status Reason indicates voter has multiple status reason

Note:

If status is blank, that implies the voter status is Active.
If Confidence Factor is 100 %, that implies Driver's License
If Confidence Factor is 50 %, that implies Last Name, First
Last Name, First Name, First Letter of Middle Name and D
If Confidence Factor is 25 %, that implies Soundex of Last
Name matching process includes MVC previous names if 1

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152639091



HEYSOON S JEONG
95 CORTLANDT PL
TENAFLY NJ 07670



Motor Voter - Agency

NOT A US CITIZEN
E km

Compare MVC - Agency

BES0EAD2 / 1

Main Menu:

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- Voter With No DOB
- Voter Address Change Confirmation
- Voter Address Change Confirmation Export
- MVC - Agency
- MVC File Online Voter
- Voters who have Verification / Postal Notice
- Verif. and Ack. Card Export
- MVC Manual Update

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Messaging

MVC DL Search

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MVC Voter			
Name	HEYSOON S JEONG	Date of Birth	03/16/1969
Residence Address	A NORTH 95 CORTLAND PL TENAFLY NJ 07670	Mailing Address	
Driver's License Number	J26093309053691	Original Driver's License Number	J26093309053691
Card Number		Previous DOB	03/16/1969
Previous Name	HEY S JEONG	Previous Address	A NORTH 95 CORTLAND PL TENAFLY NJ 07670
MVC Transaction Date	07/10/2013		

Rejected 7.22.13

MVC Signature Date: 07/10/2013

Reject ☐ English

☒ Spanish

Reject

No Card Issued

SVRS Matched Voters									
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor

No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the buttons.

* under Status Reason indicates voter has multiple status in

Select Add Back

Note:

If status is blank, that implies the voter status is Active.

If Confidence Factor is 100 %, that implies Driver's License

If Confidence Factor is 50 %, that implies Last Name, FI

Last Name, First Name, First Letter of Middle Name and I

If Confidence Factor is 25 %, that implies Soundex of La

Name matching process includes MVC previous names if

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152639091



HEYSOON S JEONG
95 CORTLANDT PL
TENAFLY NJ 07670

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: OLIMPIA E JIMENEZ
Date of Birth: 07/30/1983
Voter ID: 151277020
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 1
Suffix A:
Suffix B:
Street Number: 118
Street Name: HARTMANN AVE
Address Line 2:
Address Line 3:
Municipality : GARFIELD
Postal City: GARFIELD
State: NJ
Zip: 07026

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 12/11/2009
Registration Type: Mail-in with Identification
Last Action Taken Date: 12/21/2009

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	05	District	02	Congressional	09	Legislative 35
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: JANI KAMBURI
Date of Birth: 08/13/1960
Voter ID: 520030162
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 2
Suffix A:
Suffix B:
Street Number: 39
Street Name: CHAMBERLAIN AVE
Address Line 2:
Address Line 3:
Municipality : ELMWOOD PARK
Postal City: ELMWOOD PARK
State: NJ
Zip: 07407

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 08/28/2014
Registration Type: Mail-in with Identification
Last Action Taken Date: 08/28/2014

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	01	Congressional	09	Legislative 35
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

82

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY	
		<input type="checkbox"/> Name Change	<input type="checkbox"/> Signature Update			
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Clerk	
3 Last Name KAMBURI	First Name JANI	Middle Name or Initial	Suffix (Jr., Sr., III)	Registration #		
4 Date of Birth Month 08 Day 13 Year 1960				Office Time Stamp		
5 NJ Driver's License Number or MVC Non-driver ID Number K1031451 13185101 10816106		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="text"/>				
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) 39 CHAMBERLAIN AVE	Apt. 2nd	Municipality Elmhurst	County Bergen	State NJ	Zip Code 07407	
7 Mailing Address if different from above Same	Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	
9 Former Name if Making Name Change		a. Day Phone Number (Optional) (201) 966-4046				
		b. E-Mail Address (Optional) nkamburi@hotmail.com				
10 Do you wish to declare a political party affiliation? (Optional)		<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.				
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19-34-1					
Signature: Sign or mark and date on lines below			If applicant is unable to complete this form, print the name and address of individual who completed this form.			
 Date: _____			Name _____ Date _____ Address _____			

Important Instructions for sections 5, 6 and 10

5) Registrants who provide the information on a current and valid driver's license at the polling place.

Note: ID Number numbers

6) If you are home of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language. |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

te for the first time: If you do not have any of verified, you will be asked to provide a COPY of is on it to avoid having to provide identification at

mental agency. Any person who uses such

point or the location where you spend most

16



New Jersey Voter Registration Application

NOT A US Citizen 82

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY Clerk: Registration # Office Time Stamp	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)	
3 Last Name KAMBURI First Name JANI Middle Name or Initial Suffix (Jr., Sr., III)			
4 Date of Birth Month 10 Day 13 Year 1969			
5 NJ Driver's License Number or MVC Non-driver ID Number K1013145 3185101 1081616		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.	
<input type="checkbox"/> I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number.			
6 Home Address (DO NOT use PO Box) 39 CHAMBERLAIN AVE		Apt. 2nd Municipality Elmhurst County Bergen State NJ Zip Code 07407	
7 Mailing Address if different from above Same			
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt. Municipality County State Zip Code	
9 Former Name if Making Name Change		a. Day Phone Number (Optional) (201) 966-4046 b. E-Mail Address (Optional) nkamburi@hotmail.com	
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to N.J.S. 19:34-1	
Signature: Sign or mark and date on lines below 		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____	

Important Instructions for sections 5, 6 and 10

- 5) Registrants who the information is a current and valid at the polling place.

Note: ID Number numbers

- 6) If you are home of your time.

- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- ☐ voting by mail
☐ becoming a poll worker

- ☐ polling place accessibility
☐ voting if you have a disability, including visual impairment

- ☐ available election materials in this alternative language:

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-8837)

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: SVETLANA KHANUKAYEVA
Date of Birth: 06/19/1950
Voter ID: 151474211
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: A-11
Suffix A:
Suffix B:
Street Number: 2337
Street Name: HUDSON
TER
Address Line 2:
Address Line 3:
Municipality : FORT LEE
Postal City: FORT LEE
State: NJ
Zip: 07024

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 08/25/2010
Registration Type: Mail-in with
Identification
Last Action Taken Date: 08/25/2010

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to
U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	15	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Miscellaneous Memo

**BESOEAD2 /
BERGEN**

Memo :

NOT A US CITIZEN VR ON FILE

Close

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1.9.0

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: KOUN JOE KO
Date of Birth: **06/19/1960**
Voter ID: 151789565
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 419
Street
Name: GRANDVIEW PL
Address Line 2:
Address Line 3:
Municipality : FORT LEE
Postal City: FORT LEE
State: NJ
Zip: 07024

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 04/06/2011
Registration Type: Mail-in with
Identification
Last Action Taken Date: 04/06/2011

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to
U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	16	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:


No Records Found for the Registration History




뉴저지 유권자 등록 신청서

76

블루펜으로 명확히 작성해 주십시오. 선택사항이라고 표시되어 있지 않는 한 모든 정보를 기입하셔야 합니다.

1 적응되는 사항에 모두 표시해 주십시오:		<input checked="" type="checkbox"/> 신규 등록	<input type="checkbox"/> 주소 변경	<input type="checkbox"/> 정당 가입 또는 비정당 가입 변경	직원기입용
		<input type="checkbox"/> 이름 변경	<input type="checkbox"/> 서명 갱신		
2 귀하를 미국 시민입니까? <input type="checkbox"/> 네 <input checked="" type="checkbox"/> 아니오		다음 선거까지 만 18 세가 됩니까? <input checked="" type="checkbox"/> 네 <input type="checkbox"/> 아니오			서기관
(아니라면 본 양식을 작성하지 마십시오)		(아니라면 본 양식을 작성하지 마십시오)			
3 성	이름	미등록 또는 이니셜	서픽스 (ex. Jr., Sr., III)	등록 번호	
4 생년월일	월 16 일 19 연도 1900				사무실 시간 스탬프
5 뉴저지 운전면허증 번호 또는 MVC 비(非) 운전자 ID 번호		뉴저지 운전면허증이나 MVC 비(非) 운전자 ID가 없는 경우에는 본인의 소셜시큐리티 번호의 마지막 4자리 숫자를 기입해 주십시오.			SUPERINTENDENT OF ELECTIONS BERGEN COUNTY, N.J. 2011 APR 15 A 11:00
K1601011 12101211 066012					
<input type="checkbox"/> "본인은 뉴저지 운전면허증이나 MVC 비(非) 운전자 ID 또는 소셜시큐리티 번호가 없음을 선언 및 확인합니다."					
6 주택 주소 (PO 박스 번호를 사용하지 마시오)	아파트 호수	시	카운티	주	우편번호
419 Grandview Place		Fort Lee	Bergen	NJ	07024
7 위의 주소와 다른 경우 우편수취용 주소	아파트 호수	시	카운티	주	우편번호
8 지난 유권자 등록시 사용한 주소 (PO 박스 번호를 사용하지 마시오)	아파트 호수	시	카운티	주	우편번호
9 이름을 변경하는 경우 이전에 사용한 이름		주간 전화번호 (선택사항)			
10 정당 가입 신청을 원합니까? (선택사항)		<input type="checkbox"/> 네, 정당의 이름은 _____ 입니다.			
		<input checked="" type="checkbox"/> 아니오, 정당 가입을 원하지 않습니다.			
11 성별	선서 - 본인은 다음과 같이 선서 및 확인합니다: ● 본인은 미국 시민입니다 ● 본인은 위에 명시한 주소에 거주합니다 ● 본인은 다음 선거일 혹은 그 이전에 최소한 만 18 세가 됩니다 ● 본인은 다음 선거가 있기 전 최소한 30 일간 위에 명시된 주와 카운티에 거주할 것입니다. ● 본인은 연방 또는 주법에 따라 중죄에 대한 유죄 판결로 인한 형을 살고 있거나 집행 유예나 가석방 중에 있지 않습니다 ● 본인은 R.S. 19:34-1 에 따라 허위 또는 사기로 유권자 등록할 경우 최고 \$15,000 까지의 벌금형이나, 최고 5 년까지의 징역형 또는 두가지 모두를 처벌 받을 수 있음을 이해합니다				
<input type="checkbox"/> 여성 <input checked="" type="checkbox"/> 남성					
서명: 아래 빈란에 서명하고 날짜를 기입하십시오		신청인이 본 양식을 작성할 수 없는 경우, 본 양식을 작성한 사람의 이름과 주소를 정확하게 기입하십시오.			
 날짜 _____		이름 _____ 날짜 _____ 주소 _____			

5, 6 및 10 항에 대한 중요한 지침 사항

- 5) 151789565

 KOUN JOE KO
 419 GRANDVIEW PL
 FORT LEE NJ 07024
- 6) 5 항에서 요구하는 정보를 갖고 있지 않거나, 입력한 정보를 확인할 수
 :가 적혀 있는 증명서류를 제공하셔야 합니다.
- 10) 지 않습니다. 그러한 번호를 불법적으로 사용하는 이는 형사 처벌을 받게
 :받을 것입니다. 5 항을 보내는 장소를 기입하여 6 항을 작성하시면 됩니다.
 :함에 기입하지 않기로 신고하실 수 있습니다. 10 항을 작성하는 것은 귀하의
 :니다.

더 자세한 정보가 필요하십니까? 아래에서 자세한 안내를 원하시는 사항에 표시해 주십시오:

- ☐ 우편 투표 ☐ 투표소 안내 ☐ 다른 언어로 나와있는 선거 자료:
☐ 투표소 직원으로 일하기 ☐ 시각 장애 등의 장애인 투표

자세한 내용은 www.NJElections.org 를 방문하시거나 무료 전화번호 1-877-NJVOTER (1-877-668-6837)로 문의하십시오

Voter Profile

User Printed: BESOEAD2

Date: 03/29/2017

Voter Information:

Voter's Name: SILVA KOTKAS
Date of Birth: 10/14/1949
Voter ID: 152764098
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 306
Suffix A:
Suffix B:
Street Number: 279
Street Name: GORGE RD
Address Line 2:
Address Line 3:
Municipality : CLIFFSIDE PARK
Postal City: CLIFFSIDE PARK
State: NJ
Zip: 07010

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 04/15/2014

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/25/2014
Registration Type: Agency with Identification
Last Action Taken Date: 06/02/2014

Status Information:

Voting Privilege Date: 04/15/2014
Current Status: Deleted
Date Last Voted:
Deleted Date: 06/02/2014
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	02	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Memo:

NOT A US CITIZEN- 06/02/2014, BESOEAD2
PER VOTER/MEETING WITH PATTI- 06/02/2014,
BESOEAD2
MVC AGENCY
MVC TRANSACTION DATE - 03/25/2014 ,BESOEADM

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

144416869 New Jersey Voter Registration Application

I am applying to register to vote at the address listed on my NJ Drivers License/ID Card. I swear or affirm that:

- * I am a U.S. Citizen.
- * I reside at my DL/ID address displayed below.
- * I will be at least 18 years old on or before the next election.
- * I will have resided in the state and county at least 30 days before the next election.
- * I am not on parole, probation or serving sentence due to a conviction for an indictable offense under any federal or state laws.
- * I understand that any false or fraudulent registration may subject me to a fine up to \$15,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1. *04-15-14M*

Do you wish to declare a political party affiliation? (Optional)

() Yes, the party name is : _____ () No, I do not wish to be affiliated with any political party.

K6771 71400 60496 10-14-1949
SILVA KOTKAS
279 GORGE RD APT 306
CLIFFSIDE PK NJ 07010-1303 B



152764098



SILVA KOTKAS
279 GORGE RD Apt-Unit 306
CLIFFSIDE PARK NJ 07010

JP BG201408400000501

x



Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: EVGENIA KRITCHEVSKI
Date of Birth: 06/26/1980
Voter ID: 152136151
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 762
Street Name: JEFFERSON AVE
Address Line 2:
Address Line 3:
Municipality : CLIFFSIDE PARK
Postal City: CLIFFSIDE PARK
State: NJ
Zip: 07010

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 11/03/2011
Registration Type: Agency with Identification
Last Action Taken Date: 06/26/2015

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	13	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
06/26/2015	784	WEST END AVE				CLIFFSIDE PARK	New Jersey	07010
12/07/2011		784 WEST END AVE				CLIFFSIDE PARK	New Jersey	07010

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

F - sent Sug letter 12/7/11 JGC

130396469 New Jersey Voter Registration Application

I am applying to register to vote at the address listed on my NJ Drivers License/ID Card. I swear or affirm that:

- * I am a U.S. Citizen.
- * I reside at my DL/ID address displayed below.
- * I will be at least 18 years old on or before the next election.
- * I will have resided in the state and county at least 30 days before the next election.
- * I am not on parole, probation or serving sentence due to a conviction for an indictable offense under any federal or state laws.
- * I understand that any false or fraudulent registration may subject me to a fine up to \$15,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

Do you wish to declare a political party affiliation? (Optional)

() Yes, the party name is : _____

(X) No, I do not wish to be affiliated with any political party.

K7455 25600 56804 06-26-1980
EVGENIA KRITCHEVSKI
784 WEST END AVE
CLIFFSIDE PARK NJ 07010-2127 B

**NEW JERSEY**
SECRET REGISTRATION

152136151



EVGENIA KRITCHEVSKI
784 WEST END AVE
CLIFFSIDE PARK NJ 07010

X- [REDACTED]

If not delivered within two (2) days return to:
Commissioner of Registration
One Bergen County Plaza, Room 380
Hackensack, NJ 07601




NON-PROFIT ORG.
U.S. POSTAGE
PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

RETURN SERVICE REQUESTED

Nadine
Verf.

YOU VOTE HERE
SU VOTO AQUI
여기서 투표하십시오

 **ACCESSIBLE POLLING LOCATION**
The Polling Place for this Election District is
El Lugar de Votación Para Este Distrito Electoral está en
귀하의 선거구 투표소는

BOROUGH OF CLIFFSIDE PARK

WARD NO: 00 DISTRICT NO: 13

**Greater Bergen Community Action Head
Start
263 Lafayette Ave**

Polls Open/Las Urnas Se Abren/ 투표소 개장시간 6 A.M. to 8 P.M.
Bergen County, NJ Tuesday, June 2, 2015
Condado de Bergen, NJ Martes, 2 de junio de 2015
뉴저지, 버겐 카운티 2015년 6월 2일 화요일

Form 6 - BOROUGH OF CLIFFSIDE PARK

152136151



EVGENIA KRITCHEVSKI
762 JEFFERSON AVE
CLIFFSIDE PARK NJ 07010

Evgenia Kritchevski
784 W End Ave
Cliffside

A 00 13

076 NFE 330181410005/24/15
RETURN TO SENDER POSTAGE DUE
KRITCHEVSKI
762 JEFFERSON AVE
CLIFFSIDE PK NJ 07010-2130

RETURN TO SENDER POSTAGE DUE = \$

07601099988



BERGEN COUNTY
SUPERINTENDENT OF ELECTIONS
ONE BERGEN COUNTY PLAZA, ROOM 380
HACKENSACK, N. J. 07601
PHONE: (201) 336-6100
FAX: (201) 336-6111

PATRICIA DI COSTANZO
SUPERINTENDENT OF ELECTIONS
COMMISSIONER OF REGISTRATION

THERESA M. O'CONNOR
DEPUTY SUPERINTENDENT OF ELECTIONS
DEPUTY COMMISSIONER OF REGISTRATION

November 22, 2016

Evgenia Kritchevski
762 Jefferson Avenue
Cliffside Park, NJ 07101

DOB: 06/26/1980

Dear Ms. Kritchevski:

You registered to vote November 3, 2011 thru MVC. The record reflects that you never voted.

A certified copy of your voter profile, showing you were removed from the rolls November 22, 2016, per your request, is enclosed.

If you have any questions, please do not hesitate to call this office.

Sincerely,

A handwritten signature in cursive script that reads "Patricia DiCostanzo".

Patricia DiCostanzo
Superintendent of Elections

Voter Profile

User Printed: BESLAPRI
Date: 11/22/2016

Voter Information:

Voter's Name: EVGENIA KRITCHEVSKI
Date of Birth: 06/26/1980
Voter ID: 152136151
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 762
Street Name: JEFFERSON AVE
Address Line 2:
Address Line 3:
Municipality: CLIFFSIDE PARK
Postal City: CLIFFSIDE PARK
State: NJ
Zip: 07010

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 11/24/2011

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 11/03/2011
Registration Type: Agency with Identification
Last Action Taken Date: 06/26/2015

Status Information:

Voting Privilege Date: 11/24/2011
Current Status: Active
Date Last Voted:
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	13	Congressional	09	Legislative	36
Freeholder		School		Special		Fire	

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
06/26/2015	784	WEST END AVE				CLIFFSIDE PARK	New Jersey	07010
12/07/2011		784 WEST END AVE				CLIFFSIDE PARK	New Jersey	07010

Election History:

No Records Found for the Election History

152136151



EVGENIA KRITCHEVSKI
762 JEFFERSON AVE
CLIFFSIDE PARK NJ 07010

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: TERESA KRZYNOWEK
Date of Birth: 04/27/1969
Voter ID: 150651610
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 227
Street Name: HATHAWAY ST
Address Line 2:
Address Line 3:
Municipality : WALLINGTON
Postal City: WALLINGTON
State: NJ
Zip: 07057

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 10/01/2008

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 09/10/2008
Registration Type: Mail-in with Identification
Last Action Taken Date: 09/11/2008

Status Information:

Voting Privilege Date: 10/01/2008
Current Status: Deleted
Date Last Voted:
Deleted Date: 09/11/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	05	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
09/11/2008	227	HATHAWAY ST				WALLINGTON	New Jersey	07057

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Memo:

CHECKED OFF NOT A US CITIZEN - 09/11/2008,
BESDHERN

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: DAE GWON LEE
Date of Birth: 06/28/1960
Voter ID: 151485652
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 2109
Suffix A:
Suffix B:
Street Number: 100
Street Name: OLD
PALISADE RD
Address Line 2:
Address Line 3:
Municipality : FORT LEE
Postal City: FORT LEE
State: NJ
Zip: 07024

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 09/02/2010
Registration Type: Mail-in with
Identification
Last Action Taken Date: 09/02/2010

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to
U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	10	Congressional	09	Legislative	37
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: XERIS A LAQUINDANUM
Date of Birth: 08/19/1986
Voter ID: 152696715
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 210
Street Name: HICKORY AVE
Address Line 2:
Address Line 3:
Municipality : BERGENFIELD
Postal City: BERGENFIELD
State: NJ
Zip: 07621

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 10/15/2013
Registration Type: Mail-in with Identification
Last Action Taken Date: 10/17/2013

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	04	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

33

Please print clearly in ink. All information is required unless marked optional. *E. Laquindanum 10/17/13*

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)				
3 Last Name <i>Laquindanum</i>		First Name <i>XERIS</i>		Middle Name or Initial <i>Agustin</i>		
4 Date of Birth <i>08-19-1986</i>						
5 NJ Driver's License Number or MVC Non-driver ID Number <i>L0531 7896158862</i>		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.				
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) <i>210 Hickory Ave.</i>		Apt.	Municipality <i>Bergenfield</i>	County <i>Bergen</i>	State <i>NJ</i>	Zip Code <i>07621</i>
7 Mailing Address (if different from above) <i>210 Hickory Ave.</i>		Apt.	Municipality <i>Bergenfield</i>	County <i>Bergen</i>	State <i>NJ</i>	Zip Code <i>07621</i>
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change						<input type="checkbox"/> by mail <input type="checkbox"/> in person
			a. Day Phone Number (Optional) <i>201 294 1127</i>			
			b. E-Mail Address (Optional) <i>XERISLAQUINDANUM@yahoo.com</i>			
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election				
		<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws				
		<input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1				
Signature: Sign or mark and date on lines below <i>[Signature]</i> Date <i>11/8/13</i>			If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			

Important Instructions for sections 5, 6 and 10

152696715



XERIS A LAQUINDANUM
210 HICKORY AVE
BERGENFIELD NJ 07621

are registering to vote for the first time: If you do not have any of the provide cannot be verified, you will be asked to provide a COPY of a and current address on it to avoid having to provide identification at the

leased by any governmental agency. Any person who uses such enalties.

providing a contact point or the location where you spend most of

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- ☐ voting by mail
☐ becoming a poll worker

- ☐ polling place accessibility
☐ voting if you have a disability, including visual impairment

- ☐ available election materials in this alternative language:

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: JUNG SUNG LEE
Date of Birth: 11/02/1955
Voter ID: 152206211
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 3
Suffix A:
Suffix B:
Street Number: 342
Street Name: E CENTRAL BLVD
Address Line 2:
Address Line 3:
Municipality : PALISADES PARK
Postal City: PALISADES PARK
State: NJ
Zip: 07650

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/21/2012
Registration Type: Mail-in with Identification
Last Action Taken Date: 03/21/2012

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	09	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

E 3/21/13 82
clerk

Please print clearly in ink. All information is required unless marked optional.

