SAMPLE RESPONSE TO LETTER FROM PUBLIC INTEREST LEGAL FOUNDATION

Logan Churchwell, Communications & Research Director Public Interest Legal Foundation 32 E. Washington Street, Suite 1675 Indianapolis, Indiana 46204

Re: Your March 15, 2017 letter

Dear Director Churchwell:

I am writing in response to your March 15, 2017 letter concerning the list maintenance program prescribed by the federal National Voter Registration Act. More specifically, you have requested that the Commissioner of Registration for Burlington County, George T. Kotch allow inspection (or provide copies) of documents concerning voter registrants in Burlington County whose United States citizenship has been drawn into question based on information obtained from any source since 2009.

For ease of reference, I have repeated below each of the four requests you have made, with the Commissioner's response to each request appearing immediately below the request.

Request #1. Documents regarding all registrants who were identified as potentially not satisfying the citizenship requirements for registration from any information source, including information obtained from the New Jersey Motor Vehicle

Commission or from the New Jersey Department of State since 2009. This request extends to all documents that provide the name of the registrant, the voting history of such registrant, the nature and content of any notice sent to the registrant, including the date of the notice, the response (if any) of the registrant, and actions taken regarding the registrant's registration (if any) and the date of the action. This request extends to electronic records capable of compilation.

- Response #1. Copies of the documents responsive to your request are enclosed.
- Request #2. All communications regarding your list maintenance activities relating to #1 above to the County Prosecutor(s),

 New Jersey Attorney General, New Jersey State Police, any other state law enforcement agencies, the United States Attorney's office, or the Federal Bureau of Investigation.
- Response #2. The Commissioner's office does not have any records that are responsive to your request.
- Request #3. The total voting-age population in your jurisdiction as of the date of your response.

- Response #3. The Commissioner's office does not maintain any records that are responsive to your request. You may find information about the County's voting-age population on the website of the United States Census Bureau at www.census.gov.
- Request #4. The total number of voters registered in your jurisdiction as of the date of your response.
- Response #4. The total number of registered voters in Burlington County as of 05/04/2017 is 307,090. [If total includes registrants under 18 years old, explain and provide number, if possible]. Our total includes 1,501 registered voters on pending 17.

If you have any questions concerning any of these responses, please contact [identify here the name, title, office telephone number and/or email address of the person to be contacted]. Thank you.

Ommissioner of Registration Burlington County

User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: RAMALINGAM

SUDALAYANDI

Voter ID:

151332009

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Poll Worker Status:

Date Last Voted: 04/27/2011

Deleted Date: 10/07/2010

Voting Privilege Date: 05/11/2010

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 2

Street Name: GASKILL RD

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ **Zip:** 08054

Mailing Address: Inactive Confirmation Address:

Street Number: Stree
Suffix A: Suffix
Suffix B: Suffix

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Street Number: Suffix A: Suffix B:

Identification

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 04/20/2010

Registration Type: In-Person with

Last Action Taken Date: 05/02/2011

Current Party: Unaffiliated

Party Privilege Date: 05/11/2010

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

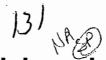
Ward 00 District 27 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

RAMALINGAM SUDALAYANDI 2 GASKILL RD MOUNT LAUREL NJ 08054 Sch 10 24-16

NOT EGISTERED

NRpp



Sch 10

	2 1 10 110 110 110 110 Anni Indiano II diaconioni
2	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 Poll book indicates you are a Mail-In Ballot voter, but did not apply for, receive, or return such ballot I am a US citizen Yes No 3 I am 18 or older Yes No
4	Current Name
	Last SUDALAYANDI First RAMALINGAM MI. Suffix
	Former Name
	Signature of Former Name
5	Current Home Address 2 GACKILL ROBAD.
	Municipality Mt LAUGE County BURGING TOWN COde 08054
	·
	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 5405 AREADEEN DY
	Municipality MTLAUREL County BURLINGTONZIP Code 08054
7	Date of Birth Month
9	NJ Driver's License (DL#) or MVC Non-driver ID (ID#)
	Telephone Number (Optional)
	If No DL# or ID#, last four digits of your Social Security Number (SSN)
10	☐ I affirm that I do not have a DL#/ID# or SSN
	Delitical Dark
111	Political Party
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.
	X
	Name of person providing assistance



RAMALINGAM SUDALAYANDI 2 GASKILL RD MOUNT LAUREL NJ 08054

Deleted Johns Citize Deleted Johns NOT EGISTERED NEW 13/ 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 Poll book indicates you are a Mail-in Ballot voter, but did not apply for, receive, or return such ballot
	. 2	I am a US citizen ☐ Yes X No 3 I am 18 or older X Yes ☐ No
	4	Current Name
		Last SUDALAYANDI First PAMALINGAM MI. Suffix
		If your name was changed after registering to vote, provide your former name
		Former Name
D		Signature of Former Name
	5	Current Home Address 2 GASILIC ROSAD,
N		Municipality Mt LAUGE County BURGING TON ZIP Code 08054
0		County 710722 County 7107221 County
T		Malling Address, if different from above:
D	6	Please Fili Out Only If You Moved within the County after Registering Without Notifying Election Office
E		Previous Home Address 5405 ARECDEEN DY
T A		Municipality MTLAUREL County RUREING TUNE Code 08054
T	7	Date of Birth Mont
C	9	NJ Driver's License (DL#) or MVC Non-driver ID (ID#)
Н		Telephone Number (Optional)
		If No DL# or iD#, last four digits of your Social Security Number (SSN)
	10	☐ I affirm that I do not have a DL#/ID# or SSN
		Transmit that yes not have a season
	11	Political Party Required for primary elections only; 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.
		04/20/10
		Signature of Voter Date
		Name of person providing assistance
	1	