Bergen

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY Clerk 2012 MAR 1 A 10:57 JEFFERSON COUNTY, N.J. JEFFERSON COUNTY, N.J.
		<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Signature Update		
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			
3 Last Name <u>Lee</u>		First Name <u>Jung Sung</u>	Middle Name or Initial	Suffix (Jr., Sr., III)	
4 Date of Birth Month <u>11</u> Day <u>02</u> Year <u>1955</u>					
5 NJ Driver's License Number or MVC Non-driver ID Number <u>1L211518</u> <u>4221010</u> <u>1115152</u>					
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number." If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <u>1111</u>					
6 Home Address (DO NOT use PO Box)		Apt. <u>3</u>	Municipality	County	State Zip Code
<u>342 E Central Blvd</u>				<u>Palisades Park</u>	<u>NJ 07650</u>
7 Mailing Address if different from above		Apt.	Municipality	County	State Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State Zip Code
9 Former Name if Making Name Change		a. Day Phone Number (Optional) <u>(201) 674-3295</u> b. E-Mail Address (Optional)			
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.					
11 Gender		Declaration - I swear or affirm that: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male • I am a U.S. Citizen • I live at the above address • I will be at least 18 years old on or before the next election • I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws • I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1			
Signature: Sign or mark and date on lines below				If applicant is unable to complete this form, print the name and address of individual who completed this form.	
X <u>[Signature]</u> Date <u>3-15-12</u>				Name _____ Date _____ Address _____	

152206211



JUNG SUNG LEE
342 E CENTRAL BLVD Apt-Unit 3
PALISADES PARK NJ 07650

ns 5, 6 and 10

nd are registering to vote for the first time: If you do not have any of n you provide cannot be verified, you will be asked to provide a COPY of name and current address on it to avoid having to provide identification at

released by any governmental agency. Any person who uses such al penalties.

if you are homeless, you may complete section 10 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

njdoe-iv-2/2/11

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: SANG R LEE
Date of Birth: **03/20/1965**
Voter ID: 152603445
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 417
Street Name: TERHUNE AVE
Address Line 2:
Address Line 3:
Municipality : PARAMUS
Postal City: PARAMUS
State: NJ
Zip: 07652

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/01/2013
Registration Type: Mail-in with Identification
Last Action Taken Date: 05/03/2013

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	03	Congressional	05	Legislative	38
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:


No Records Found for the Registration History



New Jersey Voter Registration Application

82

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY Clerk <u>5/3/13</u> Registration # Office Time Stamp
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)				
3 Last Name <u>LEE</u>		First Name <u>SANG</u>		Middle Name or Initial <u>R</u>		
4 Date of Birth Month <u>07</u> Day <u>20</u> Year <u>1965</u>						
5 NJ Driver's License Number or MVC Non-driver ID Number <u>L21158 69179 03652</u>						
If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.						
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) <u>417 Terhune Ave</u>		Apt.	Municipality <u>Paramus</u>	County <u>Bergen</u>	State <u>NJ</u>	Zip Code <u>07652</u>
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
<input type="checkbox"/> by mail <input type="checkbox"/> in person						
9 Former Name if Making Name Change			a. Day Phone Number (Optional) <u>201-661-1399</u>			
			b. E-Mail Address (Optional) <u>Gmbe8t@gmail.com</u>			
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that:				
		<input checked="" type="checkbox"/> I am a U.S. Citizen				
		<input checked="" type="checkbox"/> I live at the above address				
		<input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election				
		<input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election				
		<input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws				
		<input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1				
Signature: Sign or mark and date on lines below				If applicant is unable to complete this form, print the name and address of individual who completed this form.		
X 				Name _____		
Date <u>4/12/13</u>				Date _____		
				Address _____		

152603445



SANG R LEE
417 TERHUNE AVE
PARAMUS NJ 07652

ns 5, 6 and 10

are registering to vote for the first time: If you do not have any of you provide cannot be verified, you will be asked to provide a COPY of ame and current address on it to avoid having to provide identification at

released by any governmental agency. Any person who uses such penalties.

6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: YONG W LEE
Date of Birth: **02/12/1957**
Voter ID: 151335647
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 68
Street Name: RIO VISTA
DR
Address Line 2:
Address Line 3:
Municipality : ALLENDALE
Postal City: ALLENDALE
State: NJ
Zip: 07401

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 04/20/2010
Registration Type: In-Person with
Identification
Last Action Taken Date: 05/03/2010

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted: 04/20/2010
Rejected Reason: Not a U.S Citizen/Checked off No to
U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	02	Congressional	05	Legislative	40
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo User	Date Scanned	Date Counted	Ballot Status
04/20/2010- STATE- SCHOOL ELECTION	Annual School	STATESCHOOL10	Provisional	BERGEN	ALLENDALE		BEBCCYRA	05/07/2010	04/20/2010	REJECTED

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

11/2
4/21/10 - 4/21/10

COUNTY OF BERGEN
Kathleen A. Donovan, County Clerk



New Jersey Provisional Ballot Affirmation Statement

1. Reason for Provisional Ballot: (Check one)

- ☒ Moved within the county after registering, without notifying election office
☒ Registration information missing from poll book **HAD CARD**
☐ Did not show required ID
☐ Poll book indicates you are a Mail-in Ballot voter, but did not apply for, receive, or return such ballot

FOR OFFICIAL
USE ONLY

Municipality/Ward/District

**ALD
D-2**

2. I am a US citizen ☐ Yes ☒ No 3. I am 18 or older ☒ Yes ☐ No

4. Current Name

Last **LEE** First **YONG** M.I. **W** Suffix **M**

If your name was changed after registering to vote, provide your former name

Former Name: _____

Signature of Former Name: _____

5. Current Home Address

Municipality **Alendale** County **Bergen** Zip Code **07401**

Mailing Address, if different from above: **68 Rio Vista DR**

6. Please Fill Out Only if You Moved within the County after Registering Without Notifying Election Office:

Previous Home Address _____

Municipality _____ County _____ Zip Code _____

7. Date of Birth Month **02** Day **12** Year **1957** 8. Gender Female ☐ Male ☒

9. Telephone Number (Optional) **201-575-6555**

NJ Driver's License (DL#) or MVC Non-Driver ID (ID#)

12158 79086 02372

If No DL# or ID#, last four numbers of your Social Security Number (SSN)

151335647

10. ☐ I affirm that I do not have a



11. Political Party _____

(Required for primary elections,

YONG W LEE
68 RIO VISTA DR
ALLENDALE NJ 07401

12. Voter Declaration - I swear or a

least 30 days before the election, am not on parole, probation or serving a sentence due to the conviction for an indictable offense under any Federal or State laws. I UNDERSTAND THAT ANY FALSE OR FRAUDULENT REGISTRATION MAY SUBJECT ME TO A FINE OF UP TO \$15,000, IMPRISONMENT UP TO FIVE YEARS, OR BOTH PURSUANT TO R.S. 19:34-1.

X _____ Date **04/20/2010**

Name of person providing assistance _____

DO NOT DETACH

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: GELSYN E MARTINEZ
Date of Birth: 11/14/1975
Voter ID: 119491829
Legacy ID: J629973
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 30
Street Name: EMERALD ST
Address Line 2:
Address Line 3:
Municipality : HACKENSACK
Postal City: HACKENSACK
State: NJ
Zip: 07601

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 09/23/1994
Registration Type: Mail-in without Identification
Last Action Taken Date: 08/01/2011

Status Information:

Voting Privilege Date: 10/22/1994
Current Status: Deleted
Date Last Voted: 04/27/2011
Deleted Date: 08/01/2011
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	05	District	02	Congressional	05	Legislative	37
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo User Scanned	Date Scanned	Date Counted	Ballot Status
04/27/2011- STATE SCHOOL ELECTION	Annual School	STATESCHOOL11	Machine	BERGEN	HACKENSACK		BESOEADM	05/11/2011	04/27/2011	
11/02/2004- GENERAL	General	00040	Provisional	BERGEN	UNKNOWN		CONV	01/01/2004	11/02/2004	ACCEPTED

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

NOT A US CITIZEN.- 08/01/2011, BESOEAD2

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

©2004 - 2005 PCC Technology Group. All rights reserved.

1.9.0

Permanent Registration J 629973
(ORIGINAL)

CHANGE IN

1 Name of the applicant (Please print):
LAST MARTINEZ FIRST Gelsyn MIDDLE Eliezer NK
2 RESIDENCE: STREET ADDRESS AND P.O. BOX
30 Emerald St. Hackensack APARTMENT NUMBER
Hackensack COUNTY Bergen ZIP CODE 07601 PHONE (OPTIONAL)
3 Mailing Address (if different from above):
R.D. NUMBER BOX CITY, TOWN OR BORO ZIP CODE
3415-01 W502
This form is being used as (Check One):
☒ New Registration ☐ Change of Address ☐ Change of Name
4 Birth Date: 11/14/75 SEP 23 10 52 AM '94
Date Moved Month Day Year MONTH DAY YEAR
From what address did you last register to vote, and under what name?
5 LAST NAME FIRST MIDDLE
STREET ADDRESS APARTMENT NUMBER
6 CITY, TOWN OR BORO COUNTY STATE ZIP CODE
I am a ☐ native born ☒ naturalized citizen (Check One):
I was naturalized:
7 MONTH DAY YEAR CITY, TOWN OR BORO STATE
8 25 89 Lodi N.J.
A. By the time of the next election I will be at least 18 years of age.
B. I will be a citizen of the United States and will have lived in this State 30 days and in the above named county at least 30 days.
C. To the best of my knowledge and belief all of the above statements made by me are true and correct.
D. I UNDERSTAND THAT ANY FALSE OR FRAUDULENT REGISTRATION MAY SUBJECT ME TO A FINE UP TO \$500 AND IMPRISONMENT UP TO 5 YEARS OR BOTH PURSUANT TO R.S. 19:34-1
DATE OF SIGNATURE 9/8/94
county in the State of New Jersey, witnessed the
DATE OF WITNESSING 11-8-94
NAME OF THE WITNESS (PLEASE PRINT)
Quincy McCarthy
STREET ADDRESS OF THE WITNESS CITY, TOWN OR BORO COUNTY ZIP CODE
0-46 W. Burlington Fairham Bergen 07410

☐ Marque aqui si usted desea recibir sus materiales electorales en Español.

119491829



GELSYN E MARTINEZ
30 EMERALD ST
HACKENSACK NJ 07601

Voter unable

What is, or was your mother's full name?

Are you Married or Single?

Where did you actually reside prior to taking up your present residence; state floor and character of premises.

I, being duly sworn on oath (or affirmation), depose and say (or affirm), to the best of my knowledge and belief, that the foregoing statements made by me are true and correct. Sworn to before me

at this day of 19.....

Authority of person taking affidavit.

Signature of person taking affidavit.

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: JOSEPH MAUGERI
Date of Birth: 01/24/1923
Voter ID: 119057941
Legacy ID: F050533
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 60
Street Name: GATES AVE
Address Line 2:
Address Line 3:
Municipality : RIVER EDGE
Postal City: RIVER EDGE
State: NJ
Zip: 07661

Party Information:

Current Party: Republican*
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 09/30/1957
Registration Type: Mail-in without Identification
Last Action Taken Date: 12/04/2008

Status Information:

Voting Privilege Date: 10/29/1957
Current Status: Deleted
Date Last Voted: 06/03/2008
Deleted Date: 12/04/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	01	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User Scanned	Date Scanned	Date Counted	Ballot Status
06/03/2008- STATE-PRIMARY ELECTION	Primary	STATEPRIMARY	Machine	BERGEN	RIVER EDGE	Republican*		BESOEADM	06/03/2008	06/03/2008	
04/15/2008- STATE-SCHOOL ELECTION	Annual School	STATESCHOOL	Machine	BERGEN	RIVER EDGE			BESLCARR	04/15/2008	04/15/2008	
02/05/2008- PRESIDENTIAL PRIMARY	Primary	PRESIDENTIALPRIMARY	Machine	BERGEN	RIVER EDGE	Republican*		BESPTOGU	02/05/2008	02/05/2008	
11/06/2007- STATE-GENERAL ELECTION	General	STATE11062007	Machine	BERGEN	RIVER EDGE			BESMTOWN	11/06/2007	11/06/2007	
04/17/2007- STATE-ANNUAL SCHOOL ELECTION	Annual School	STATE04172007	Machine	BERGEN	RIVER EDGE			BESPTOGU	04/25/2007	04/17/2007	
11/07/2006- GENERAL	General	00040	Machine	BERGEN	RIVER EDGE			BESJDOBO	01/26/2007	11/07/2006	
04/18/2006- 2006SB	Annual School	00019	Machine	BERGEN	UNKNOWN			CONV	01/01/2006	04/18/2006	
11/08/2005- GENERAL	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2005	11/08/2005	

06/07/2005- PRIMARY 06/07/2005	Primary	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/2005 06/07/2005
01/01/2005- 2005SB	Annual School	00019	Machine BERGEN UNKNOWN		CONV	01/01/2005 01/01/2005
11/02/2004- GENERAL 11/02/2004	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/2004 11/02/2004
06/08/2004- PRIMARY 06/08/2004	Primary	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/2004 06/08/2004
01/01/2004- 2004SB	Annual School	00019	Machine BERGEN UNKNOWN		CONV	01/01/2004 01/01/2004
11/04/2003- GENERAL 11/04/2003	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/2003 11/04/2003
06/03/2003- PRIMARY 06/03/2003	Primary	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/2003 06/03/2003
01/01/2003- 2003SB	Annual School	00019	Machine BERGEN UNKNOWN		CONV	01/01/2003 01/01/2003
11/05/2002- GENERAL 11/05/2002	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/2002 11/05/2002
06/04/2002- PRIMARY 06/04/2002	Primary	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/2002 06/04/2002
01/01/2002- 2002SB	Annual School	00019	Machine BERGEN UNKNOWN		CONV	01/01/2002 01/01/2002
11/06/2001- GENERAL 11/06/2001	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/2001 11/06/2001
06/26/2001- PRIMARY 06/26/2001	Primary	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/2001 06/26/2001
01/01/2001- 2001SB	Annual School	00019	Machine BERGEN UNKNOWN		CONV	01/01/2001 01/01/2001
11/07/2000- GENERAL 11/07/2000	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/2000 11/07/2000
06/06/2000- PRIMARY 06/06/2000	Primary	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/2000 06/06/2000
11/02/1999- GENERAL 11/02/1999	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1999 11/02/1999
06/08/1999- PRIMARY 06/08/1999	Primary	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/1999 06/08/1999
11/03/1998- GENERAL 11/03/1998	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1998 11/03/1998
11/04/1997- GENERAL 11/04/1997	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1997 11/04/1997
11/05/1996- GENERAL 11/05/1996	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1996 11/05/1996
11/07/1995- GENERAL 11/07/1995	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1995 11/07/1995
11/08/1994- GENERAL 11/08/1994	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1994 11/08/1994
11/02/1993- GENERAL 11/02/1993	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1993 11/02/1993
06/08/1993- PRIMARY 06/08/1993	Primary	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/1993 06/08/1993
11/03/1992- GENERAL 11/03/1992	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1992 11/03/1992
11/05/1991- GENERAL 11/05/1991	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1991 11/05/1991
11/06/1990- GENERAL 11/06/1990	General	00040	Machine BERGEN UNKNOWN		CONV	01/01/1990 11/06/1990

11/07/1989- GENERAL 11/07/1989	General 00040	Machine BERGEN UNKNOWN	CONV	01/01/1989 11/07/1989
06/06/1989- PRIMARY 06/06/1989	Primary 00040	Machine BERGEN UNKNOWN Republican*	CONV	01/01/1989 06/06/1989
11/08/1988- GENERAL 11/08/1988	General 00040	Machine BERGEN UNKNOWN	CONV	01/01/1988 11/08/1988

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

RIVER EDGE NJ 07661

Memo:

DELETED NOT A CITIZEN - 12/04/2008, BESOEADM

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: VICTOR E MENDEZ
Date of Birth: 01/27/1965
Voter ID: 151124435
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: A2
Suffix A:
Suffix B:
Street Number: 33
Street Name: PROSPECT AVE
Address Line 2:
Address Line 3:
Municipality : HACKENSACK
Postal City: HACKENSACK
State: NJ
Zip: 07601

Party Information:

Current Party: Democratic*
Party Privilege Date: 06/02/2009

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 03/31/2009
Registration Type: Mail-in with Identification
Last Action Taken Date: 06/30/2009

Status Information:

Voting Privilege Date: 04/21/2009
Current Status: Deleted
Date Last Voted: 06/02/2009
Deleted Date: 06/30/2009
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	02	District	02	Congressional	05	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo User Scanned	Date Scanned	Date Counted	Ballot Status
06/02/2009- Primary STATE PRIMARY ELECTION	Primary	STATE PE 060209	Machine	BERGEN	HACKENSACK	Democratic*	BESDRAUC	06/11/2009	06/02/2009	
05/12/2009- Municipal MAY MUNICIPAL	Municipal	MAY2009	Machine	BERGEN	HACKENSACK		BESCPowe	05/15/2009	05/12/2009	
04/21/2009- Annual STATE- SCHOOL ELECTION	School	STATE04212009	Machine	BERGEN	HACKENSACK		BESCPowe	04/23/2009	04/21/2009	

Previous Party:

Date Changed	Party Privilege Date	Party Name
06/02/2009	06/02/2009	Unaffiliated

Previous Name:

No Records Found for the Previous Name

Registration History:
No Records Found for the Registration History

Memo:

not a US citizen, per voter. - 06/30/2009,
BESOEAD2
DMV - 04/03/2009, BESMTOWN

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0



New Jersey Voter Registration Application

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Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY Clerk <i>Kathy</i> Registration <i>DMV</i> Office Time Stamp <i>APR 21 2009</i>
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				
3 Last Name <i>Mendez</i>		First Name <i>Victor</i>		Middle Name or Initial <i>Edwin</i>	Suffix (Jr., Sr., III)	
4 Date of Birth Month <i>01</i> Day <i>27</i> Year <i>1965</i>						
5 NJ Driver's License Number or MVC Non-driver ID Number <i>M12151131 1747651 0116512</i> If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <i>1111</i> <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) <i>33 Prospect Ave</i>		Apt. <i>A2</i>	Municipality <i>Hackensack</i>	County <i>Bergen</i>	State <i>NJ</i> Zip Code <i>07601</i>	
7 Mailing Address if different from above		Apt.	Municipality	County	State Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State Zip Code	
9 Former Name if Making Name Change				Day Phone Number (Optional)		
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1				
Signature: Sign or mark and date on lines below <i>[Signature]</i> Date <i>3/25/09</i>			If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Address _____ APR 21 2009 BERGEN COUNTY SUPERINTENDENT OF ELECTIONS			

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the provide cannot be verified, you will be asked to provide a COPY of a e and current address on it to avoid having to provide identification at the

151124435



VICTOR E MENDEZ
33 PROSPECT AVE Apt-Unit A2
HACKENSACK NJ 07601

leased by any governmental agency. Any person who uses such penalties.

providing a contact point or the location where you spend most of

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|--|
| <input type="checkbox"/> absentee voting | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: MARIA E MENDOZA
Date of Birth: 07/03/1970
Voter ID: 534397089
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 41-00
Street Name: MOSS RD
Address Line 2:
Address Line 3:
Municipality : FAIR
LAWN
Postal City: FAIR LAWN
State: NJ
Zip: 07410

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 10/18/2016
Registration Type: Mail-in with
Identification
Last Action Taken Date: 10/21/2016

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S.
Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	04	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

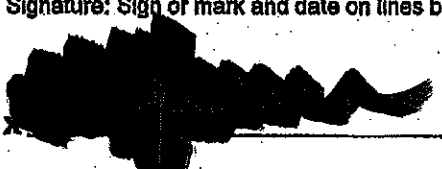
S OCT 22 2016

33



New Jersey Voter Registration Application

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration		<input type="checkbox"/> Address Change		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		3 Last Name		First Name		Middle Name or Initial	
				MENDOZA		MARIA		E	
4 Date of Birth		JULY 03 1970		Registration #		Office Time Stamp			
5 NJ Driver's License Number or MVC Non-driver ID Number		M25165196557702		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.					
6 Home Address (DO NOT use PO Box)		41-00 MOSS RD		Apt.		Municipality		County	
						FAIR LAWN		BERGEN	
7 Mailing Address if different from above				Apt.		Municipality		County	
8 Last Address Registered to Vote (DO NOT use PO Box)				Apt.		Municipality		County	
								State	
								Zip Code	
								by mail <input type="checkbox"/> In person <input type="checkbox"/>	
9 Former Name if Making Name Change				a. Day Phone Number (Optional)					
				b. E-Mail Address (Optional)					
10 Do you wish to declare a political party affiliation? (Optional)		<input type="checkbox"/> Yes, the party name is		<input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.					
11 Gender		<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that:		<ul style="list-style-type: none"> I am a U.S. Citizen I live at the above address. I will be at least 18 years old on or before the next election 		<ul style="list-style-type: none"> I will have resided in the State and county at least 30 days before the next election I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws 	
								<ul style="list-style-type: none"> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1 	
Signature: Sign or mark and date on lines below				If applicant is unable to complete this form, print the name and address of individual who completed this form.		Name		Date	
								Address	
								OCT 18 4 55 PM BERGEN COUNTY, N.J. SUPERINTENDENT OF ELECTIONS	

534397089 M-0217 W-00 D-04



MARIA E MENDOZA
41-00 MOSS RD
FAIR LAWN NJ 07410

5, 6 and 10

are registering to vote for the first time: If you do not have any of the provide cannot be verified, you will be asked to provide a COPY of a name and current address on it to avoid having to provide

leased by any governmental agency. Any person who uses such penalties.

providing a contact point or the location where you spend most of

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

NJ Division of Elections - 9/24/15

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: BRANKO MIRIC
Date of Birth: 12/21/1980
Voter ID: 119689473
Legacy ID: J897184
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 123
Street Name: CHESTNUT ST
Address Line 2:
Address Line 3:
Municipality : GARFIELD
Postal City: GARFIELD
State: NJ
Zip: 07026

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 12/14/2001
Registration Type: Mail-in without Identification
Last Action Taken Date: 12/29/2009

Status Information:

Voting Privilege Date: 01/12/2002
Current Status: Deleted
Date Last Voted: 04/18/2006
Deleted Date: 12/29/2009
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	02	District	02	Congressional	09	Legislative 35
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User Scanned	Date Scanned	Date Counted	Ballot Status
04/18/2006-2006SB	Annual School	00019	Machine	BERGEN	UNKNOWN			CONV	01/01/2006	04/18/2006	
11/08/2005-GENERAL	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2005	11/08/2005	
11/08/2005-GENERAL	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2004	11/02/2004	
01/01/2004-2004M	Municipal	00019	Machine	BERGEN	UNKNOWN			CONV	01/01/2004	01/01/2004	
01/01/2004-2004SB	Annual School	00019	Machine	BERGEN	UNKNOWN			CONV	01/01/2004	01/01/2004	
11/04/2003-GENERAL	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2003	11/04/2003	
01/01/2003-2003SB	Annual School	00019	Machine	BERGEN	UNKNOWN			CONV	01/01/2003	01/01/2003	
11/05/2002-GENERAL	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2002	11/05/2002	
01/01/2002-2002SB	Annual School	00019	Machine	BERGEN	UNKNOWN			CONV	01/01/2002	01/01/2002	

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

PER VOTER: NOT A US CITIZEN - 12/29/2009,
BESOEAD2

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: MARCOS G MITAS
Date of Birth: 07/21/1934
Voter ID: 536316715
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 1E
Suffix A:
Suffix B:
Street Number: 60
Street Name: KANSAS ST
Address Line 2:
Address Line 3:
Municipality : HACKENSACK
Postal City: HACKENSACK
State: NJ
Zip: 07601

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 01/05/2017
Registration Type: Mail-in with Identification
Last Action Taken Date: 02/10/2017

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	01	District	04	Congressional	05	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:


No Records Found for the Registration History



New Jersey Voter Registration Application

Please print clearly in ink. All information is required unless marked optional.

Deleted Not a Citizen 2107M
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1 Check boxes that apply:		<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Will you be 18 years of age by the next election? Yes <input type="checkbox"/> No <input type="checkbox"/>			Clerk: <i>2107M</i>	
(If No, DO NOT complete this form)		(If No, DO NOT complete this form)			Registration #	
3 Last Name	<i>MITAS</i>	First Name	<i>MARCOS</i>	Middle Name or Initial	<i>GEORGE</i>	Office Time Stamp
4 Date of Birth	<i>9.21.34</i>					
5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.				
<i>M 46895187 07342</i>						
<input type="checkbox"/> I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number.						
6 Home Address (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	
<i>60 KANSAS ST</i>	<i>1E</i>	<i>BERGEN</i>	<i>BERGEN</i>	<i>NJ</i>	<i>07601</i>	
7 Mailing Address if different from above	Apt.	Municipality	County	State	Zip Code	
		<i>Hackensack</i>				
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	<input type="checkbox"/> by mail <input type="checkbox"/> in person
9 Former Name if Making Name Change		a. Day Phone Number (Optional)				
		b. E-Mail Address (Optional)				
10 Do you wish to declare a political party affiliation? Yes, the party name is _____ (Optional) No, I do not wish to be affiliated with any political party.						
11 Gender	Declaration - I swear or affirm that:					
Female	<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I live at the above address <input type="checkbox"/> I will be at least 18 years old on or before the next election					
Male	<input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 18:34-1					
Signature: Sign or mark and date on lines below				If applicant is unable to complete this form, print the name and address of individual who completed this form.		
<i>X</i>  <i>3.25.15</i>				Name _____		
				Date _____		
				Address _____		

536316715



MARCOS G MITAS
60 KANSAS ST Apt-Unit 1E
HACKENSACK NJ 07601

5, 6 and 10

Registering to vote for the first time: If you do not have any of the
ide cannot be verified, you will be asked to provide a COPY of
a and current address on it to avoid having to provide

sed by any governmental agency. Any person who uses such
lives.

8) If you are homeless, you may complete section 8 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- ☐ voting by mail
- ☐ becoming a poll worker

- ☐ polling place accessibility
- ☐ voting if you have a disability, including visual impairment

- ☐ available election materials in this alternative language:

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

SUPERINTENDENT
OF ELECTIONS
BERGEN COUNTY, NJ
2011
MAY 11:17

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: YASSER A MOSTAFA
Date of Birth: 11/27/1962
Voter ID: 152165761
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 219
Street Name: CUMLEY
TER
Address Line 2:
Address Line 3:
Municipality : LEONIA
Postal City: LEONIA
State: NJ
Zip: 07605

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 01/11/2012
Registration Type: Mail-in with
Identification
Last Action Taken Date: 01/12/2012

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to
U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	05	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

82

Please print clearly in ink. All information is required unless marked optional.

Bergen

1 Check boxes that apply:		<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Clerk	
3 Last Name	First Name	Middle Name or Initial	Suffix (Jr., Sr., III)	Registration #		
Mostafa	Yasser	A				
4 Date of Birth Month <u>11</u> Day <u>27</u> Year <u>1962</u>				Office Time Stamp		
5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.				
M16739789611		111626				
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	
219 Cumley Terc			Leonia	NJ	07605	
7 Mailing Address if different from above	Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	
9 Former Name if Making Name Change			Day Phone Number (Optional)			
10 Do you wish to declare a political party affiliation? (Optional)			<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender	Declaration - I swear or affirm that:					
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election					
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state law					
	152165761					
Signature: Sign or mark and date on lines below			 YASSER A MOSTAFA 219 CUMLEY TER LEONIA NJ 07605			
X Date <u>11/27/2011</u>						

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo ID, or a document with your name and current address on it to avoid having to provide identification at the polling place.

Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|--|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: ALUSH MUZAI
Date of Birth: 01/06/1967
Voter ID: 150257973
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 346
Street Name: E 54TH ST
Address Line 2:
Address Line 3:
Municipality : ELMWOOD PARK
Postal City: ELMWOOD PARK
State: NJ
Zip: 07407

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 10/05/2007
Registration Type: Mail-in with Identification
Last Action Taken Date: 10/09/2007

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	08	Congressional	09	Legislative	35
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

Date Changed	Last Name	First Name	Middle Name	Suffix
01/29/2015	MUZAR	ALUSH		

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY Clerk <u>E/NEW 10/9/07-20</u> Registration # Office Time Stamp 2007 OCT -5 SUPERINTENDENT OF ELECTIONS BERGEN COUNTY, N.J.	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)					
3 Last Name <u>MAZAR</u>		First Name <u>ALUSH</u>		Middle Name or Initial		Suffix (Jr., Sr., III)	
4 Date of Birth Month <u>01</u> Day <u>06</u> Year <u>1967</u>							
5 NJ Driver's License Number or MVC Non-driver ID Number [] [] [] [] [] [] [] [] [] [] [] [] If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) <u>346 E. 54th Street</u>		Apt.		Municipality <u>Elmwood Park</u>		County <u>Bergen</u>	
7 Mailing Address if different from above		Apt.		Municipality		County	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.		Municipality		County	
9 Former Name if Making Name Change				Day Phone Number (Optional)			
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below <u>[Signature]</u> Date <u>Oct 1, 2007</u>				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo ID, or a document with your name and current address on it to avoid having to provide identification at the polling place.
 Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.
- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application. A voter can affiliate with one of the following parties: Democratic, Republican, Green, Libertarian, Natural Law, Reform, or United States Constitution.

Need More Information? Check boxes below if you would like to receive:

- ☐ absentee voting
☐ becoming a poll worker
☐ polling place accessibility
☐ voting if you have a disability including visual impairment

For further information visit www.NJElections.org or call toll-free 1-877-NJVOT

150257973



ALUSH MUZAR
346 E 54TH ST
ELMWOOD PARK NJ 07407

Voter Profile

User Printed: BESOEAD2
Date: 01/29/2015

Voter Information:

Voter's Name: ALUSH MUZAI
Date of Birth: 01/06/1967
Voter ID: 150257973
Legacy ID:
Archived Legacy ID:

*deleted
not a citizen
1/29/15
Kathryn*

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 346
Street Name: E 54TH ST
Address Line 2:
Address Line 3:
Municipality: ELMWOOD PARK
Postal City: ELMWOOD PARK
State: NJ
Zip: 07407

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 10/05/2007
Registration Type: Mail-in with Identification
Last Action Taken Date: 10/09/2007

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	08	Congressional	09	Legislative	35
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

150257973



ALUSH MUZAI
346 E 54TH ST
ELMWOOD PARK NJ 07407

Previous Party:

No Records Found for the Previous Party

Previous Name:

Date Changed	Last Name	First Name	Middle Name	Suffix
01/29/2015	MUZAR	ALUSH		

Registration History:

No Records Found for the Registration History

Polling Place:

Next Election Date -- Name

Polling Place

06/02/2015 -- PRIMARY ELECTION

Name	Address
FIRE COMPANY #4	VAN RIPER AVENUE & BOULEVARD ELMWOOD PARK 07407



BERGEN COUNTY
SUPERINTENDENT OF ELECTIONS
ONE BERGEN COUNTY PLAZA, ROOM 380
HACKENSACK, N. J. 07601
PHONE: (201) 336-6100
FAX: (201) 336-6111

PATRICIA DI COSTANZO
SUPERINTENDENT OF ELECTIONS
COMMISSIONER OF REGISTRATION

THERESA M. O'CONNOR
DEPUTY SUPERINTENDENT OF ELECTIONS
DEPUTY COMMISSIONER OF REGISTRATION

January 29, 2015

Alush Muzai
346 E 54th Street
Elmwood Park, NJ 07407

DOB: 01/06/1967

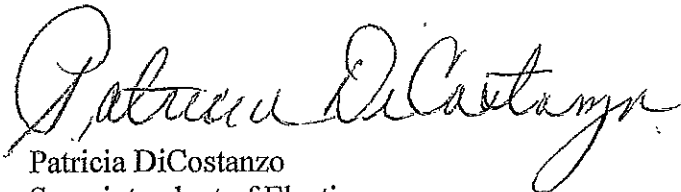
Dear Mr. Muzai:

You registered to vote October 5, 2007. The record reflects that you never voted.

A certified copy of your voter profile, showing you were removed from the rolls January 29, 2015, per your request, is enclosed.

If you have any questions, please do not hesitate to call this office.

Sincerely,



Patricia DiCostanzo
Superintendent of Elections

150257973



ALUSH MUZAI
346 E 54TH ST
ELMWOOD PARK NJ 07407

Voter Profile

User Printed: BESOEAD2

Date: 03/29/2017

Voter Information:

Voter's Name: FUMIKO NAKASHIMA

Date of Birth: 10/27/1954

Voter ID: 150682322

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A:

Suffix B:

Street Number: 14

Street Name: OAK ST

Address Line 2:

Address Line 3:

Municipality : MOONACHIE

Postal City: MOONACHIE

State: NJ

Zip: 07074

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/02/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 09/11/2008

Registration Type: Mail-in with Identification

Last Action Taken Date: 03/22/2011

Status Information:

Voting Privilege Date: 10/02/2008

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/22/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	00	District	01	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Miscellaneous Memo

**BESOEAD2 /
BERGEN**

Memo :

NOT A US CITIZEN

Close

NR 9-12-08 3P



New Jersey Voter Registration Application

Please print clearly in ink.
All information is required
unless marked optional.

Are you a U.S. Citizen? ☐ Yes ☒ No (If No, DO NOT complete this form)
¿Es ciudadano estadounidense? ☐ Sí ☒ No (Si no lo es, NO complete este formulario)

Will you be 18 years of age by the next election? ☒ Yes ☐ No (If No, DO NOT complete this form)
¿Tendrá 18 años de edad para la próxima elección? ☐ Sí ☒ No (Si no lo es, NO complete este formulario)

Mailing Address

*****AUTO**5-DIGIT 07074
FUMIKO NAKASHIMA
14 OAK ST
MOONACHIE NJ 07074-1508



150682322



Home Address

FUMIKO NAKASHIMA
14 OAK ST
MOONACHIE NJ 07074

*Do you wish to declare a political party affiliation? (Optional)
☐ Yes, the party name is

☒ No, I do not wish to be affiliated with any political party.

*¿Desea declarar una afiliación a un partido político? (Opcional)

☐ Sí, el nombre del partido es

☐ No, no deseo afiliarme a ningún partido político.

Date of Birth 10/27/54
Fecha de nacimiento

**NJ Driver's License Number or MVC Non-driver ID Number

**Número de licencia de conducir de NJ o Número de identificación de MVC de no conducir

N02122700060542

Day Phone Number (Optional)

Número de teléfono durante el día (Opcional)

Declaration* - I swear or affirm that:

- I am a U.S. Citizen
- I live at the above address
- I will be at least 18 years old on or before the next election
- I will have resided in the State and county at least 30 days before the next election

- I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws
- I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1

Declaración* - Juro y afirmo que:

- Soy ciudadano de los Estados Unidos
- Vivo en la dirección indicada
- Tendré por lo menos 18 años de edad para la próxima elección o antes
- Habré residido en el Estado y condado al menos 30 días antes de la próxima elección
- No estoy bajo fianza ni cumpliendo una sentencia debido a una condena por un delito penado por ninguna ley federal ni estatal

- Entiendo que cualquier inscripción falsa o fraudulenta puede someterme a una multa de hasta \$15,000, pena de cárcel hasta 5 años o las dos cosas, conforme a R.S. 19:34-1

Signature: Sign or mark and date on lines below

Firma: Firme o marque y fecha en la líneas a continuación

X [Redacted Signature]

Date/Fecha

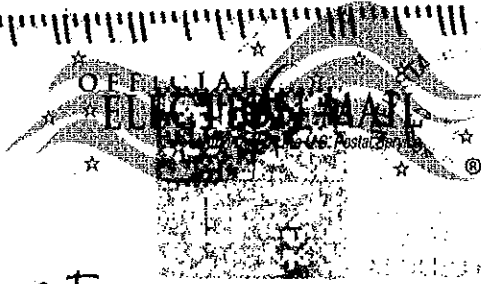
9/8/08

*Completing the declaration section is OPTIONAL and will not affect the acceptance of your voter registration application.
*Es OPCIONAL completar la sección 10 y no afectará la aceptación de su solicitud de inscripción de votante.

**Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

**Nota: Los Números de identificación son confidenciales y no los comunicará ninguna entidad gubernamental. Cualquier persona que use dichos números ilegalmente quedará sujeta a sanciones penales.

Superintendent of Elections
1 Bergen County Plz Room 380
Hackensack, NJ 07601



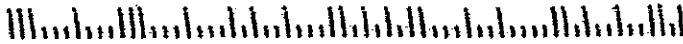
\$ 00.42⁰⁰

SUPERINTENDENT
ELECTIONS
BERGEN COUNTY, NJ
2008 FEB 26 A

Please Return to Sender

OFFICIAL ELECTION MATERIAL - MATERIAL ELECTORAL OFICIAL

FUMIKO NAKASHIMA
14 OAK ST
MOONACHIE NJ 07074



Name & Residence Address – Nombre y Dirección de Residencia

FUMIKO NAKASHIMA
14 OAK ST
MOONACHIE NJ 07074

150682322

ges above.
ambios arriba.



Voter ID # 150682322



FUMIKO NAKASHIMA
14 OAK ST
MOONACHIE NJ 07074

MOONACHIE -00 -01

TO A REGISTERED VOTER OF BERGEN COUNTY:

To any voter who continues to reside at the residence address to which this notice was sent or who no longer resides at the residence address, please mail or personally deliver this postage pre-paid card to the Commissioner of Registration no later than 03/31/2009. If you do not return this card by that date, then at any election held subsequent to that date and on or before 11/07/2012 you may be required at the polls to affirm or confirm your address before you are permitted to vote, and if you do not vote in an election during that period, your name will be removed from the registry of eligible voters. If you have changed residences from Bergen County to a different County in the State, you must re-register with that County in order to retain your right to vote.

BERGEN COUNTY SUPERINTENDENT OF ELECTIONS

PARA EL VOTANTE REGISTRADO EN EL CONDADO DE BERGEN:

A todo elector que continúe residiendo en la dirección a la que fue enviada esta notificación o que ya no viva en la dirección de residencia, se le ruega enviar por correo o entregar personalmente esta tarjeta con franqueo pagado al Comisionado de Inscripciones, a más tardar en 03/31/2009. Si usted no envía esta tarjeta para esa fecha, se le podría exigir en las urnas la confirmación o constatación de su domicilio antes de permitirle votar en cualquier elección que tenga lugar en una fecha posterior y hasta el 11/07/2012, y en caso de no votar en una elección durante ese período, su nombre será eliminado del registro de electores elegibles. Si usted ha cambiado su domicilio del Condado de Bergen a otro condado de este Estado, debe volver a inscribirse en el nuevo condado, para conservar su derecho al voto.

BERGEN SUPERINTENDENTE DE ELECCIONES

Signature of Voter – Firma del Elector

Date of Birth – Fecha de Nacimiento

Date – Fecha

If not delivered within
two (2) days return to:

Commissioner of Registration
1 Bergen County Plaza, Room 380
Hackensack, NJ 07601

RETURN SERVICE REQUESTED

150682322



FUMIKO NAKASHIMA
14 OAK ST
MOONACHIE NJ 07074

MOONACHIE 00 01
KATHRYN E.FLYNN CIVIC CENTER
125 MOONACHIE RD
MOONACHIE, NJ 07074

Polls Open/Urnas Electorales Estarán Abiertas
6 A.M. to 8 P.M.

Borough of Moonachie
9th CONGRESSIONAL DISTRICT/DISTRITO DEL CONGRESO
BERGEN COUNTY, NJ NOVEMBER 4, 2008

POSTAGE DUE 070747070
U.S. MAIL



150682322

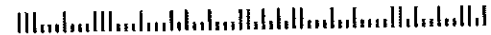
NOT DELIVERED
RETURN TO
SENDER
EAS ADDRESSED
FORWARD
NJ 07076

Please return to sender

I have not citizenship

NON-PROFIT ORG.
U.S. POSTAGE
PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

MOONACHIE 00 01 UNA 150682322 A
FUMIKO NAKASHIMA
14 OAK ST
MOONACHIE, NJ 07074-1508



Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: CLOVIS NDIZEYE
Date of Birth: 07/30/1993
Voter ID: 152475338
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 1B
Suffix A:
Suffix B:
Street Number: 441
Street Name: 7TH ST
Address Line 2:
Address Line 3:
Municipality : PALISADES PARK
Postal City: PALISADES PARK
State: NJ
Zip: 07650

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/16/2012
Registration Type: Mail-in with Identification
Last Action Taken Date: 10/18/2012

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	08	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



not a Hazen

New Jersey

Voter Registration Application

Please print clearly in ink. All information is required unless marked optional.

Berga

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update							FOR OFFICIAL USE ONLY Clerk _____ Registration # _____ Office Time Stamp _____ <input type="checkbox"/> by mail <input type="checkbox"/> in person
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				
3 Last Name <i>NDIZEYE</i>		First Name <i>CLOVIS</i>		Middle Name or Initial _____		Suffix (ex. Jr., Sr., III) _____	
4 Date of Birth Month <i>07</i> Day <i>30</i> Year <i>1993</i>							
5 NJ Driver's License Number or MVC Non-driver ID Number _____ If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <i>8126756</i> <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) <i>441 7th St Palisades Park</i>		Apt. <i>1B</i>	Municipality _____	County <i>US</i>	State <i>NJ</i>	Zip Code <i>07650</i>	
7 Mailing Address if different from above <i>441 7th St</i>		Apt. _____	Municipality _____	County _____	State _____	Zip Code _____	
8 Last Address Registered to Vote (DO NOT use PO Box) _____		Apt. _____	Municipality _____	County _____	State _____	Zip Code _____	
9 Former Name if Making Name Change _____				Day Phone Number (Optional) <i>646-204-6157</i>			
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1						
Signature: Sign or mark on line below X _____ Date _____				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			

Important Instructions for sections 5, 6 and 10

5) If you provide a Driver's License Number, MVC Non-driver ID Number or the last four numbers of your Social Security Number and these numbers cannot be used for identification purposes, you may be contacted by your county commissioner of registration for further information.

rental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

vote in New Jersey. If you are homeless, you may complete section 8 by providing it.

affiliated, regardless of any prior party affiliation. Completing section 10 is Optional and A voter can affiliate with one of the following parties:
 or United States Constitution

would like to receive more information about:

- | | | |
|---|---|--|
| <input type="checkbox"/> absentee voting | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837).

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: JEANETTE NIGRO
Date of Birth: 11/21/1957
Voter ID: 533626865
Legacy ID:
Archived Legacy ID:

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 94
Street Name: E LINDEN AVE
Address Line 2:
Address Line 3:
Municipality : DUMONT
Postal City: DUMONT
State: NJ
Zip: 07628

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 10/15/2016
Registration Type: Mail-in with Identification
Last Action Taken Date: 10/17/2016

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	08	Congressional	05	Legislative 39
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

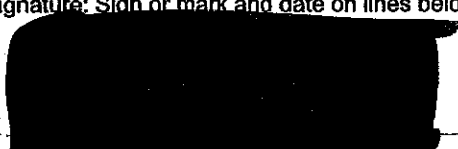
No Records Found for the Registration History



New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-Affiliation Change		FOR OFFICIAL USE ONLY Clerk 51012/16 KA Registration # Office Time Stamp
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form) Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		
3 Last Name: NIGRO First Name: JEANETTE Middle Name or Initial: Suffix (Jr., Sr., III):		
4 Date of Birth: 11/21/1957		
5 NJ Driver's License Number or MVC Non-driver ID Number: N42603920061572 If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number: _____ <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."		
6 Home Address (DO NOT use PO Box) 94 E. LINDEN AVE. Apt.: Municipality: DUMONT County: BERGEN State: NJ Zip Code: 07628		<input type="checkbox"/> by mail <input type="checkbox"/> in person
7 Mailing Address if different from above Apt.: Municipality: County: State: Zip Code:		
8 Last Address Registered to Vote (DO NOT use PO Box) 94 E. LINDEN AVE. Apt.: Municipality: DUMONT County: BERGEN State: NJ Zip Code: 07628		
9 Former Name if Making Name Change a. Day Phone Number (Optional): b. E-Mail Address (Optional):		
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.		
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Declaration - I swear or affirm that: <ul style="list-style-type: none">• I am a U.S. Citizen• I live at the above address• I am at least 17 years old, and understand that I may not vote until reaching the age of 18.• I will have resided in the State and county at least 30 days before the next election• I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws• I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1	
Signature: Sign or mark and date on lines below  Date: 10-10-16		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name: _____ Date: _____ Address: _____

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time. If you do not have any of the registration required by section 5, or the photo ID, or a document will
- Note: ID Numbers are Con
illegally shall be subject to
- 6) If you are homeless, you m
- 10) You may declare a political previously affiliated voter w
55 days before the primary the acceptance of your voter registration application.
- 533626865
- JEANETTE NIGRO
94 E LINDEN AVE
DUMONT NJ 07628
- re you spend most of your time.
y prior party affiliation. If you are a
u must file this form no later than
J is OPTIONAL and will not affect

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|--|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | this alternative language: |

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

NJ Division of Elections - 03/16/16

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: KYUNGHEE OH
Date of Birth: 02/20/1978
Voter ID: 151076076
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 423
Suffix A:
Suffix B:
Street Number: 200
Street Name: CROWN CT
Address Line 2:
Address Line 3:
Municipality : EDGEWATER
Postal City: EDGEWATER
State: NJ
Zip: 07020

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 01/23/2009

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 01/02/2009
Registration Type: Mail-in with Identification
Last Action Taken Date: 01/12/2009

Status Information:

Voting Privilege Date: 01/23/2009
Current Status: Deleted
Date Last Voted:
Deleted Date: 01/12/2009
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	01	Congressional	09	Legislative 32
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Memo:

NOT A CITIZEN - 01/12/2009, BESOEADM

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

©2004 - 2005 PCC Technology Group. All rights reserved.

1.9.0

Voter Profile

User Printed: BESOEAD2

Date: 03/29/2017

Voter Information:

Voter's Name: FORTUNE O OPLADO

Date of Birth: 07/25/1982

Voter ID: 152652682

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A:

Suffix B:

Street Number: 37

Street Name: BRADLEY AVE

Address Line 2:

Address Line 3:

Municipality : BERGENFIELD

Postal City: BERGENFIELD

State: NJ

Zip: 07621 2105

Party Information:

Current Party: Unaffiliated

Party Privilege Date:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 07/30/2013

Registration Type: Agency with Identification

Last Action Taken Date: 07/10/2015

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	00	District	03	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
07/10/2015	51	BEVERLY PL				BERGENFIELD	New Jersey	07621
02/03/2015	744	HOLLY ST				NEW MILFORD	New Jersey	07646

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

140912646

New Jersey Voter Registration Application

I am applying to register to vote at the address listed on my NJ Drivers License/ID Card. I swear or affirm that:

- * I am a U.S. Citizen.
- * I reside at my DL/ID address displayed below.
- * I will be at least 18 years old on or before the next election.
- * I will have resided in the state and county at least 30 days before the next election.
- * I am not on parole, probation or serving sentence due to a conviction for an indictable offense under any federal or state laws.
- * I understand that any false or fraudulent registration may subject me to a fine up to \$15,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1. *E. K. H. J.*

Do you wish to declare a political party affiliation? (Optional)

() Yes, the party name is : _____ () No, I do not wish to be affiliated with any political party.

07080 26776 57821 07-25-1982
FORTUNE O OPLADO
744 HOLLY STREET
NEW MILFORD NJ 07646-0000 B

NEW JERSEY

152652682



FORTUNE O OPLADO
744 HOLLY ST
NEW MILFORD NJ 07646

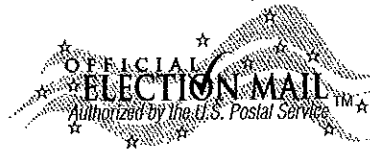
AR LO201321100000842

x

If not delivered within two (2) days return to:
Commissioner of Registration
One Bergen County Plaza, Room 380
Hackensack, NJ 07601

076 NFE 530111410010/26/14
RETURN TO SENDER POSTAGE DUE
OPLADO
51 BEVERLY PL
BERGENFIELD NJ 07621-1106

UNLESS HEAVY OR CARD-POSTAGE DUE = 49
|||



NON-PROFIT ORG.
U.S. POSTAGE
PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

JY 23-15

ACCESSIBLE POLLING LOCATION

The Polling Place for this Election District is
El Lugar de Votación Para Este Distrito Electoral está en
귀하의 선거구 투표소는

BOROUGH OF NEW MILFORD

WARD NO. 00 DISTRICT NO. 04

David E. Owens Middle School/Media Center
470 Marion Ave

152652682



FORTUNE O OPLADO
51 BEVERLY PL
BERGENFIELD NJ 07621

Fortune O Oplado
744 Holly St
New Milford, NJ 07646-1416

A 00 04

Polls Open/Las Urnas Se Abren/ 투표소 개장시간 6 A.M. to 8 P.M.
Bergen County, NJ Tuesday, November 4, 2014
Condado de Bergen, NJ Martes, 4 de noviembre de 2014
뉴저지, 버겐 카운티 2014년 11월 4일 화요일

07601 09998

076 NFE 3301315C0005/30/15
RETURN TO SENDER POSTAGE DUE
OPLADO
37 BRADLEY AVE
BERGENFIELD NJ 07621-2105

RETURN TO SENDER POSTAGE DUE = \$
[Barcode]



Verif. 7.13.15

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PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

**YOU VOTE HERE
SU VOTO AQUI
여기서 투표하십시오**

ACCESSIBLE POLLING LOCATION

The Polling Place for this Election District is
El Lugar de Votación Para Este Distrito Electoral está en
귀하의 선거구 투표소는

BOROUGH OF BERGENFIELD

WARD NO: 00 DISTRICT NO: 16

**Franklin School East Hall
W Church & North Prospect Avenue**

152652602



FORTUNE O OPLADO
37 BRADLEY AVE
BERGENFIELD NJ 07621 - 2105

Polls Open/Las Urnas Se Abren/ 투표소 개장시간 6 A.M. to 8 P.M.
Bergen County, NJ Tuesday, June 2, 2015
Condado de Bergen, NJ Martes, 2 de junio de 2015
뉴저지, 버겐 카운티 2015년 6월 2일 화요일

07601 09998

Form 3 - BOROUGH OF BERGENFIELD

140912646 New Jersey Voter Registration Application

I am applying to register to vote at the address listed on my NJ Drivers License/ID Card. I swear or affirm that:

730

- * I am a U.S. Citizen.
- * I reside at my DL/ID address displayed below.
- * I will be at least 18 years old on or before the next election.
- * I will have resided in the state and county at least 30 days before the next election.
- * I am not on parole, probation, or serving sentence due to a conviction for an indictable offense under any federal or state laws.
- * I understand that any false or fraudulent registration may subject me to a fine up to \$15,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

152652682



FORTUNE O OPLADO
37 BRADLEY AVE
BERGENFIELD NJ 07621 - 2105

Do you wish to declare a political party affiliation? (Optional)

() Yes, the party name is : () No, I do not wish to be affiliated with any political party.

07080 26776 57821 07-25-1982
FORTUNE O OPLADO
744 HOLLY STREET
NEW MILFORD NJ 07646-0000 B

x

Not A US Citizen.

Seated
11/28/16
RS

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: VERNYL A OPLADO
Date of Birth: 11/12/1978
Voter ID: 152652678
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 37
Street Name: BRADLEY AVE
Address Line 2:
Address Line 3:
Municipality : BERGENFIELD
Postal City: BERGENFIELD
State: NJ
Zip: 07621 2105

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 07/30/2013
Registration Type: Agency with Identification
Last Action Taken Date: 07/10/2015

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	03	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
07/10/2015	51	BEVERLY PL				BERGENFIELD	New Jersey	07621
02/03/2015	744	HOLLY ST				NEW MILFORD	New Jersey	07646

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

New Jersey Voter Registration Application

140812645

as applying to register to vote at the address listed on my NJ Drivers License/ID Card. I swear or affirm that:

- * I am a U.S. Citizen.
- * I reside at my DL/ID address displayed below.
- * I will be at least 18 years old on or before the next election.
- * I will have resided in the state and county at least 30 days before the next election.
- * I am not on parole, probation or serving sentence due to a conviction for an indictable offense under any federal or state laws.
- * I understand that any false or fraudulent registration may subject me to a fine up to \$15,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

Do you wish to declare a political party affiliation? (Optional)

() Yes, the party name is : _____

() No, I do not wish to be affiliated with any political party.

152652678.



VERNYL A OPLADO
744 HOLLY ST
NEW MILFORD NJ 07646

AR L0201321100000829

07080 76561 11781 11-12-1978
VERNYL A OPLADO
744 HOLLY ST
NEW MILFORD NJ 07646-1416 B

x

If not delivered within two (2) days return to:
Commissioner of Registration
One Bergen County Plaza, Room 380
Hackensack, NJ 07601

076 NFE 330111410010/26/14
RETURN TO SENDER POSTAGE DUE
OPLADO
51 BEVERLY PL
BERGENFIELD NJ 07621-1106

UNLESS HEAVY OR CARD-POSTAGE DUE = 49
|||



NON-PROFIT ORG.
U.S. POSTAGE
PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

742-315

ACCESSIBLE POLLING LOCATION

The Polling Place for this Election District is
El Lugar de Votación Para Este Distrito Electoral está en
귀하의 선거구 투표소는

BOROUGH OF NEW MILFORD

WARD NO. 00 DISTRICT NO. 04

David E. Owens Middle School/Media Center
470 Marion Ave

152652678



VERNYL A OPLADO
51 BEVERLY PL
BERGENFIELD NJ 07621

Vernyl A Oplado
744 Holly St
New Milford, NJ 07646-1416

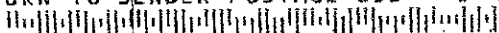
A 00 04

Polls Open/Las Urnas Se Abren/투표소 개장시간 6 A.M. to 8 P.M.
Bergen County, NJ Tuesday, November 4, 2014
Condado de Bergen, NJ Martes, 4 de noviembre de 2014
뉴저지, 버겐 카운티 2014년 11월 4일 화요일

97601@9998

076 NFE 3301315C0005/30/15
RETURN TO SENDER POSTAGE DUE
OPLADO
37 BRADLEY AVE
BERGENFIELD NJ 07621-2105

RETURN TO SENDER POSTAGE DUE = \$.



Verb. 7.13.15

NON-PROFIT ORG.
U.S. POSTAGE
PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

**YOU VOTE HERE
SU VOTO AQUI
여기서 투표하십시오**



ACCESSIBLE POLLING LOCATION

The Polling Place for this Election District is
El Lugar de Votación Para Este Distrito Electoral está en
귀하의 선거구 투표소는

BOROUGH OF BERGENFIELD

WARD NO: 00 DISTRICT NO: 16

**Franklin School East Hall
W Church & North Prospect Avenue**

Polls Open/Las Urnas Se Abren/ 투표소 개장시간 6 A.M. to 8 P.M.
Bergen County, NJ Tuesday, June 2, 2015
Condado de Bergen, NJ Martes, 2 de junio de 2015
뉴저지, 버겐 카운티 2015년 6월 2일 화요일

152852678



VERNYL A OPLADO
37 BRADLEY AVE
BERGENFIELD NJ 07621 - 2105

FWD

07601@9998

Form 3 - BOROUGH OF BERGENFIELD

© 2005 ECH 122

New Jersey Voter Registration Application

140812645

I am applying to register to vote at the address listed on my NJ Drivers License/ID Card. I swear or affirm that:

- * I am a U.S. Citizen.
- * I reside at my DL/ID address displayed below.
- * I will be at least 18 years old on or before the next election.
- * I will have resided in the state and county at least 30 days before the next election.
- * I am not on parole, probation or serving sentence due to a conviction for an indictable offense under any federal or state laws.
- * I understand that any false or fraudulent registration may subject me to a fine up to \$15,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

Do you wish to declare a political party affiliation? (Optional)

() Yes, the party name is : _____ () No, I do not wish to be affiliated with any political party.

07080 76561 11781 11-12-1978
VERNYL A OPLADO
744 HOLLY ST
NEW MILFORD NJ 07646-1416 B

152652678



VERNYL A OPLADO
37 BRADLEY AVE
BERGENFIELD NJ 07621-2105

Not A US Citizen

deleted
11/28/16
K/68

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: ANA P ORTIZDENUNEZ
Date of Birth: 05/05/1956
Voter ID: 151731692
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 5-06
Street Name: BRYANT
PL
Address Line 2:
Address Line 3:
Municipality : FAIR
LAWN
Postal City: FAIR LAWN
State: NJ
Zip: 07410

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 08/21/2011
Registration Type: Agency with
Identification
Last Action Taken Date: 11/05/2012

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S.
Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	17	Congressional	05	Legislative	38
Freeholder		School		Special		Fire	

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
09/29/2011	927	E 28TH ST				PATERSON	New Jersey	07513
03/02/2011		411 5TH AVE.APTC2				PATERSON	New Jersey	07514

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

Prior County	Registration Date	Last Status	Date of Status	Status Reason	Date of Transfer
PASSAIC	11/04/2010	Active			09/29/2011

Main Menu:

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Inquiries

Voter Registration

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Purged Voters

Reports

Help

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Compare MVC File - Online Voter**Incomp - No Squ**

seot letter

T- 9/29/11

MVC Voter

Name	ANA P ORTIZDENUNEZ	Date of Birth	05/05/1956
Residence Address	5-06 BRYANT PL FAIR LAWN NJ 07410-2175	Mailing Address	
Driver's License Number	076340417755562	Original Driver's License Number	076340417755562
Card Number		Previous DOB	05/05/1956
Previous Name	ANA P ORTIZDENUNEZ	Previous Address	927 E 28TH STREET PATERSON NJ 07513-1328
MVC Transaction Date	08/21/2011		

Reject ☐ English:☒ Spanish:**SVRS Matched Voters**

Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Conf Fz
<input checked="" type="checkbox"/>	151731692	ANA P ORTIZDENUNEZ	05/05/1956	11/04/2010	927 E 28TH ST, PATERSON, NJ 07513		076340417755562		10

* under Status Reason indicates voter has multiple status reasons.

151731692

ANA P ORTIZDENUNEZ
5-06 BRYANT PL
FAIR LAWN NJ 07410

1



Add



Back

No Action Required

Print List

oter status is Active.

If Confidence Factor is 100 %, that implies Driver's License Number is matched statewide.

If Confidence Factor is 50 %, that implies Last Name, First Name, DOB (or)

Last Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

If Confidence Factor is 25 %, that implies Soundex of Last Name, Soundex of First Name, DOB (including statewide.

Name matching process includes MVC previous names if there is a name change.

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Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: AYSHA PARVIN
Date of Birth: 08/13/1983
Voter ID: 531168533
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 1-54
Street Name: VIRGINIA
DR
Address Line 2:
Address Line 3:
Municipality : FAIR
LAWN
Postal City: FAIR LAWN
State: NJ
Zip: 07410

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 09/01/2016
Registration Type: Mail-in without
Identification
Last Action Taken Date: 09/01/2016

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to
U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	08	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

NYS Agency-Based Voter Registration Form



If you are not registered to vote where you live now, would you like to apply to register here today?"

☒ **YES** (If you check yes, please complete **VOTER REGISTRATION APPLICATION** at bottom of page)

☐ NO because I choose not to register OR

☐ I am already registered at my current address OR

☐ I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

(Signature)

(Date)

(Please Print Name)

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (07/2012)
E9.1.16

☐ Yes, I need an application for an Absentee Ballot

Please print or type in blue or black ink

☐ Yes, I would like to be an Election Day worker

1 Are you a U. S. citizen? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2 Will you be 18 years old on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		For Board use only! 2016 AUG 19 PM 8:01 VOTER REGISTRATION COUNTY OF FAIR LAWN ZIP CODE 07410	
3 Last Name PARVIN First Name AYSHA Middle Initial Suffix					
4 Address where you live (do not give P.O. address) 1-54 Virginia Dr		Apt. No. A		City/Town/Village Fair Lawn, NJ Zip Code 07410 County 05A	
5 Address where you get your mail (if different from above) same as above		P.O. Box, star route, etc.		Post Office Zip Code	
6 Date of Birth 08/13/83	7 Sex (circle) M <input checked="" type="checkbox"/> F <input type="checkbox"/>	8 Home Tel. Number (optional) 646-288-6058	9 ID Number—Check the applicable box and provide your number: <input type="checkbox"/> New York DMV number <input type="checkbox"/> Last four digits of your Social Security Number <input type="checkbox"/> I do not have a New York Driver's license number		
10 The last year you voted NO		Your Address was (give house number, street and city)		Under the Name (if different from your name now)	
11 Choose a party -- Check one box only <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Conservative Party <input type="checkbox"/> Working Families Party <input type="checkbox"/> Independence Party <input type="checkbox"/> Green Party <input type="checkbox"/> Other (write in) _____ <input checked="" type="checkbox"/> I do not wish to enroll in a party		12 AFFIDAVIT: I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city or village for at least 30 days before the election. • I will meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. _____ (Signature) (Mark in Ink)			
		(Date) 08-11-16			

531168533 M-0217 W-00 D-08



AYSHA PARVIN
1-54 VIRGINIA DR
FAIR LAWN NJ 07410

your organs and tissues



By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

City _____
 Birth Date _____
 Eye Color _____

Sex ☐ M ☐ F
 Height _____ Ft. _____ In.

Sign

Date

Voter Profile

User Printed: BESOEAD2

Date: 03/29/2017

Voter Information:

Voter's Name: DHARUVANG J PATEL

Date of Birth: 01/06/1981

Voter ID: 150537737

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A: B

Suffix B:

Street Number: 818

Street Name: CEDAR LN

Address Line 2:

Address Line 3:

Municipality: TEANECK

Postal City: TEANECK

State: NJ

Zip: 07666

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/07/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 06/16/2008

Registration Type: Agency without Identification

Last Action Taken Date: 03/09/2009

Status Information:

Voting Privilege Date: 07/07/2008

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/09/2009

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	District	Congressional	Legislative
00	06	05	37
Freeholder	School	Special	Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
06/16/2008	818	CEDAR LN				TEANECK	New Jersey	07666

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

per letter from voter-he is not a US citizen -
03/09/2009, BESOEAD2

BERGEN County Admin Message --> Have a nice day.

1.9.0

VOTER REGISTRATION RECORD

DMV ADD

82

DATE: 6/3/08

LAST NAME FIRST NAME MI
PATEL DHARUVANG J

STREET ADDRESS
818 B CEDAR LN

CITY/TOWN ZIP CODE

TEANECK 07666

MAIL ADDRESS IF DIFFERENT THAN ABOVE

DATE OF BIRTH

01/06/1981

COUNTY

BERGEN

150537737



DHARUVANG J PATEL
818 B CEDAR LN
TEANECK NJ 07666

6/17/08
MEX

N^o 2206184

New Jersey Voter Registration Application

I am applying to vote at the address listed on my Driver's License.

I swear or affirm that:

- I am a U.S. Citizen.
- I reside at my driver's license address.
- I will be at least 18 years old on or before the next election.
- I understand that any false or fraudulent registration may subject me to a fine up to \$15,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

Do you wish to declare a political party affiliation? (Optional)

☐ Yes, the party name is: ☒ No, I do not wish to be affiliated with any political party.



Print Name:

DHARUVANG, J. PATEL

Signature:

[Redacted Signature]

BERGEN

County or Residence

201-357-2998

Area Code

Telephone

06/03/2008

Date



Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: SORAIDA PEGUERO
Date of Birth: 12/10/1965
Voter ID: 152250901
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 78
Street Name: BELL PL
Address Line 2:
Address Line 3:
Municipality : BERGENFIELD
Postal City: BERGENFIELD
State: NJ
Zip: 07621

Party Information:

Current Party: Democratic*
Party Privilege Date: 06/05/2012

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/15/2012
Registration Type: Mail-in with Identification
Last Action Taken Date: 05/22/2012

Status Information:

Voting Privilege Date: 06/05/2012
Current Status: Deleted
Date Last Voted:
Deleted Date: 05/22/2012
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	03	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Memo:

Deleted because not citizen- 05/22/2012,
BESJDOBO

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0




New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional.

P. D. letter sent

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration		<input type="checkbox"/> Address Change		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Name Change		<input type="checkbox"/> Signature Update						Clerk	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)						Registration #	
3 Last Name <u>Peguero</u>		First Name <u>SORAIDA</u>		Middle Name or Initial		Suffix (Jr., Sr., III)		Office Time Stamp	
4 Date of Birth <u>12/10/65</u>		5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.					
<input type="checkbox"/> I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number.									
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code			
<u>78 Bell Place</u>			<u>Bergenfield</u>	<u>Bergen</u>	<u>NJ</u>	<u>07621</u>			
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code			
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code	<input type="checkbox"/> by mail <input type="checkbox"/> in person		
9 Former Name if Making Name Change			a. Day Phone Number (Optional)						
			b. E-Mail Address (Optional)						
10 Do you wish to declare a political party affiliation? (Optional)			<input checked="" type="checkbox"/> Yes, the party name is <u>DEMOCRAT</u> <input type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender		Declaration - I swear or affirm that:			● I will have resided in the State and county at least 30 days before the next election			● I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1	
<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		● I am a U.S. Citizen ● I live at the above address ● I will be at least 18 years old on or before the next election			● I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws				
Signature: Sign or mark and date on lines below				If applicant is unable to complete this form, print the name and address of individual who completed this form.					
				Name _____					
Date <u>5/4/12</u>				Date _____					
				Address _____					

Important Instructions for sections 5, 6 and 10

152250901



SORAIDA PEGUERO
78 BELL PL
BERGENFIELD NJ 07621

are registering to vote for the first time: If you do not have any of the provide cannot be verified, you will be asked to provide a COPY of your current and current address on it to avoid having to provide identification at the

passed by any governmental agency. Any person who uses such penalties.

providing a contact point or the location where you spend most of

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

☐ voting by mail
☐ becoming a poll worker

☐ polling place accessibility
☐ voting if you have a disability, including visual impairment

☐ available election materials in this alternative language:

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

NJDOE-10-103/11-rev.

SUPERINTENDENT OF ELECTIONS BERGEN COUNTY, N.J.



BERGEN COUNTY
SUPERINTENDENT OF ELECTIONS
ONE BERGEN COUNTY PLAZA, ROOM 380
HACKENSACK, N. J. 07601
PHONE: (201) 336-6100
FAX: (201) 336-6111

PATRICIA DI COSTANZO
SUPERINTENDENT OF ELECTIONS
COMMISSIONER OF REGISTRATION

THERESA M. O'CONNOR
DEPUTY SUPERINTENDENT OF ELECTIONS
DEPUTY COMMISSIONER OF REGISTRATION

May 22, 2012

RE: Soraida Peguero
78 Bell Place
Bergenfield, NJ 07621

DOB: December 10, 1965

Soraida Peguero registered to vote May 15, 2012.

Soraida Peguero has never voted.

A certified copy of her voter profile, showing she was removed from the rolls, per her request, is enclosed.

If you have any questions, please do not hesitate to call this office.

Sincerely,

Patricia DiCostanzo
Superintendent of Elections

152250901



SORaida PEGUERO
78 BELL PL
BERGENFIELD NJ 07621

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: STAN PERESECHANSKY
Date of Birth: 05/24/1983
Voter ID: 119686052
Legacy ID: J893099
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 8-19
Street Name: LAKE ST
Address Line 2:
Address Line 3:
Municipality : FAIR LAWN
Postal City: FAIR LAWN
State: NJ
Zip: 07410

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/09/2001
Registration Type: Mail-in without Identification
Last Action Taken Date: 07/16/2008

Status Information:

Voting Privilege Date: 11/07/2001
Current Status: Deleted
Date Last Voted: 11/02/2004
Deleted Date: 07/16/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	21	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User Scanned	Date Scanned	Date Counted	Ballot Status
11/02/2004- GENERAL 11/02/2004	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2004	11/02/2004	

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Inquiry - Voter Change Audit History**BESOEAD2 /
BERGEN****Voter Name:** STAN PERESECHANSKY

Change Audit History:						
Audit Date/Time	Type	Change Date	Change Reason	Changed User ID	Type of Change	Change Memo
07/16/2008 11:46 AM	Deleted	07/16/2008	Administrative Action	BESOEADM	Status, Other	MR PERESECHANSKY IS NOT A CITIZEN

[Close](#)[Print List](#)

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: PATRICIA PINEDA
Date of Birth: **08/11/1960**
Voter ID: 119604741
Legacy ID: J800010
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 16
Street Name: RUTGERS PL
Address Line 2:
Address Line 3:
Municipality : HILLSDALE
Postal City: HILLSDALE
State: NJ
Zip: 07642

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 08/20/1996
Registration Type: Mail-in without Identification
Last Action Taken Date: 04/09/2007

Status Information:

Voting Privilege Date: 09/18/1996
Current Status: Deleted
Date Last Voted:
Deleted Date: 04/09/2007
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	05	Congressional	05	Legislative 39
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Memo:

not a citizen upon investigation - 04/09/2007,
BESOEADM

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: ELFIDO QUIXAL-IXCACE
Date of Birth: 10/20/1974
Voter ID: 151397671
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 2
Suffix A:
Suffix B:
Street Number: 37
Street Name: ANDERSON AVE
Address Line 2:
Address Line 3:
Municipality : FAIRVIEW
Postal City: FAIRVIEW
State: NJ
Zip: 07022

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 01/22/2010
Registration Type: Agency with Identification
Last Action Taken Date: 08/02/2010

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	01	Congressional	08	Legislative 32
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: ANGELA L REAVES
Date of Birth: 01/19/1954
Voter ID: 119769282
Legacy ID: J977008
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 6
Suffix A:
Suffix B:
Street Number: 240
Street Name: 1ST ST
Address Line 2:
Address Line 3:
Municipality : HACKENSACK
Postal City: HACKENSACK
State: NJ
Zip: 07601

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 10/30/2004

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 10/01/2004
Registration Type: Mail-in without Identification
Last Action Taken Date: 08/08/2011

Status Information:

Voting Privilege Date: 10/30/2004
Current Status: Deleted
Date Last Voted:
Deleted Date: 08/08/2011
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	03	District	03	Congressional	05	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Inquiry - Voter Change Audit History**BESOEAD2 /
BERGEN****Voter Name:** ANGELA L REAVES

Change Audit History:						
Audit Date/Time	Type	Change Date	Change Reason	Changed User ID	Type of Change	Change Memo
08/08/2011 09:50 AM	Deleted	08/08/2011	Administrative Action	BESDHERN	Status, Other	NOT A US CITIZEN
06/29/2011 11:05 AM	Change	06/29/2011	User Determined	BESMMEHA	Status, Other	

[Close](#)[Print List](#)

Print
Use

119769282



ANGELA L REAVES
240 1ST ST Apt-Unit 6
HACKENSACK NJ 07601

of New Jersey
y Commissioners of Registration

76

OCT 05 2004

S

Registration Application

Qu
E

You must be a citizen of the United States and, by the date of the next election, at least 18 years old and a resident of New Jersey and your county for at least 30 days.

The Commissioner of Registration will notify you upon receipt of this form.

The Registration deadline to vote at the next election is 29 days prior to election day.

Check if you wish to be a board worker/poll clerk in future elections. ☐

Check if you are permanently disabled, unable to go to the polls to vote, and wish to receive information on an Absentee Ballot. ☐

E 10/4/04 RLL

Sign or Mark

If applicant is unable to complete this form, print name and address of individual who completed this form.

1	Check one: <input checked="" type="checkbox"/> New Registration <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Name Change		
2	Last Name <i>Reaves</i>	First Name <i>Angela</i>	Middle Initial <i>L</i> Jr. Sr. <i>II III</i>
3	Street Address Where You Live <i>240 1st St</i>		Apt. # <i>6</i>
4	City or Town <i>Hackensack</i>	County <i>Bergen</i>	Zip Code <i>07601</i>
5	Address Where You Get Your Mail (if different from above)		
6	Date of Birth- Month, Day, Year <i>01/19/54</i>		7 Telephone Number (optional) <i>201-487-8312</i>
8	Name And Address Of Your Last Voter Registration		
	REAVES, ANGELA L 240 1ST ST APT 6 HACKENSACK WARD- 3 DISTRICT-03 REGIS-10/01/04		County <i>J977008</i> For Office Use Only <i>OK 10/3/04</i> Clerk <i>END</i> Registration No. Office Time Stamp
10	Name Address		

I understand that any false or fraudulent registration may subject me to a fine up to \$1,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

[Redacted Signature]

BC: 07601706180
*2551-02502-03-01

RETURN TO SENDER
ATTEMPTED TO
UNABLE TO
FORWARD

78 07/03/11

SE 1

076

NIXIE

\$ 00.44
FROM ZIP CODE 07601

OFFICIAL ELECTION MATERIAL - MATERIAL ELECTORAL OFICIAL

ANGELA L REAVES
240 1ST ST Apt-Unit 6
HACKENSACK NJ 07601

BERGEN COUNTY, N.J.
SHERIFF'S OFFICE
OF ELECTIONS

Name & Residence Address - Nombre y Dirección de Residencia

ANGELA L REAVES
240 1ST ST Apt-Unit 6
HACKENSACK NJ 07601

Voter ID # 119769282



HACKENSACK -03 -03

TO A REGISTERED VOTER OF BERGEN COUNTY:

To any voter who continues to reside at the residence address to which this notice was sent or who no longer resides at the residence address, please mail or personally deliver this postage pre-paid card to the Commissioner of Registration no later than 10/18/2011. If you do not return this card by that date, then at any election held subsequent to that date and on or before 11/05/2014 you may be required at the polls to affirm or confirm your address before you are permitted to vote, and if you do not vote in an election during that period, your name will be removed from the registry of eligible voters. If you have changed residences from Bergen County to a different County in the State, you must re-register with that County in order to retain your right to vote. If you have been automatically receiving Mail-In Ballots, such mailings are now suspended.

PARA EL VOTANTE REGISTRADO EN EL CONDADO DE BERGEN:

A todo elector que continúe residiendo en la dirección a la que fue enviada esta notificación o que ya no viva en la dirección de residencia, se le ruega enviar por correo o entregar personalmente esta tarjeta con franqueo pagado al Comisionado de Inscripciones, a más tardar en 10/18/2011. Si usted no envía esta tarjeta por esa fecha, se le podrá exigir en las urnas la confirmación o constatación de su domicilio antes de permitirle votar en cualquier elección que tenga lugar en una fecha posterior y hasta el 11/05/2014, y en caso de no votar en una elección durante ese periodo, su nombre será eliminado del registro de electores elegibles. Si usted ha cambiado su domicilio del Condado de Bergen a otro condado de este Estado, debe volver a inscribirse en el nuevo condado, para conservar su derecho al voto.

BERGEN COUNTY SUPERINTENDENT OF ELECTIONS

BERGEN SUPERINTENDENTE DE ELECCIONES

Signature of Voter - Firma del Elector

Date of Birth - Fecha de Nacimiento

Date - Fecha

ed within
ays return to:
ner of Registration
ounty Plaza, Room 380
ackensack, NJ 07601

RETURN SERVICE REQUESTED

YOU VOTE HERE
SU VOTO AQUÍ

ACCESSIBLE POLLING LOCATION
The Polling Place for this Election District is -
El Lugar de Votación Para Este Distrito Electoral está en -

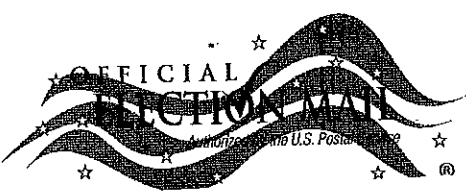
HACKENSACK 03 03
CARVER PARK COMMUNITY CTR (MEETING HALL)
CLAY AND 1ST STREETS
HACKENSACK, NJ 07601

CITY OF HACKENSACK

37th Legislative District / 37° Distrito Legislativo
Polls Open / Las Encuestas Se Abren 6 A.M. to 8 P.M.

Bergen County, NJ
Condado de Bergen, NJ

June 7, 2011
Junio 7, 2011

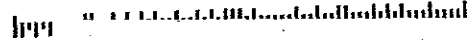


119769282



ANGELA L REAVES
240 1ST ST Apt-Unit 6
HACKENSACK NJ 07601

HACKENSACK 03 03 UNA 119769282 A
ANGELA L REAVES
240 1ST ST #6
HACKENSACK, NJ 07601-3411



NIXIE 075 DE 3 00 05/03/11

POSTAGE DUE
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNLESS HEAVY OR CARD-POSTAGE DUE=.44



NON-PROFIT ORG.
U.S. POSTAGE
PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

Voter Profile

User Printed: BESPTOGU

Date: 03/30/2017

Voter Information:

Voter's Name: MARIANA REMACHE

Date of Birth: 02/20/1976

Voter ID: 521691268

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A:

Suffix B:

Street Number: 15

Street Name: SPRUCE ST

Address Line 2:

Address Line 3:

Municipality : MOONACHIE

Postal City: MOONACHIE

State: NJ

Zip: 07074

Party Information:

Current Party: Unaffiliated

Party Privilege Date:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 02/06/2015

Registration Type: Mail-in with Identification

Last Action Taken Date: 02/09/2015

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S. Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	00	District	01	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History




New Jersey

Voter Registration Application

NOT a US Citizen

82

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply:		<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Clerk 2/9/15 NWJ	
3 Last Name Remache	First Name Mariana	Middle Name or Initial	Suffix (Jr., Sr., III) Mrs.		Registration #	
4 Date of Birth February 20 th 1976					Office Time Stamp	
5 NJ Driver's License Number or MVC Non-driver ID Number R24445190052762		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.				
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) 15 Spruce St.	Apt.	Municipality Moonachie	County Bergen	State NJ	Zip Code 07074	
7 Mailing Address if different from above	Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	
9 Former Name if Making Name Change		a. Day Phone Number (Optional) 973-641-0846				
		b. E-Mail Address (Optional) MarianaRemache@yahoo.com				
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below			If applicant is unable to complete this form, print the name and address of individual who completed this form.			
			Name _____ Date _____ Address _____			

If

521691268


 MARIANA REMACHE
 15 SPRUCE ST
 MOONACHIE NJ 07074

5, 6 and 10

ring to vote for the first time: If you do not have any of the information e verified, you will be asked to provide a COPY of a current and valid on it to avoid having to provide identification at the polling place.

y any governmental agency. Any person who uses such numbers

g a contact point or the location where you spend most of your time.

- 10) You may declare a political party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 55 days before the primary election in order to vote in the primary election. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: LUIS RODRIGUEZ
Date of Birth: 03/31/1971
Voter ID: 119590274
Legacy ID: J777858
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 82
Street Name: WILLIAM ST
Address Line 2:
Address Line 3:
Municipality : ENGLEWOOD
Postal City: ENGLEWOOD
State: NJ
Zip: 07631

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 10/03/1997
Registration Type: Mail-in without Identification
Last Action Taken Date: 04/28/2008

Status Information:

Voting Privilege Date: 11/01/1997
Current Status: Deleted
Date Last Voted:
Deleted Date: 04/28/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	04	District	01	Congressional	09	Legislative	37
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

VOTER REQUESTED NOT A CITIZEN - 04/28/2008,
BESOEADM

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESPTOGU

Date: 03/30/2017

Voter Information:

Voter's Name: SAVERIA ROMEO

Date of Birth: 10/08/1947

Voter ID: 119702304

Legacy ID: J909382

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A:

Suffix B:

Street Number: 17

Street Name: HAMILTON
AVE

Address Line 2:

Address Line 3:

Municipality : LODI

Postal City: LODI

State: NJ

Zip: 07644

Party Information:

Current Party: Unaffiliated

Party Privilege Date:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 10/07/2002

Registration Type: Mail-in without
Identification

Last Action Taken Date:

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to
U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	00	District	01	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Permanent Registration
(ORIGINAL)

J 909382

CHANGE I



State of New Jersey
County Commissioners of Registration

49

Voter Registration Application

Check one:



New Registration



Address Change



Name Change

Last Name

Romeo

First Name

Saveria

Middle Initial

Jr. Sr.

II III

Street Address Where You Live

17 Hamilton

Ave 04402-01 D-1

Apt. #

City or Town

Lodi

County

Bergen

Zip Code

07644

Address Where You Get Your Mail (if different from above)

Date of Birth - Month, Day, Year

10/8/47

7

Telephone Number (optional)

Name And Address Of Your Last Voter Registration

County

Declaration - I swear or affirm that:

119702304



SAVERIA ROMEO
17 HAMILTON AVE
LODI NJ 07644

For Office Use Only

NR

Clerk

BD 10-7-02

Registration No.

Office Time Stamp

OCT 7 10 51 AM '02
SUPERVISOR
OF ELECTIONS
BERGEN COUNTY, N.J.

Signature or Mark

Date

Name

Address

10-8-02
10/10/02

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: LILIANA M RUA
Date of Birth: 04/04/1970
Voter ID: 150081623
Legacy ID: K026974
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: FL2
Suffix A:
Suffix B:
Street Number: 16
Street Name: COMMERCE ST
Address Line 2:
Address Line 3:
Municipality : GARFIELD
Postal City: GARFIELD
State: NJ
Zip: 07026

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 11/21/2006
Registration Type: Mail-in with Identification
Last Action Taken Date: 11/21/2006

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	01	District	02	Congressional	09	Legislative 35
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

MAR 13 2007

76

K026974

Registration Application

Print clearly in black or blue ink
using a ball point pen or marker

1

I am a U.S. citizen ☐ Yes ☐ No*I will be 18 years of age by the next election ☐ Yes ☐ No*

STOP

2

☒ New Registration (if you are registering for the first time in the county in which you live)☐ Address Change (if you are currently registered and have moved within your county)☐ Name Change (if you are currently registered in the county in which you live)

3

Last Name

Rua

First Name

Liliana

Middle Initial

M

Suffix

4

Street Address (where you live)

16 Commerce St. 03058-0102

Apartment #

2nd Flr.

Municipality (town/city)

Garfield

County

Bergen

Zip Code

07026

5

Address (where you get your mail)

Apartment #

Municipality (town/city)

County

Zip Code

6

Date of Birth

Month

04

Day

04

Year

70

7 Telephone Number (optional)

Area Code

973

365

0751

8

Last Name

First Name

Middle Initial

Suffix

Address

Apartment #

Municipality (town/city)

County

State

Zip Code

9

NJ Driver's Lic. #

OR

Only the last four numbers of your Social Security #

FOR OFFICE USE ONLY

Clerk NR P

Registration #

10

Declaration -

I swear or affirm that:

- I am a U.S. citizen.
- I am at least 18 years old on or before the next election.
- I live at this above address.
- I am not on parole, probation or serving a sentence due to

X

[Redacted Signature]

9/20/06

Date

Name

Address

Municipality (town/city)

State

Zip Code

150081623



LILIANA M RUA
16 COMMERCE ST Apt/Unit#FL2
GARFIELD NJ 07026

Office Time Stamp

SEPTEMBER 24 2006
COUNTY OF GARFIELD
NJ

☐ by mail ☐ In person

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: CHRISTOPHER J RUSSELL
Date of Birth: **09/19/1965**
Voter ID: 119740619
Legacy ID: J947139
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 92
Street Name: KNICKERBOCKER RD
Address Line 2:
Address Line 3:
Municipality : CRESSKILL
Postal City: CRESSKILL
State: NJ
Zip: 07626

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 06/17/2004
Registration Type: Mail-in without Identification
Last Action Taken Date: 09/23/2008

Status Information:

Voting Privilege Date: 07/16/2004
Current Status: Deleted
Date Last Voted: 11/02/2004
Deleted Date: 09/23/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	01	Congressional	09	Legislative	37
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User Scanned	Date Scanned	Date Counted	Ballot Status
11/02/2004- GENERAL 11/02/2004	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2004	11/02/2004	

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

THIS PERSON IS NOT A CITIZEN - 09/23/2008,
BESOEADM

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: AHMED SALEH
Date of Birth: 02/17/1963
Voter ID: 150139167
Legacy ID: K030221
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: A 3
Suffix A:
Suffix B:
Street Number: 166
Street Name: GRAND AVE
Address Line 2:
Address Line 3:
Municipality : ENGLEWOOD
Postal City: ENGLEWOOD
State: NJ
Zip: 07631

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 03/27/2007

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/06/2007
Registration Type: Mail-in without Identification
Last Action Taken Date: 01/09/2008

Status Information:

Voting Privilege Date: 03/06/2007
Current Status: Deleted
Date Last Voted:
Deleted Date: 01/09/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	02	District	02	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Memo:

AS PER INVESTIGATION. NOT A CITIZEN AF OF
03/27/07 - 01/09/2008, BESOEADM

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

©2004 - 2005 PCC Technology Group. All rights reserved.

1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: SUAD H SALIM
Date of Birth: **01/23/1979**
Voter ID: 526858034
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 40-12
Street Name: DOBRIN
CT
Address Line 2:
Address Line 3:
Municipality : FAIR
LAWN
Postal City: FAIR LAWN
State: NJ
Zip: 07410

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 03/30/2016
Registration Type: Mail-in with
Identification
Last Action Taken Date: 03/30/2016

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S.
Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	08	Congressional	05	Legislative	38
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

33

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change				FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form) <i>Green Card</i>		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Clerk <i>3/30/16</i>	
3 Last Name <i>Salim</i>		First Name <i>Suad</i>		Middle Name or Initial <i>tt</i>	
4 Date of Birth <i>01/23/1979</i>		5 NJ Driver's License Number or MVC Non-driver ID Number <i>502797266851792</i>		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."	
6 Home Address (DO NOT use PO Box) <i>40-12 Dobrin CT</i>		Apt. <i>C</i>		Municipality <i>Fair Lawn</i>	
7 Mailing Address if different from above <i>P.O. Box 207</i>		Apt.		Municipality <i>Fair Lawn</i>	
8 Last Address Registered to Vote (DO NOT use PO Box) <i>Shaher our Sister</i>		Apt.		Municipality	
9 Former Name if Making Name Change		a. Day Phone Number (Optional) <i>973-333-7887</i>		b. E-Mail Address (Optional) <i>StSalim22@yahoo.com</i>	
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.					
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <ul style="list-style-type: none"> I am a U.S. Citizen I live at the above address. I will be at least 18 years old on or before the next election 			
Signature: Sign or mark and date on lines below <i>[Signature]</i>		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name <i>Suad Salim</i> Date <i>2/25/2016</i> Address <i>40-12 Dobrin CT, Fair Lawn, NJ 07410</i>			

Important Instructions for sections 5, 6 and 10

526858034 M-0217 W-00 D-08



SUAD H SALIM
40-12 DOBRIN CT
FAIR LAWN NJ 07410

registering to vote for the first time: If you do not have any of the above cannot be verified, you will be asked to provide a COPY of a me and current address on it to avoid having to provide

used by any governmental agency. Any person who uses such tables.

providing a contact point or the location where you spend most of

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

☒ voting by mail

☒ becoming a poll worker

☐ polling place accessibility

☐ voting if you have a disability, including visual impairment

☒ available election materials in this alternative language:

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-8837)

NJ Division of Elections - 5/14/12

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: JOSE A SAMPEDRO
Date of Birth: 05/28/1967
Voter ID: 119588791
Legacy ID: J776134
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 745
Street Name: UNION AVE
Address Line 2:
Address Line 3:
Municipality: LYNDHURST
Postal City: LYNDHURST
State: NJ
Zip: 07071

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 09/19/1997
Registration Type: Mail-in without Identification
Last Action Taken Date: 11/18/2013

Status Information:

Voting Privilege Date: 10/18/1997
Current Status: Deleted
Date Last Voted: 01/25/2011
Deleted Date: 11/18/2013
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	04	Congressional	09	Legislative	36
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo User	Date Scanned	Date Counted	Ballot Status
01/25/2011- LYNDHURST SPECIAL	Special School	LYND SPECIAL	Mail-In	BERGEN	LYNDHURST		BESOEADM	02/03/2011	02/03/2011	ACCEPTED
11/06/2001- GENERAL	General	00040	Machine	BERGEN	UNKNOWN		CONV	01/01/2001	11/06/2001	

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History


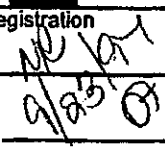


Inquiry - Voter Change Audit History**BESOEAD2 /
BERGEN****Voter Name:** JOSE A SAMPEDRO

Change Audit History:						
Audit Date/Time	Type	Change Date	Change Reason	Changed User ID	Type of Change	Change Memo
11/18/2013 11:01 AM	Deleted	11/18/2013	Administrative Action	BESCPWE	Status, Other	NOT A US CITIZEN

[Close](#)[Print List](#)

Permanent Registration J 776134 (ORIGINAL)

CHANGE IN /

Ink- en or	 State of New Jersey County Commissioners of Registration		49
an nt	Voter Registration Application		
of the date of ast 18 of New for at	1	Check one: <input type="checkbox"/> New Registration <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Name Change	
	2	Last Name SAMPEDRO	First Name JOSE
		Middle Initial A	Jr. Sr. II III
	3	Street Address Where You Live 745 Union Ave. 4030-d 0-4	
	4	City or Town Lyndhurst	County Bergen
	5	Address Where You Get Your Mail (if different from above)	
tration of this	6	Date of Birth- Month, Day, Year 05-28-67	7 Telephone Number (optional)
ne to is 29	8	Name And Address Of Your Last Voter Registration 	
		119588791  JOSE A SAMPEDRO 745 UNION AVE LYNDHURST NJ 07071	For Office Use Only Clerk Registration No. Office Time Stamp SEP 19 11 45 AM '97 SUPERINTENDENT OF ELECTIONS BERGEN COUNTY NJ
plete ddress leted	10	may subject me to a fine up to \$1,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.  Date	
		Name Address	

next election
sentence due to
for any federal



BERGEN COUNTY
SUPERINTENDENT OF ELECTIONS
ONE BERGEN COUNTY PLAZA, ROOM 380
HACKENSACK, N. J. 07601
PHONE: (201) 336-6100
FAX: (201) 336-6111

PATRICIA DI COSTANZO
SUPERINTENDENT OF ELECTIONS
COMMISSIONER OF REGISTRATION

THERESA M. O'CONNOR
DEPUTY SUPERINTENDENT OF ELECTIONS
DEPUTY COMMISSIONER OF REGISTRATION

November 18, 2013

Jose Sampedro
745 Union Avenue
Lyndhurst, NJ 07071

DOB: May 28, 1967

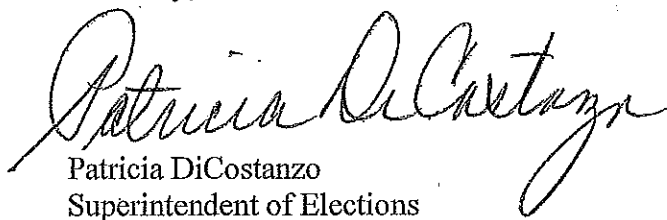
Jose Sampedro registered to vote on September 19, 1997.

Mr. Sampedro voted in the General Election in 2001 and in a Special School Election in January of 2011.

A certified copy of his voter profile, showing he was removed from the rolls, per his request, is enclosed.

If you have any questions, please do not hesitate to call this office.

Sincerely,


Patricia DiCostanzo
Superintendent of Elections

119588791



JOSE A SAMPEDRO
745 UNION AVE
LYNDHURST NJ 07071

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: TAI C SEAN Sr.
Date of Birth: 03/31/1944
Voter ID: 151541864
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 1
Suffix A:
Suffix B:
Street Number: 720
Street Name: BERGEN BLVD
Address Line 2:
Address Line 3:
Municipality : RIDGEFIELD
Postal City: RIDGEFIELD
State: NJ
Zip: 07657

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 10/12/2010
Registration Type: Mail-in with Identification
Last Action Taken Date: 10/12/2010

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	03	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change				FOR OFFICIAL USE ONLY Clerk 610-12-10-24		
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				
3 Last Name SEAN	First Name TAI	Middle Name or Initial C	Suffix (Jr., Sr., III) (C)	Registration #		
4 Date of Birth Month 03 Day 31 Year 1944				Office Time Stamp		
5 NJ Driver's License Number or MVC Non-driver ID Number 52032 72263 031441		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. [] [] [] []		SUPERINTENDENT OF ELECTIONS BERGEN COUNTY, N.J.		
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) 720 BERGEN BLVD #2	Apt. #1	Municipality RIDGEFIELD	County BERGEN		State NJ	Zip Code 07065
7 Mailing Address if different from above 720 BERGEN BLVD	Apt. #1	Municipality RIDGEFIELD	County BERGEN		State NJ	Zip Code 07065
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code	<input type="checkbox"/> by mail <input type="checkbox"/> in person
9 Former Name if Making Name Change			Day Phone Number (Optional) 201-406-8642			
10 Do you wish to declare a political party affiliation? (Optional) NO				<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.		
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election		<input checked="" type="checkbox"/> I will have resided at least 30 days b <input checked="" type="checkbox"/> I am not on parole, sentence due to a offense under any		151541864 TAI C SEAN SR. 720 BERGEN BLVD Apt-Unit 1 RIDGEFIELD NJ 07067	
Signature: Sign or mark and date on lines below 7-3-0670			If I ne N Address			

Important Instructions for sections 5, 6 and 10

5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo ID, or a document with your name and current address on it to avoid having to provide identification at the polling place.

Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: GAURAV SINGHVI
Date of Birth: 05/11/1982
Voter ID: 523263663
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 8J
Suffix A:
Suffix B:
Street Number: 380
Street Name: PROSPECT AVE
Address Line 2:
Address Line 3:
Municipality : HACKENSACK
Postal City: HACKENSACK
State: NJ
Zip: 07601

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 07/27/2015
Registration Type: Mail-in with Identification
Last Action Taken Date: 07/27/2015

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	04	District	02	Congressional	05	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY Clerk _____ Registration # _____ Office Time Stamp _____ S.D. 7-27-15 INC
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				
3 Last Name SINGHVI		First Name GAURAV		Middle Name or Initial	Suffix (Jr., Sr., III)	
4 Date of Birth Month <u>05</u> Day <u>11</u> Year <u>1982</u>						
5 NJ Driver's License Number or MVC Non-driver ID Number <u>54491 27600 05821</u>				If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <u> </u>		
<input type="checkbox"/> I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number.						
6 Home Address (DO NOT use PO Box) 380 PROSPECT AVE		Apt. 8J	Municipality	County HACKENSACK	State NJ	
7 Mailing Address if different from above		Apt.	Municipality	County	State	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	
9 Former Name if Making Name Change						
Day Phone Number (Optional) 201 417 4187						
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1				
Signature: Sign or mark and date on lines below X _____ Date _____			If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are information required a valid photo ID, or a d
 Note: ID Numbers t
 illegally shall
- 6) If you are homeless,
- 10) You may declare a p
 section 10 is OPTIOI
 following parties: Dei

523263863



GAURAV SINGHVI
 380 PROSPECT AVE Apt-Unit 8J
 HACKENSACK NJ 07601

time: If you do not have any of the
 asked to provide a COPY of a current and
 provide identification at the polling place.
 ncy. Any person who uses such numbers

ation where you spend most of your time.
 any prior party affiliation. Completing
 location. A voter can affiliate with one of the
 United States Constitution.

Need More Information? Check boxes below if you would like to receive more information about:

- ☐ absentee voting
☐ becoming a poll worker
☐ polling place accessibility
☐ voting if you have a disability, including visual impairment
☐ available election materials in this alternative language

For further information visit www.NJElections.org or call toll-free 1-877-NJ-VOTER (1-877-658-6837)


SUPERINTENDENT OF ELECTIONS BERGEN COUNTY NJ



New Jersey Voter Registration Application

76

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)					
3 Last Name		First Name		Middle Name or Initial		Suffix (Jr., Sr., III)	
4 Date of Birth							
5 NJ Driver's License Number or MVC Non-driver ID Number If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.						<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."	
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code	
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code	
		<input type="checkbox"/> by mail <input type="checkbox"/> in person					
9 Former Name if Making Name Change				a. Day Phone Number (Optional) _____ b. E-Mail Address (Optional) _____			
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below X  Date <u>7/30/2015</u>				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			

523263663



GAURAV SINGHVI
380 PROSPECT AVE Apt-Unit 8J
HACKENSACK NJ 07601

ns 5, 6 and 10

and are registering to vote for the first time. If you do not have any of the information you provide cannot be verified, you will be asked to provide a COPY of a recent photograph and current address on it to avoid having to provide identification at the time of registration.

released by any governmental agency. Any person who uses such information for any purpose other than for voter registration purposes is subject to criminal penalties.

9) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

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☐ voting by mail
☐ becoming a poll worker

☐ polling place accessibility
☐ voting if you have a disability, including visual impairment

☐ available election materials in this alternative language:

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

NJDOE-v-1/31/11-rev.

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: EDYTA Z STRUG
Date of Birth: 07/25/1993
Voter ID: 152527548
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 270
Street Name: MAC ARTHUR AVE
Address Line 2:
Address Line 3:
Municipality : GARFIELD
Postal City: GARFIELD
State: NJ
Zip: 07026

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 11/06/2012
Registration Type: In-Person with Identification
Last Action Taken Date: 12/20/2012

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	03	District	02	Congressional	09	Legislative 35
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



COUNTY OF BERGEN
John S. Hogan, County Clerk

New Jersey

Provisional Ballot Affirmation Statement

20

1. Reason for Provisional Ballot: (Check one) <input type="checkbox"/> Moved within the county after registering, without notifying election office <input checked="" type="checkbox"/> Registration information missing from poll book <input type="checkbox"/> Did not show required ID <input type="checkbox"/> Poll book indicates you are a Mail-in Ballot voter, but did not apply for, receive, or return such ballot		FOR OFFICIAL USE ONLY Municipality/Ward/District GARF 3-2
2. I am a US citizen <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. I am 18 or older <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Current Name Last <u>Strug</u> First <u>Edyta</u> MI. <u>2</u> Suffix _____ If your name was changed after registering to vote, provide your former name Former name: _____ Signature of former name: _____		
5. Current Home Address <u>270 MacArthur Ave</u> Municipality <u>Garfield</u> County <u>Bergen</u> Zip Code <u>07026</u> Mailing Address, if different from above: _____		
6. Please Fill Out Only if You Moved within the County after Registering Without Notifying Election Office: Previous Home Address _____ Municipality _____ County _____ Zip Code _____		
7. Date of Birth Month <u>7</u> Day <u>25</u> Year <u>1993</u>	8. Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	
9. N.J. Driver's License # (DL#) or MVC Non-driver ID # (ID#) Number <u>58361 19489 57935</u> Telephone Number (Optional) _____ If No DL# or ID#, last four numbers of your Social Security Number (SS#) _____		
10. <input type="checkbox"/> I affirm that I do not have a DL#/ID# or SS# _____		
11. Political Party _____ (Required for primary elections; Optional for all other elections)		
12. Voter Declaration – I swear or affirm that I am a U.S. citizen, live at the address above, am at least 18 years of age at the time of the election, have been a resident of the State and county at least 30 days before the election, am not on parole, probation or serving a sentence due to the conviction for an indictable offense under any federal or State laws. I UNDERSTAND THAT ANY FALSE OR FRAUDULENT REGISTRATION MAY SUBJECT ME TO A FINE OF UP TO \$15,000, IMPRISONMENT UP TO FIVE YEARS, OR BOTH PURSUANT TO R.S. 19:34-1. <input checked="" type="checkbox"/> _____ <u>11/6/12</u> Date Name of person providing assistance _____		

DO NOT DETACH

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: KENNY B TABARES
Date of Birth: 02/11/1989
Voter ID: 150128977
Legacy ID: K029674
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 143
Street Name: PIERRE AVE
Address Line 2:
Address Line 3:
Municipality : GARFIELD
Postal City: GARFIELD
State: NJ
Zip: 07026

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 03/07/2007

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 02/14/2007
Registration Type: Mail-in with Identification
Last Action Taken Date: 02/05/2010

Status Information:

Voting Privilege Date: 03/07/2007
Current Status: Deleted
Date Last Voted:
Deleted Date: 02/05/2010
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	01	District	03	Congressional	09	Legislative	35
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Miscellaneous Memo

**BESOEAD2 /
BERGEN**

Memo :

NON CITIZEN

Close

MAR 26 2007

S

76

Print clearly in Ink-
Use ball-point pen or
marker



State of New Jersey
County Commissioners of Registration

Eldridge 2/27/07 Merg

Qualifications of an
Eligible Applicant

You must be a citizen of the
United States and, by the date of
the next election, at least 18 years
old and a resident of New Jersey
and your county for at least 30
days.

The Commissioner of Registration
will notify you upon receipt of this
form.

The Registration deadline to vote
at the next election is 29 days prior
to election day.

Check if you wish to be
a board worker/poll clerk
in f

150128977



Che
disa KENNY B TABARES
poll: 143 PIERRE AVE
rece GARFIELD NJ 07026

Absentee Ballot. ☐

Sign or Mark →

If applicant is unable to complete
this form, print name and address
of individual who completed
this form.

K029674

on Application

1	Check one: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change			
2	Last Name TABARES	First Name KENNY	Middle Initial B	Jr. Sr. II III
3	Street Address Where You Live 143 Pierre Ave. 07026-03 W-1 D-3			Apt. #
4	City or Town Garfield	County Bergen	Zip Code 07026	
5	Address Where You Get Your Mail (if different from above)			
6	Date of Birth - Month, Day, Year 02/11/1984		7 Telephone Number (optional) (201) 673 2009	
8 Name And Address Of Your Last Voter Registration				

Declaration - I swear or affirm that:

- I am a U.S. citizen
- I live at the above address
- I will be at least 18 years old on or before the next election
- I am not on parole, probation or serving sentence due to a conviction for an indictable offense under any federal or state laws.
- I understand that any false or fraudulent registration may subject me to a fine up to \$1,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

County NR 2/23/07
Merg

For Office Use Only

Clerk

Registration No.

Office Time Stamp

2007 FEB 1 11:22
CLERK
BENJAMIN L. HAYES
NJ

9

10

Name

Address

Voter Profile

User Printed: BESOEAD2

Date: 03/29/2017

Voter Information:

Voter's Name: HIDETOSHI TACHIBANA

Date of Birth: 08/14/1944

Voter ID: 150754916

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A:

Suffix B:

Street Number: 355

Street Name: MC CLOUD DR

Address Line 2:

Address Line 3:

Municipality : FORT LEE

Postal City: FORT LEE

State: NJ

Zip: 07024

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/21/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 09/30/2008

Registration Type: Mail-in with Identification

Last Action Taken Date: 09/30/2008

Status Information:

Voting Privilege Date: 10/21/2008

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/30/2008

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	00	District	06	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Memo:

checked off no to US citizen - 09/30/2008,
BESOEAD2

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

©2004 - 2005 PCC Technology Group. All rights reserved.

1.9.0

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: NAOYA TANIGAMI
Date of Birth: 07/17/1962
Voter ID: 152165268
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 641
Street Name: MAXWELL PL
Address Line 2:
Address Line 3:
Municipality : RIDGEWOOD
Postal City: RIDGEWOOD
State: NJ
Zip: 07450

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 01/11/2012
Registration Type: Mail-In with Identification
Last Action Taken Date: 01/12/2012

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	18	Congressional	05	Legislative 40
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

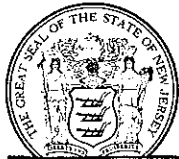
Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Entered in ERROK -
NOT A US Citizen



New Jersey Voter Registration Application

82

Please print clearly in ink. All information is required unless marked optional. New MTP 1/12/12

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)	
3 Last Name TANIGAMI		First Name NAOYA	Middle Name or Initial Mr.
4 Date of Birth Month 11 Day 07 Year 1962		Registration #	
5 NJ Driver's License Number or MVC Non-driver ID Number T10432 58000 07622		Office Time Stamp JAN 12 2012 CLERK OF SUPERIOR COURT BERGEN COUNTY, NJ	
6 Home Address (DO NOT use PO Box) 641 Maxwell PL		Apt.	Municipality Ridgewood
7 Mailing Address if different from above		Apt.	Municipality
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality
9 Former Name if Making Name Change		a. Day Phone Number (Optional) 201 574 5549 b. E-Mail Address (Optional) ntanigami@kmbz-konicaminolta.us	
10 Do you wish to declare a political party affiliation? (Optional)		<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.	
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1	
Signature: Sign or mark and date on lines below X [Signature] Date 12/26/2011		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____	

Important Instructions for sections 5, 6 and 10

152165268



NAOYA TANIGAMI
641 MAXWELL PL
RIDGEWOOD NJ 07450

re registering to vote for the first time: If you do not have any of
I provide cannot be verified, you will be asked to provide a COPY of
and current address on it to avoid having to provide identification at

ased by any governmental agency. Any person who uses such
nalties.

roviding a contact point or the location where you spend most

- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation.
Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|--|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability,
including visual impairment | alternative language: |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Voter Profile

User Printed: BESOEAD2

Date: 03/30/2017

Voter Information:

Voter's Name: LIDIA TURELLO
Date of Birth: 08/08/1969
Voter ID: 150397647
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: D10
Suffix A:
Suffix B:
Street Number: 2329
Street Name: HUDSON
 TER
Address Line 2:
Address Line 3:
Municipality : FORT LEE
Postal City: FORT LEE
State: NJ
Zip: 07024

Party Information:

Current Party: Republican*
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/07/2008
Registration Type: Mail-in with
 Identification
Last Action Taken Date: 06/29/2015

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted: 06/03/2014
Rejected Reason: Not a U.S Citizen/Checked off No to
 U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	15	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
06/29/2015	2029	HUDSON TER			D10	FORT LEE	New Jersey	07024
02/05/2015	544	8TH ST			2	PALISADES PARK	New Jersey	07650
06/27/2013	555	8TH ST			2	PALISADES PARK	New Jersey	07650

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo User	Date Scanned	Date Counted	Ballot Status
06/03/2014- PRIMARY ELECTION	Primary	STATE PE 2014	Machine	BERGEN	PALISADES PARK	Republican*	BESMARIZ	06/13/2014	06/03/2014	
04/23/2014- APRIL SCHOOL ELECTION	Special School	APRIL SCH ELEC	Machine	BERGEN	PALISADES PARK		BESMARIZ	04/28/2014	04/23/2014	
11/05/2013- GENERAL ELECTION	General	STATE GE 2013	Machine	BERGEN	PALISADES PARK		BESOEAD2	01/22/2014	11/05/2013	
10/16/2013- GENERAL ELECTION FOR US SENATE	General	STATE SPECIAL GE 2013	Machine	BERGEN	PALISADES PARK		BESJDOBO	11/20/2013	10/16/2013	
08/13/2013- SPECIAL PRIMARY ELECTION	Primary	STATE SPECIAL PE 2013	Machine	BERGEN	PALISADES PARK	Republican*	BESDRAUC	09/03/2013	08/13/2013	

FOR US
SENATE

06/04/2013- Primary PRIMARY ELECTION	STATE PE 2013	Machine BERGEN PALISADES PARK	Republican*	BESJDOBO 06/18/2013 06/04/2013
04/16/2013- Special APRIL School SCHOOL ELECTION 2013	APRIL SE 2013	Machine BERGEN PALISADES PARK		BESBBARB 04/24/2013 04/16/2013
11/06/2012- General GENERAL ELECTION	GE 2012	Machine BERGEN PALISADES PARK		BESJDOBO 03/02/2013 11/06/2012
11/08/2011- General STATE GENERAL ELECTION	STATE GE 110811	Machine BERGEN PALISADES PARK		BESOEAD2 12/14/2011 11/08/2011
11/02/2010- General STATE GENERAL 2010	STATE GE 110210	Machine BERGEN PALISADES PARK		BESMSALA 12/20/2010 11/02/2010
11/03/2009- General STATE GENERAL ELECTION	STATE GE 110309	Machine BERGEN PALISADES PARK		BESOEADM 12/31/2009 11/03/2009
04/21/2009- Annual STATE- SCHOOL ELECTION	STATE04212009	Machine BERGEN PALISADES PARK		BESCPOWE 04/24/2009 04/21/2009
11/04/2008- General GENERAL ELECTION	00004	Machine BERGEN PALISADES PARK		BESPSTAN 01/09/2009 11/04/2008
06/03/2008- Primary STATE- PRIMARY ELECTION	STATEPRIMARY	Machine BERGEN PALISADES PARK	Republican*	BESDRAUC 06/03/2008 06/03/2008
04/15/2008- Annual STATE- SCHOOL ELECTION	STATESCHOOL	Machine BERGEN PALISADES PARK		BESSPARS 04/15/2008 04/15/2008

Previous Party:

Date Changed

06/03/2008

Party Privilege Date

06/03/2008

Party Name

Unaffiliated

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

Print clearly in black or blue ink
using a ball point pen or marker

STOP

1 I am a U.S. citizen ☐ Yes ☒ No *Resident*
I will be 18 years of age by the next election ☒ Yes ☐ No

2 ☒ New Registration (if you are registering for the first time in the county in which you live)
☐ Address Change (if you are currently registered and have moved within your county)
☐ Name Change (if you are currently registered in the county in which you live)

3 Last Name *TURELLO* First Name *Lidia* Middle Initial *A* Suffix

4 Street Address (where you live) *555 8th ST* Apartment # *2*

Municipality (town/city) *Palisades Park* County *Bergen* Zip Code *07650*

5 Address (where you get your mail) Apartment #

Municipality (town/city) County Zip Code

6 Date of Birth Month *08* Day *08* Year *1969* Telephone Number (optional) *201* Area Code *3964176*

8 Last Name First Name Middle Initial Suffix

Address Apartment #

Municipality (town/city) County State Zip Code

9 Driver's License *19357468259092* OR Only the last four numbers of your Social Security #

FOR OFFICE USE ONLY

Clerk

Registration #

Office Stamp

03-03-06
Date
MAR - 7 A 11: 04
SUPERINTENDENT
OF ELECTIONS
BERGEN COUNTY, N.J.

☐ by mail ☐ in person

10 Declaration -
I swear or affirm that:
• I am a U.S. citizen.
• I am at least 18 years of age on the day of this election.
• I live at this address and live in this county.
• I am not on parole or probation.
• I understand that any false or fraudulent registration may subject me to a fine up to \$1,000, imprisonment up to 5 years or both pursuant to P.S. 19-34-1.

[Signature]
Date
150397647
LIDIA TURELLO
555 8TH ST Apt-Unit 2
PALISADES PARK NJ 07650
Code

If not delivered within two (2) days return to:
Commissioner of Registration
1 Bergen County Plaza, Room 380
Hackensack, NJ 07601

RETURN SERVICE REQUESTED

YOU VOTE HERE
SU VOTO AQUÍ
여기서 투표하십시오

ACCESSIBLE POLLING LOCATION

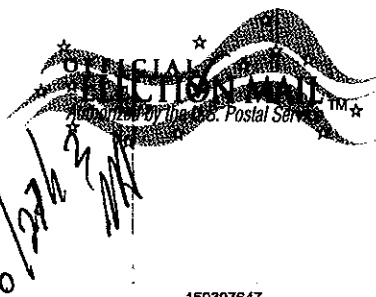
The Polling Place for this Election District is
El Lugar de Votación Para Este Distrito Electoral está en
귀하의 선거구 투표소는

Palisades Park

WARD NO.00 DISTRICT NO. 08
Lindbergh School/Room 6
Glen Ave

BOROUGH OF PALISADES PARK

Polls Open/Las Encuestas Se Abren/투표소 개장시간 3 P.M. to 9 P.M.
Bergen County, NJ Tuesday, April 16, 2013
Condado de Bergen, NJ Martes, 16 de abril de 2013
뉴저지, 버겐 카운티 2013년 4월 16일 화요일



150397647



LIDIA TURELLO
544 8TH ST Apt-Unit 2
PALISADES PARK NJ 07650

Lidia Turello
556 8th St # 2
Palisades Park NJ 07650-2309

A 00 08

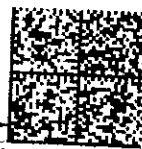
076 NFE 3 A121 GO 04/10/13
RETURN TO SENDER POSTAGE DUE
TURELLO LIDIA V
544 8TH ST # 2
PALISADES PK NJ 07650-2310

UNLESS HEAVY OR CARD-POSTAGE DUE =.46

07601@9998

NON-PROFIT ORG.
U.S. POSTAGE
PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

Superintendent of Elections
1 Bergen County Plaza
Room 380
Hackensack, New Jersey 07601

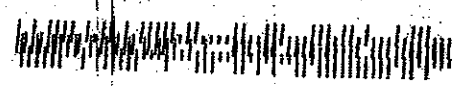


UNITED STATES POSTAGE
 \$ 00.46⁰⁰
 0000000000
 MAILED FROM ZIP CODE 07601

SUPERINTENDENT
 OF ELECTIONS
 BERGEN COUNTY, NJ
 2013 JUL 19 AM 10:53

LIDIA TURELLO

*** OFFICIAL ELECTION MATERIAL -
 Material Electoral Oficial - 공식 선거 자료 ***



Name & Residence Address -
Nombre y Dirección de Residencia -
이름 및 거주지 주소

RMD VPN	
7/19/13	

LIDIA TURELLO
 544 8TH ST Apt-Unit 2
 PALISADES PARK NJ 07650

Voter ID # 150397647

TO A REGISTERED VOTER OF BERGEN COUNTY:

This office has been informed you have changed your residence address/ mailing address and have changed your records accordingly. You will be entitled to vote at the next Election if you still reside in Bergen County. Fill out and sign the attached card, and mail it to this office on or before the 21st day preceding any Election which will verify your address change. Other registered voters in the family who are similarly affected must make individual written requests, by letter or otherwise, duly sign and return to this office.

If address/name is different than stated, please make changes above.
 Si su dirección/nombre es diferente del establecido,
 por favor haga los cambios arriba.
 이름/주소가 표기된 것과 다를 경우 위에 정정해 주십시오.

PARA EL VOTANTE REGISTRADO EN EL CONDADO DE BERGEN:

BERGEN COUNTY SUPERINTENDENT OF ELECTIONS

Se ha informado a esta oficina que usted ha cambiado de domicilio o dirección postal y se han cambiado sus datos según corresponde. Usted será autorizado a votar en la próxima Elección si usted, se mantiene residiendo en el Condado de Bergen. Llena y firma la tarjeta adjunta y la envía por Correo a nuestra Oficina. El plazo es el (21) veintidós día antes de cualquier Elección o con anterioridad a ese día, lo cual verificará su cambio de dirección. Otros votantes registrados en la familia quienes están simultáneamente afectados, deben individualmente establecer por escrito, en una carta o de alguna otra manera, su cambio de residencia, esta carta o nota deberá ser debidamente firmada y devuelta a esta Oficina.

Usted será autorizado a votar en la próxima Elección si usted, se mantiene residiendo en el Condado de Bergen. Llena y firma la tarjeta adjunta y la envía por Correo a nuestra Oficina. El plazo es el (21) veintidós día antes de cualquier Elección o con anterioridad a ese día, lo cual verificará su cambio de dirección. Otros votantes registrados en la familia quienes están simultáneamente afectados, deben individualmente establecer por escrito, en una carta o de alguna otra manera, su cambio de residencia, esta carta o nota deberá ser debidamente firmada y devuelta a esta Oficina.

BERGEN SUPERINTENDENTE DE ELECCIONES

버겐 카운티에 거주하는 등록 유권자 귀하:

본 사무실은 귀하의 거주지 주소/우편 주소가 변경되었음을 통보 받아 귀하의 기록을 그에 맞춰 변경하였음을 알려드립니다. 차기 선거일까지 계속 버겐 카운티에 거주하고 계시다면 투표할 자격이 주어질 것입니다. 선거일 21일 전 또는 그 이전에 첨부된 카드를 작성하고 서명하신 후에 저희 사무실로 보내주셔서 주소 변경을 확인해 주십시오. 가족 내에 비슷한 상황의 다른 등록 유권자들은 개별적으로 수정 요청 편지를 작성해 서명한 후 본 사무실로 보내셔야 합니다.

Usted será autorizado a votar en la próxima Elección si usted, se mantiene residiendo en el Condado de Bergen. Llena y firma la tarjeta adjunta y la envía por Correo a nuestra Oficina. El plazo es el (21) veintidós día antes de cualquier Elección o con anterioridad a ese día, lo cual verificará su cambio de dirección. Otros votantes registrados en la familia quienes están simultáneamente afectados, deben individualmente establecer por escrito, en una carta o de alguna otra manera, su cambio de residencia, esta carta o nota deberá ser debidamente firmada y devuelta a esta Oficina.

Lidia Turello - Firma del Elektor - 유권자 서명

버겐 카운티 선거 관리 위원장

 Date - Fecha - 날짜

- ☐ becoming a poll worker
 ☐ voting if you have a disability, including visual impairment
 alternative language: _____

If not delivered within two (2) days return to:
Commissioner of Registration
One Bergen County Plaza, Room 380
Hackensack, NJ 07601

RETURN SERVICE REQUESTED

YOU VOTE HERE
SU VOTO AQUI
여기서 투표하십시오



ACCESSIBLE POLLING LOCATION

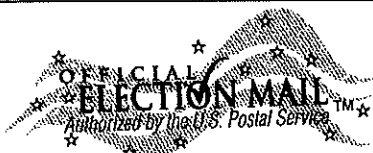
The Polling Place for this Election District is
El Lugar de Votación Para Este Distrito Electoral está en
귀하의 선거구 투표소는

BOROUGH OF PALISADES PARK

WARD NO. 00 DISTRICT NO. 08

Lindbergh School/Room 6
Glen Ave

Polls Open/Las Urnas Se Abren/ 투표소 개장시간 6 A.M. to 8 P.M.
Tuesday, November 4, 2014
Bergen County, NJ
Condado de Bergen, NJ
뉴저지, 버겐 카운티
Martes, 4 de noviembre de 2014
2014년 11월 4일 화요일



NON-PROFIT ORG.
U.S. POSTAGE
PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

RETURN TO 076 NFE 3301414C0010/30/14
TURELLO LIDIA POSTAGE DUE
2329 HUDSON TER APT D10
FORT LEE NJ 07024-7963

UNLESS HEAVY OR CARD-POSTAGE DUE = 49

150387647



LIDIA TURELLO
2029 HUDSON TER Apt-Unit D10
FORT LEE NJ 07024

07601@999



BERGEN COUNTY
SUPERINTENDENT OF ELECTIONS
ONE BERGEN COUNTY PLAZA, ROOM 380
HACKENSACK, N. J. 07601
PHONE: (201) 336-6100
FAX: (201) 336-6111

PATRICIA DI COSTANZO
SUPERINTENDENT OF ELECTIONS
COMMISSIONER OF REGISTRATION

THERESA M. O'CONNOR
DEPUTY SUPERINTENDENT OF ELECTIONS
DEPUTY COMMISSIONER OF REGISTRATION

May 18, 2016

Lidia Turello
2329 Hudson Terrace
D-10
Fort Lee, NJ 07024

DOB: August 8, 1969

Dear Ms. Turello:

You registered to vote on March 3, 2008 on a voter registration application. You voted in the following elections since you registered:

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Me mo	User Scanned	Date Scanned	Date Counted	Ballot Status
06/03/2014- PRIMARY ELECTION	Primary	STATE PE 2014	Machin	BERGEN	PALISADES PARK	Republican*		BESMARIZ	06/13/2014	06/03/2014	
04/23/2014- APRIL SCHOOL ELECTION	Special School	APRIL SCH ELEC	Machin	BERGEN	PALISADES PARK			BESMARIZ	04/28/2014	04/23/2014	
11/05/2013- GENERAL ELECTION	General	STATE GE 2013	Machin	BERGEN	PALISADES PARK			BESOEAD2	01/22/2014	11/05/2013	
10/16/2013- SPECIAL GENERAL ELECTION FOR US SENATE	General	STATE SPECIAL GE 2013	Machin	BERGEN	PALISADES PARK			BESJDOBO	11/20/2013	10/16/2013	

08/13/20

13-

SPECIAL
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BESDRA 09/03/2 08/13/2
UC 013 013

06/04/20

13-

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BESJDO 06/18/2 06/04/2
BO 013 013

04/16/20

13- APRIL
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11/06/20

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BESJDO 03/02/2 11/06/2
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11/08/20

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D2 011 011

11/02/20

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BESMSA 12/20/2 11/02/2
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PALISADE
S PARK

BESOEAE 12/31/2 11/03/2
DM 009 009

04/21/20

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BESCPO 04/24/2 04/21/2
WE 009 009

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BESDRA 06/03/2 06/03/2
UC 008 008

04/15/20

08-

STATE-

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School

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PALISADE
S PARK

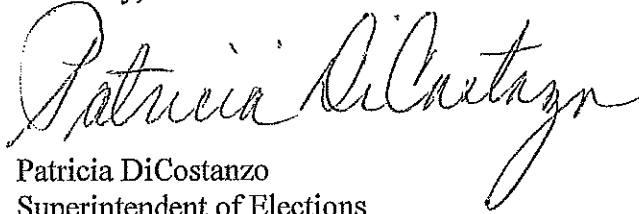
BESSPA 04/15/2 04/15/2
RS 008 008

SCHOOL
ELECTIO
N

You were removed from the voter registration rolls of Bergen County on May 18, 2016, per your request.

If you have any questions, please do not hesitate to call this office.

Sincerely,

A handwritten signature in cursive script, reading "Patricia DiCostanzo". The signature is fluid and elegant, with the first name "Patricia" being larger and more prominent than the last name "DiCostanzo".

Patricia DiCostanzo
Superintendent of Elections

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: ARGELIS E VARGAS
Date of Birth: 07/02/1978
Voter ID: 536226808
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 1
Suffix A:
Suffix B:
Street Number: 50
Street Name: SOMERSET ST
Address Line 2:
Address Line 3:
Municipality : GARFIELD
Postal City: GARFIELD
State: NJ
Zip: 07026

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 12/15/2016
Registration Type: Mail-in without Identification
Last Action Taken Date: 02/03/2017

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	01	District	01	Congressional	09	Legislative 35
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Nota Citizen



Nueva Jersey

33

Solicitud de Inscripción de Votantes

Escriba claramente con tinta. Se requiere toda la información a menos que esté marcada como opcional.

1 Marque las casillas que correspondan: <input type="checkbox"/> Nueva inscripción <input type="checkbox"/> Cambio de dirección <input type="checkbox"/> Afiliación a partido político <input type="checkbox"/> Cambio de nombre <input type="checkbox"/> Actualización de la firma <input type="checkbox"/> Cambio de sin afiliación						Sólo para uso oficial	
2 ¿Es ciudadano estadounidense? <input type="checkbox"/> Sí <input checked="" type="checkbox"/> No (Si no lo es, NO complete este formulario)			3 ¿Tendrá 18 años de edad para la próxima elección? <input type="checkbox"/> Sí <input type="checkbox"/> No (Si no es así, NO complete este formulario)			Secretario	
3 Apellido <u>Vargas</u>		Primer Nombre <u>Argelis</u>		Segundo nombre o inicial <u>Enid</u>		Surfijo (Jr., Sr., III)	
4 Fecha de nacimiento (Mes/Día/Año) <u>7-2-1978</u>						Número de inscripción <u>21317</u>	
5 Número de licencia de conducir de NJ o Número de identificación de MVC de no conductor						Si NO tiene una Licencia de conducir de NJ o identificación de MVC de no conductor, indique los últimos 4 dígitos de su Número de Seguro Social.	
<input checked="" type="checkbox"/> Juro o afirmo que NO tengo una Licencia de conducir de NJ, identificación de MVC como no conductor ni Número de Seguro Social.							
6 Dirección del domicilio (NO use apartados postales)				Apt.	Municipalidad	Condado	Estado
<u>50 Somerset St</u>				<u>3</u>	<u>GARFIELD</u>	<u>Garfield</u>	<u>NJ</u>
7 Dirección postal si es diferente de la anterior				Apt.	Municipalidad	Condado	Estado
8 Última dirección registrada para votar (NO use apartados postales)				Apt.	Municipalidad	Condado	Estado
9 Nombre anterior si hace un cambio de nombre				a. Teléfono durante el día (opcional) <u>201-878-0964</u>			
				b. Dirección electrónica (opcional)			
10 ¿Desea declarar una afiliación a un partido político? (Opcional) <input type="checkbox"/> Sí, el nombre del partido es _____ <input checked="" type="checkbox"/> No, no deseo afiliarme a ningún partido político.							
11 Sexo <input checked="" type="checkbox"/> Femenino <input type="checkbox"/> Masculino		Declaración - Juro y afirmo que: • Soy ciudadano de los Estados Unidos • Vivo en la dirección indicada • Tendré por lo menos 18 años de edad para la próxima elección o antes • Hebré residido en el Estado y condado al menos 30 días antes de la próxima elección • No estoy bajo fianza ni cumpliendo una sentencia debido a una condena por un delito penado por ninguna ley federal ni estatal • Entiendo que cualquier inscripción falsa o fraudulenta puede someterme a una multa de hasta \$15,000, pena de cárcel hasta 6 años o las dos cosas, conforme a R.S. 19:34-1					
Firma: Firme o marque y fecha en la líneas a continuación						Si el solicitante no puede completar este formulario, escriba el nombre y la dirección de la persona que completó este formulario.	
						Nombre _____	
X						Fecha <u>9-29-16</u>	
						Dirección _____	

Instrucciones importantes para las secciones 5, 6 y 10

5) A los votantes que presenten este formulario por correo y se inscriban para votar por primera vez: Si no tiene ninguna de la información que indique, se le pedirá presentar con su nombre y dirección actual incluida, para

una
evit
Nota

536226808



ARGELIS E VARGAS
50 SOMERSET ST Apt-Unit 1
GARFIELD NJ 07026

ntidad gubernamental. Cualquier persona que use

6) Si

n punto de contacto o la ubicación donde pasa la

10) Por
par

to, sin importar ninguna afiliación anterior a un
lación de su solicitud de inscripción de votante.

¿Necesita más información? Marque las casillas a continuación si desea recibir más información acerca de:

☐ votar por correo

☐ accesibilidad del lugar de votación

☐ materiales electorales disponibles
en este otro idioma:

☐ trabajar en los lugares de votación

☐ votar si tiene alguna discapacidad,
incluyendo problemas de visión

Para obtener más información visite Elections.NJ.gov o llame a la línea gratis 1-877-NJVOTER (1-877-658-6837)

NJ Division of Elections - 9/14/12

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: KEITH G VASSELL
Date of Birth: 09/12/1960
Voter ID: 119782442
Legacy ID: J992176
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 36
Street Name: ERIE AVE
Address Line 2:
Address Line 3:
Municipality : MIDLAND PARK
Postal City: MIDLAND PARK
State: NJ
Zip: 07432

Party Information:

Current Party: Republican*
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 10/04/2004
Registration Type: Agency with Identification
Last Action Taken Date: 07/26/2011

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted: 11/03/2009

Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	03	Congressional	05	Legislative 40
Freeholder		School		Special		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
07/26/2011	232	FRANKLIN TPKE				MAHWAH	New Jersey	07430
10/08/2008	230	E RIDGEWOOD AVE	C/O BLDG 1			PARAMUS	New Jersey	07652
06/29/2006	0	BERGEN REGIONAL MED CT			1	PARAMUS	New Jersey	07652

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User Scanned	Date Scanned	Date Counted	Ballot Status
11/03/2009- STATE GENERAL ELECTION	General	STATE GE 110309	Machine	BERGEN	MAHWAH			BESOEAD2	12/29/2009	11/03/2009	
11/04/2008- GENERAL ELECTION	General	00004	Machine	BERGEN	MAHWAH			BESOEAD2	12/31/2008	11/04/2008	
11/08/2005- GENERAL 11/08/2005	General	00040	Machine	BERGEN	UNKNOWN			CONV	01/01/2005	11/08/2005	

Previous Party:

Date Changed

10/08/2008

Party Privilege Date

10/08/2008

Party Name

Unaffiliated

Previous Name:**Date Changed**

09/16/2009

Last Name

VASSEL

First Name


KEITH

Middle Name**Suffix****Registration History:**

No Records Found for the Registration History

Permanent Registration J 992176 (ORIGINAL)

CHANGE IN

		State of New Jersey County Commissioners of Registration		76
<h2>Voter Registration Application</h2>				
1	Check one: <input checked="" type="checkbox"/> New Registration <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Name Change			
2	Last Name	First Name	Middle Initial	Jr. Sr.
	Vassel	Keith		II III
3	Street Address Where You Live			Apt. #
	230 East Ridgewood Pk BLI			
4	City or Town	County	Zip Code	
	Ridgewood TMS	Bergen	07430	
5	Address Where You Get Your Mail (if different from above)			
	6529-01 D-8			
6	Date of Birth- Month, Day, Year		7 Telephone Number (optional)	
	9-12-60			
8	Name And Address Of Your Last Voter Registration			
	J992176			
			County	
VASSEL, KEITH BERGEN REGIONAL MED CT C/O BLOC 1 PARAMUS			For Office Use Only N.12 Clerk 8 1204HA	
07652 DISTRICT-08 REGIS-10/04/04			Registration No. SUPERINTENDENT OF ELECTIONS BERGEN COUNTY, N.J.	
may subject me to a fine up to \$1,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.				
[Redacted Signature]			Office Time Stamp	
Signature or Mark			Date	
10	Name Address			

If not delivered within
two (2) days return to:
Commissioner of Registration
1 Bergen County Plaza, Room 380
Hackensack, NJ 07601

RETURN SERVICE REQUESTED

119782442



KEITH G VASSELL
36 ERIE AVE
MIDLAND PARK NJ 07432

NON-PROFIT ORG.
U.S. POSTAGE

PAID

COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK

↓ **YOU VOTE HERE** ↓
SU VOTO AQUÍ



119782442

♿ ACCESSIBLE POLLING LOCATION
The Polling Place for this Election District is -
El Lugar de Votación Para Este Distrito Electoral está en -

MAHWAH 00 02
FIRE COMPANY #1 TRUCK BAY
MILLER ROAD
MAHWAH, NJ 07430

TOWNSHIP OF MAHWAH

Polls Open/Las Encuestas Se Abren 2 P.M. to 9 P.M.

Bergen County, NJ
Condado de Bergen, NJ

Wednesday, April 27, 2011
Miércoles, Abril 27, 2011

MAHWAH 00 02 REP 119782442 A
KEITH G VASSELL
232 FRANKLIN TPKE
MAHWAH, NJ 07430-1839



075 NFE 3 3111 00 04/15/11
RETURN TO SENDER POSTAGE DUE
VASSEL, KEITH
36 ERIE AVE
MIDLAND PARK NJ 07432-1914

UNLESS HEAVY OR CARD-POSTAGE DUE, 44

0760109996



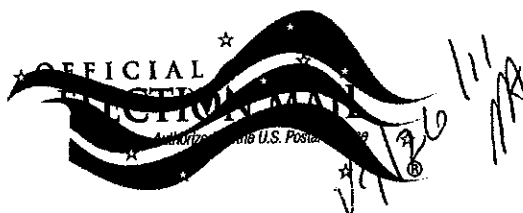
If not delivered within
two (2) days return to:
Commissioner of Registration
1 Bergen County Plaza, Room 380
Hackensack NJ 07601

RETURN

119782442



KEITH G VASSELL
36 ERIE AVE
MIDLAND PARK NJ 07432



NON-PROFIT ORG.
U.S. POSTAGE
PAID
COUNTY OF BERGEN
OFFICE OF THE
COUNTY CLERK



119782442

El Lugar de Votación Para Este Distrito Electoral

MAHWAH 00 02
FIRE COMPANY #1 TRUCK BAY
MILLER ROAD
MAHWAH, NJ 07430

TOWNSHIP OF MAHWAH

39th Legislative District / 39° Distrito Legislativo
Polls Open / Las Encuestas Se Abren 6 A.M. to 8 P.M.

Bergen County, NJ
Condado de Bergen, NJ

June 7, 2011
Junio 7, 2011

MAHWAH 00 02 REP 119782442 A
KEITH G VASSELL
232 FRANKLIN TPKE
MAHWAH, NJ 07430-1839



076 NFE 3 3111 00 05/28/11
RETURN TO SENDER POSTAGE DUE
VASEL, KEITH
36 ERIE AVE
MIDLAND PARK NJ 07432-1814

UNLESS HEAVY OR CARD-POSTAGE DUE=.44



07601@9998

UPDOW



BERGEN COUNTY
SUPERINTENDENT OF ELECTIONS
ONE BERGEN COUNTY PLAZA, ROOM 380
HACKENSACK, N. J. 07601
PHONE: (201) 336-6100
FAX: (201) 336-6111

PATRICIA DI COSTANZO
SUPERINTENDENT OF ELECTIONS
COMMISSIONER OF REGISTRATION

THERESA M. O'CONNOR
DEPUTY SUPERINTENDENT OF ELECTIONS
DEPUTY COMMISSIONER OF REGISTRATION

April 7, 2014

Keith G. Vassell
36 Erie Avenue
Midland Park, NJ 07432

DOB: 09/12/1960

Keith G. Vassell registered to vote on October 04, 2004.

Mr. Vassell voted in three General Elections in 2005, 2008 and 2009.

A certified copy of his voter registration form and voter profile, showing he was removed from the rolls, is enclosed.

If you have any questions, please do not hesitate to call this office.

Sincerely,

A handwritten signature in cursive script, reading "Patricia DiCostanzo".

Patricia DiCostanzo
Superintendent of Elections

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: KEVIN E VASQUEZ
Date of Birth: 02/18/1998
Voter ID: 525892632
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 1
Suffix A:
Suffix B:
Street Number: 183
Street Name: HAMILTON AVE
Address Line 2:
Address Line 3:
Municipality : FAIRVIEW
Postal City: FAIRVIEW
State: NJ
Zip: 07022

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 02/18/2016
Registration Type: Mail-in with Identification
Last Action Taken Date: 02/18/2016

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	04	Congressional	08	Legislative	32
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:


No Records Found for the Registration History



New Jersey *NOT A Citizen* Voter Registration Application

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Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update or Non-affiliation Change		<input type="checkbox"/> Political Party Affiliation		FOR OFFICIAL USE ONLY Clerk <u>2/18/16</u> Registration # <u>2016</u> Office Time Stamp
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)						
3 Last Name <u>VASQUEZ</u> <u>Vasquez</u>		First Name <u>KEVIN</u> <u>Kevin</u>		Middle Name or Initial <u>Edison</u>		Suffix (Jr., Sr., III)		
4 Date of Birth <u>02/10/1998</u>								
5 NJ Driver's License Number or MVC Non-driver ID Number If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."								
6 Home Address (DO NOT use PO Box) <u>183 Hamilton Ave.</u>		Apt. <u>1</u>	Municipality <u>Fairview</u>	County <u>Bergen</u>	State <u>NJ</u>	Zip Code <u>07022</u>		
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code		
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code		
9 Former Name if Making Name Change		a. Day Phone Number (Optional)						
		b. E-Mail Address (Optional)						
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.								
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I will be at least 18 years old on or before the next election • I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws • I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1						
Signature: Sign or mark and date on lines below				If applicant is unable to complete this form, print the name and address of individual who completed this form.				
X  Date <u>9/22/15</u>				Name _____ Date _____ Address _____				

In

525892632



KEVIN E VASQUEZ
183 HAMILTON AVE Apt-Unit 1
FAIRVIEW NJ 07022

5, 6 and 10

ring to vote for the first time: If you do not have any of the information a verified, you will be asked to provide a COPY of a current and valid on it to avoid having to provide identification at the polling place.

y any governmental agency. Any person who uses such numbers

, a contact point or the location where you spend most of your time.

- 10) You may declare a political party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 55 days before the primary election in order to vote in the primary election. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

2015 SEP 23 AM 10:49
 ELECTORAL DIVISION
 NEW JERSEY

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: FRANCISCO VILLA
Date of Birth: 08/18/1951
Voter ID: 119685975
Legacy ID: J893202
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 4
Suffix A:
Suffix B:
Street Number: 329
Street Name: NEW MILFORD AVE
Address Line 2:
Address Line 3:
Municipality : DUMONT
Postal City: DUMONT
State: NJ
Zip: 07628

Party Information:

Current Party: Republican*
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/09/2001
Registration Type: Mail-in without Identification
Last Action Taken Date: 09/17/2008

Status Information:

Voting Privilege Date: 11/07/2001
Current Status: Deleted
Date Last Voted: 06/03/2008
Deleted Date: 09/17/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	04	Congressional	05	Legislative 39
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo User	Date Scanned	Date Counted	Ballot Status
06/03/2008- Primary STATE- PRIMARY ELECTION		STATEPRIMARY	Machine	BERGEN	DUMONT	Republican*	BESPTOGU	06/03/2008	06/03/2008	
04/15/2008- Annual STATE- SCHOOL ELECTION	School	STATESCHOOL	Machine	BERGEN	DUMONT		BESSPARS	04/15/2008	04/15/2008	
06/05/2007- Primary STATE- PRIMARY ELECTION		STATE06052007	Machine	BERGEN	DUMONT	Republican*	BESCPOWE	07/11/2007	06/05/2007	
04/17/2007- Annual STATE- ANNUAL SCHOOL ELECTION	School	STATE04172007	Machine	BERGEN	DUMONT		BESPTOGU	04/25/2007	04/17/2007	
11/07/2006- General GENERAL 11/07/2006		00040	Machine	BERGEN	DUMONT		BESMARIZ	01/19/2007	11/07/2006	
06/06/2006- Primary PRIMARY 06/06/2006		00040	Machine	BERGEN	DUMONT	Republican*		07/27/2006	06/06/2006	
11/08/2005- General		00040	Machine	BERGEN	UNKNOWN		CONV	01/01/2005	11/08/2005	

GENERAL

11/08/2005

06/07/2005- Primary PRIMARY 06/07/2005	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/2005 06/07/2005
01/01/2005- Annual 2005SB School	00019	Machine BERGEN UNKNOWN		CONV	01/01/2005 01/01/2005
11/02/2004- General GENERAL 11/02/2004	00040	Machine BERGEN UNKNOWN		CONV	01/01/2004 11/02/2004
11/04/2003- General GENERAL 11/04/2003	00040	Machine BERGEN UNKNOWN		CONV	01/01/2003 11/04/2003
06/03/2003- Primary PRIMARY 06/03/2003	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/2003 06/03/2003
11/05/2002- General GENERAL 11/05/2002	00040	Machine BERGEN UNKNOWN		CONV	01/01/2002 11/05/2002
06/04/2002- Primary PRIMARY 06/04/2002	00040	Machine BERGEN UNKNOWN	Republican*	CONV	01/01/2002 06/04/2002
11/06/2001- General GENERAL 11/06/2001	00040	Machine BERGEN UNKNOWN		CONV	01/01/2001 11/06/2001

Previous Party:**Date Changed**

06/04/2002

Party Privilege Date**Party Name**

Unaffiliated

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

NOT A U S CITIZEN - 09/17/2008, BESCPOWE

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: LIGIA M VUINOVICH
Date of Birth: 10/07/1946
Voter ID: 150733722
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 483
Street Name: LINDEN AVE
Address Line 2:
Address Line 3:
Municipality : TEANECK
Postal City: TEANECK
State: NJ
Zip: 07666

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 10/06/2008

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 09/15/2008
Registration Type: Mail-in with Identification
Last Action Taken Date: 09/29/2008

Status Information:

Voting Privilege Date: 10/06/2008
Current Status: Deleted
Date Last Voted:
Deleted Date: 09/29/2008
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	05	Congressional	05	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

checked off no to US citizen - 09/29/2008,
BESOEAD2

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0



New Jersey Voter Registration Application

Please print clearly in ink.
All information is required
unless marked optional.

Are you a U.S. Citizen? ☐ Yes ☒ No (If No, DO NOT complete this form)

¿Es ciudadano estadounidense? ☐ Sí ☒ No (Si no lo es, NO complete este formulario)

E-9127108 mm

Will you be 18 years of age by the next election? ☐ Yes ☐ No (If No, DO NOT complete this form)

¿Tendrá 18 años de edad para la próxima elección? ☐ Sí ☐ No (Si no lo es, NO complete este formulario)

Mailing Address

*****AUTO**5-DIGIT 07666
LIGIA M VUINOVICH
483 LINDEN AVE
TEANECK NJ 07666-2337



*Do you wish to declare a political party affiliation? (Optional)

☐ Yes, the party name is

☐ No, I do not wish to be affiliated with any political party.

Home Address

*¿Desea declarar una afiliación a un partido político? (Opcional)

☐ Sí, el nombre del partido es

☐ No, no deseo afiliarme a ningún partido político.

Date of Birth

Fecha de nacimiento 10/07/46

**NJ Driver's License Number or MVC Non-driver ID Number

**Número de licencia de conducir de NJ o Número de identificación de MVC de no conducir

V91744687460461

Day Phone Number (Optional)

150733722



LIGIA M VUINOVICH
483 LINDEN AVE
TEANECK NJ 07666

- I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws
- I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1

● Soy ciudadano de los Estados Unidos

● Vivo en la dirección indicada

● Tendré por lo menos 18 años de edad para la próxima elección o antes

● Habré residido en el Estado y condado al menos 30 días antes de la próxima elección

● No estoy bajo fianza ni cumpliendo una sentencia debido a una condena por un delito penado por ninguna ley federal ni estatal

● Entiendo que cualquier inscripción falsa o fraudulenta puede someterme a una multa de hasta \$15,000, pena de cárcel hasta 5 años o las dos cosas, conforme a R.S. 19:34-1

Signature: Sign or mark and date on lines below

Firma: Firme o marque y fecha en la líneas a continuación

X

Date/Fecha

*Completing the declaration section is OPTIONAL and will not affect the acceptance of your voter registration application.

*Es OPCIONAL completar la sección 10 y no afectará la aceptación de su solicitud de inscripción de votante.

**Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

**Nota: Los Números de identificación son confidenciales y no los comunicará ninguna entidad gubernamental. Cualquier persona que use dichos números ilegalmente quedará sujeta a sanciones penales.

Voter Profile

User Printed: BESPTOGU

Date: 03/30/2017

Voter Information:

Voter's Name: FRANK J WALSH

Date of Birth: 09/07/1970

Voter ID: 150260604

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit: 2

Suffix A:

Suffix B:

Street Number: 512

Street Name: OAK ST

Address Line 2:

Address Line 3:

Municipality : RIDGEFIELD

Postal City: RIDGEFIELD

State: NJ

Zip: 07657

Party Information:

Current Party: Unaffiliated

Party Privilege Date:

Miscellaneous:

Gender: Male

Absentee Ballot Type: None

Registration Date: 10/09/2007

Registration Type: Mail-in with Identification

Last Action Taken Date: 10/11/2007

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	00	District	03	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:


No Records Found for the Registration History



New Jersey Voter Registration Application

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Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply:				<input type="checkbox"/> New Registration <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				Clerk 810-11-0201			
3 Last Name WALSH			First Name FRANK		Middle Name or Initial JOHN		Suffix (Jr., Sr., III)		Registration # N.P.		
4 Date of Birth Month 09 Day 07 Year 1970										Office Time Stamp	
5 NJ Driver's License Number or MVC Non-driver ID Number W03117 126771 097015						If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="text"/>					
<input type="checkbox"/> I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number.											
6 Home Address (DO NOT use PO Box) 512 OAK ST.				Apt. 02		Municipality RIDGEFIELD		County BERGEN		State NJ Zip Code 07057	
7 Mailing Address if different from above				Apt.		Municipality		County		State Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)				Apt.		Municipality		County		State Zip Code	
9 Former Name if Making Name Change								Day Phone Number (Optional)			
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.											
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: ● I am a U.S. Citizen ● I live at the above address ● I will be at least 18 years old on or before the next election				● I will have resided at least 30 days at the above address ● I am not on parole or probation ● I am not on pending criminal charges				150260604 FRANK J WALSH 512 OAK ST Apt-Unit2 RIDGEFIELD NJ 07057	
Signature: Sign or mark and date on lines below 											
Address _____											

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo ID, or a document with your name and current address on it to avoid having to provide identification at the polling place.

Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application. A voter can affiliate with one of the following parties: Democratic, Republican, Green, Libertarian, Natural Law, Reform, or United States Constitution.

Need More Information? Check boxes below if you would like to receive more information about:

☐ How to register to vote
☐ How to vote by mail

☐ Polling place accessibility
☐ How to find a polling place
☐ How to find a polling place

☐ Available election materials in
this alternative language

For further information visit www.NJElections.org or call toll-free 1-877-4VOTER (1-877-455-6837).

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: KOUSTAUIN YERETSKY
Date of Birth: 06/30/1945
Voter ID: 151345056
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 20 H
Suffix A:
Suffix B:
Street Number: 555
Street Name: NORTH AVE
Address Line 2:
Address Line 3:
Municipality : FORT LEE
Postal City: FORT LEE
State: NJ
Zip: 07024

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 04/26/2010
Registration Type: Mail-in with Identification
Last Action Taken Date: 05/18/2010

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	07	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Record's Found for the Registration History

Voter Profile

User Printed: BESOEAD2

Date: 03/30/2017

Voter Information:

Voter's Name: BRILIAN R HERNANDEZ-PENA

Date of Birth: 07/14/1965

Voter ID: 150982446

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BERGEN

Unit:

Suffix A:

Suffix B:

Street Number: 347

Street Name: WASHINGTON
PL

Address Line 2:

Address Line 3:

Municipality : ENGLEWOOD

Postal City: ENGLEWOOD

State: NJ

Zip: 07631

Party Information:

Current Party: Unaffiliated

Party Privilege Date:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 10/18/2008

Registration Type: Agency with
Identification

Last Action Taken Date: 11/28/2012

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to
U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Country:

Districts:

Ward	04	District	02	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
10/21/2008		207 WILLIAM ST				ENGLEWOOD	New Jersey	07631

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

10/28/08
Theresa M. O'Connor
10/28/08
Sample



BERGEN COUNTY
SUPERINTENDENT OF ELECTIONS
ONE BERGEN COUNTY PLAZA, ROOM 380
HACKENSACK, N. J. 07601
PHONE: (201) 336-6100
FAX: (201) 336-6111

T 11/28/12
cd

PATRICIA DI COSTANZO
SUPERINTENDENT OF ELECTIONS
COMMISSIONER OF REGISTRATION

THERESA M. O'CONNOR
DEPUTY SUPERINTENDENT OF ELECTIONS
DEPUTY COMMISSIONER OF REGISTRATION

150982446



BRILIAN R. HERNANDEZ PENA
347 WASHINGTON PL
ENGLEWOOD NJ 07631

Dear Registrant:

Our office received your Voter Registration application and the following was not completed:

*Date of Birth _____

*You did not check if you are a US Citizen

Please mark with an X () I am a US Citizen

(X) I am NOT a US Citizen

*You did not sign your application.

Signature

Print

Please return in the enclosed envelope by October 18, 2012.

Sincerely,

Patricia DiCostanzo
Patricia DiCostanzo
Superintendent of Elections

SUPERINTENDENT
OF ELECTIONS
BERGEN COUNTY, N.J.
2012 NOV 6 PM 12 47

Voter Profile

User Printed: BESPTOGU
Date: 03/30/2017

Voter Information:

Voter's Name: SANDRA POCAPINSKA
Date of Birth: 02/17/1968
Voter ID: 150977509
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 43
Suffix A:
Suffix B:
Street Number: 263
Street Name: FRANKLIN AVE
Address Line 2:
Address Line 3:
Municipality : RIDGEWOOD
Postal City: RIDGEWOOD
State: NJ
Zip: 07450

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/15/2008
Registration Type: Agency with Identification
Last Action Taken Date: 11/05/2012

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	09	Congressional	05	Legislative 40
Freeholder		School		Special		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
10/20/2008		263 FRANKLIN AVE. #56				RIDGEWOOD	New Jersey	07450

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



BERGEN COUNTY
SUPERINTENDENT OF ELECTIONS
ONE BERGEN COUNTY PLAZA, ROOM 380
HACKENSACK, N. J. 07601
PHONE: (201) 336-6100
FAX: (201) 336-6111

PATRICIA DI COSTANZO
SUPERINTENDENT OF ELECTIONS
COMMISSIONER OF REGISTRATION

150977509



SANDRA POCAPINSKA
283 FRANKLIN AVE Apt-Unit 43
RIDGEWOOD NJ 07450

THERESA M. O'CONNOR
DEPUTY SUPERINTENDENT OF ELECTIONS
DEPUTY COMMISSIONER OF REGISTRATION

Not US citizen no vote

Dear Registrant:

Our office received your Voter Registration application and the following was not completed:

*Date of Birth 02-17-1968

150977509



SANDRA POCAPINSKA
283 FRANKLIN AVE Apt-Unit 43
RIDGEWOOD NJ 07450

*You did not check if you are a US Citizen

Please mark with an X () I am a US Citizen

☒ I am NOT a US Citizen

*You did not sign your application.

Sign

SANDRA POCAPINSKA

Print

Please return in the enclosed envelope by October 18, 2012.

Sincerely,

Patricia DiCostanzo
Patricia DiCostanzo
Superintendent of Elections

SUPERINTENDENT
OF ELECTIONS
BERGEN COUNTY, N.J.
2012 NOV 5 PM 10 25

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: YANG SOO KIM
Date of Birth: 10/24/1957
Voter ID: 151333512
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 333
Street Name: HILLSIDE AVE
Address Line 2:
Address Line 3:
Municipality: PALISADES PARK
Postal City: PALISADES PARK
State: NJ
Zip: 07650

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 12/15/2009

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 11/24/2009
Registration Type: Agency with Identification
Last Action Taken Date: 04/28/2010

Status Information:

Voting Privilege Date: 12/15/2009
Current Status: Deleted
Date Last Voted:
Deleted Date: 04/28/2010
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	02	Congressional	09	Legislative	37
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

PALISADES PARK NJ 07650

Memo:

ENTERED IN ERROR. NOT A US CITIZEN - 04/28/2010,
BESMTOWN
DMV - 04/28/2010, BESMTOWN

[Previous](#)

BERGEN County Admin Message --> Have a nice day.

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1.9.0

Voter Profile

User Printed: BESOEAD2
Date: 03/29/2017

Voter Information:

Voter's Name: EDRALIN CANILAO
Date of Birth: 09/20/1970
Voter ID: 151763746
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 3
Suffix A:
Suffix B:
Street Number: 248
Street Name: MERRITT AVE
Address Line 2:
Address Line 3:
Municipality : BERGENFIELD
Postal City: BERGENFIELD
State: NJ
Zip: 07621

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/24/2011
Registration Type: Mail-in with Identification
Last Action Taken Date: 03/25/2011

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	02	Congressional	05	Legislative 38
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: EUN C KIM
Date of Birth: **10/25/1976**
Voter ID: 152037928
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 34
Street Name: DILLINGHAM PL
Address Line 2:
Address Line 3:
Municipality : ENGLEWOOD
CLIFFS
Postal City: ENGLEWOOD
CLIFFS
State: NJ
Zip: 07632

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 10/18/2011
Registration Type: In-Person with
Identification
Last Action Taken Date: 10/18/2011

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No
to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	02	Congressional	09	Legislative 37
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Voter Profile

User Printed: BESOEAD2
Date: 03/30/2017

Voter Information:

Voter's Name: SEYFUL ZILADZE
Date of Birth: 03/08/1993
Voter ID: 151789839
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit:
Suffix A:
Suffix B:
Street Number: 72
Street Name: CLINTON PL
Address Line 2:
Address Line 3:
Municipality : EAST RUTHERFORD
Postal City: EAST RUTHERFORD
State: NJ
Zip: 07073

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 04/06/2011
Registration Type: Mail-in with Identification
Last Action Taken Date: 04/06/2011

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	03	Congressional	09	Legislative	36
Freeholder		School		Special		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Voter Profile

User Printed: BESSPARS
Date: 03/30/2017

Voter Information:

Voter's Name: MIROSLAV ZIDOR
Date of Birth: 09/25/1953
Voter ID: 151342538
Legacy ID:
Archived Legacy ID:

Residence Address:

County: BERGEN
Unit: 2
Suffix A:
Suffix B:
Street Number: 85
Street Name: JORDAN AVE
Address Line 2:
Address Line 3:
Municipality : WALLINGTON
Postal City: WALLINGTON
State: NJ
Zip: 07057

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Male
Absentee Ballot Type: None
Registration Date: 05/13/2010
Registration Type: Mail-in with Identification
Last Action Taken Date: 05/13/2010

Status Information:

Voting Privilege Date:

Current Status: Rejected

Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	00	District	04	Congressional	09	Legislative 36
Freeholder		School		Special		Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Please fill out and print the completed form. YOU MUST

151342538



MIROSLAV ZIDOR
85 JORDAN AVE Apt-Unit 2
WALLINGTON NJ 07057

is registered.

76.



New Jersey Voter Regist

Please print clearly in ink. All inf

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY Clerk 5/13/01W4 Registration # Office Time Stamp SOPHOMORE IDENT OF ELECTIONS BERGEN COUNTY, N.J. by mail <input type="checkbox"/> in person
		<input type="checkbox"/> Name Change	<input type="checkbox"/> Signature Update			
2 Are you a U.S. Citizen?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will you be 18 years of age by the next election?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		(If No, DO NOT complete this form)		(If No, DO NOT complete this form)		
3 Last Name		First Name		Middle Name or Initial	Suffix (ex. Jr., Sr., III)	
ZIDOR		MIROSLAV				
4 Date of Birth (MM/DD/YY)		09/25/1953				
5 NJ Driver's License Number or MVC Non-driver ID Number		24139 55900 09534				
		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.				
		<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."				
6 Home Address (DO NOT use PO Box)		Apt	Municipality	County	State	Zip Code
85 JORDAN AVE. WALLINGTON,		2		BERGEN	N.J.	07057
7 Mailing Address if different from above		Apt	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt	Municipality	County	State	Zip Code
9 Former Name if Making Name Change				Day Phone Number (Optional)		
				1-201-729-9122		
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____						
<input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender		Declaration - I swear or affirm that:				
<input type="checkbox"/> Female		<input checked="" type="checkbox"/> I am a U.S. Citizen				
<input checked="" type="checkbox"/> Male		<input checked="" type="checkbox"/> I live at the above address				
		<input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election				
		<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election				
		<input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws				
		<input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1				
Signature: Sign or mark and date on line below				If applicant is unable to complete this form, print the name and address of individual who completed this form.		
X _____				Name LUBA VACULIK Date _____		
Date _____				Address 322 SAINT FRANCIS AVE.		
				WOODBRIDGE ON L4H 3G4 CANADA		

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo id, or a document with your name and current address on it to avoid having to provide identification at the polling place.

Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is Optional and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- ☐ absentee voting
- ☐ polling place accessibility
- ☐ available election materials in this alternative language:
- ☐ becoming a poll worker
- ☐ voting if you have a disability, including visual impairment

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)