BUSSPAGA / BURLINGTON

Voter Name: RAMALINGAM SUDALAYANDI

Election H	listory	:											
El.Date & Name	El.Type	El.Code	Bal.Type	Bal.Status	CtyVotIn	MutyVotIn	WdVotIn	DistVotIn	Pty Affn	Memo	User Scanned	Date Scanned	Date Counted
	Annual School	STATESCHOOL11	Provisional	REJECTED	BURLINGTON	MOUNT LAUREL TOWNSHIP	00	21			BUBES	05/03/2011	04/27/2011
	Annual School	STATESCHOOL10	Provisional	REJECTED	BURLINGTON	MOUNT LAUREL TOWNSHIP	00	16			JDOVEY	04/30/2010	04/20/2010
					Close	Print List							
El.Date=Election	on Date					EI.	Type=Elect	ion Type					
El.Code = Electi	on Code					Ва	l.Type=Ball	ot Type					
MutyVotIn=Mu	inicipality	Voted In				Ct	yVotIn=Cou	nty Voted In					
WdVotIn=War	d Voted I	n				Dis	stVotIn=Dis	trict Voted Ir	1				
PtyAffn=Party	Affiliation	1											

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User Printed: BUSDLOVE

Date: 05/02/2017

Voter Information:

Voter's Name: MARY ANN S CLARK

Voter ID:

150965332

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 192

Street Name: CROWN PRINCE DR

Address Line 2:

Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053 Miscellaneous:

Gender: Female

Party Information:

Current Party: Democratic*

Party Privilege Date: 08/13/2013

Absentee Ballot Type: None Registration Date: 10/14/2008

Registration Type: In-Person with Identification

Last Action Taken Date: 02/24/2014

Status Information:

Voting Privilege Date: 11/04/2008

Current Status: Deleted Date Last Voted: 11/05/2013 **Deleted Date:** 02/24/2014

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 Freeholder 00

District

School

-08

Congressional

Special

03

Legislative 08

Fire

Previous Name:

ation Application

on is required unless marked optional.

		re Update		tical Party Affil on-affiliation C			FOR OF USE (
(If No, DO NOT complete this form)		be 18 years of a DO NOT con		ext election? @r	Yes 🗆 N	No	Clerk .	
	Name Vy H		Middle N	lame or Initial	Suffix	(Jr., Sr., III)	Regis ratio	
4 Date of Birth Month							Office Tim	2000 DWW
5 NJ Driver's License Number or MVC Non-driver ID Non-driv		ID, provide the la	st 4 digits of you	License or MVC Non-D ir Social Security Numb	er.		Ш.	14 MTO (S.0
6 Home Address (DO NOT use PO Box)	Apt.	Municipality		County	State	Zip Code		OCT FR
192 Crown Prince Dr.		Evchan	,	Burlingt		08053	\sim	, KIO
7 Mailing Address if different from above	Apt.	Municipality		County	State	Zip Code	D_i	184
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality		County	State	Zip Code	ପ by mail ପ୍ର√in perso	on ·
9 Former Name if Making Name Change			Day Pho (Optiona	ne Number I)			C	
10 Do you wish to declare a political party affil (Optional)	iation?	☐ Yes, the p☐ No, I do p	party nam not wish to	e is b be affiliated	with an	y political p	earty.	
Declaration - I swear or affirm tha ● 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	• ! • !	will have reside t least 30 days am not on parole entence due to a ffense under an	before the i e, probation of a conviction	next election or serving a for an indictable	fra m in	understand the audulent register to a fine of a fine of a prisonment of both pursuant	stration may up to \$15,0 p to 5 years	subject . 00, : s,
Signature: Sign or mark and date on lines belo	w			is unable to c address of ind				orm.
		١	Name			Da	ate	
			\ddress					
Date								

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?	heck boxes below if you wou	ild like to receive more informa	lion about the second second
absentee voling s	D polling	olace accessibility - 12 44 45	u available election materials in 5.
ers □ becoming a poll worker.	Divoting if	you have a disability.	tion about: u available election malerials in this alternative language: 857)
	vincloding	n Visual impairment	
For further information visit www	NUElections org or call toll fr	eet1.877.NJVOTER (1.877.658.6	8877
nidne-12 5 07		•	

BUSDLOVE / BURLINGTON

Voter Name: MARY ANN S CLARK

Election F	listory	:											
El.Date & Name	El.Type	El.Code	Bal.Type	Bal.Status	CtyVotIn	MutyVotIn	WdVotIn	DistVotIn	Pty Affn	Memo	User Scanned	Date Scanned	Date Counted
11/05/2013- GENERAL ELECTION	General	STATE GE 2013	Machine		BURLINGTON	EVESHAM TOWNSHIP	00	08			BUSJPEW	12/05/2013	11/05/2013
10/16/2013- SPECIAL GENERAL ELECTION FOR US SENATE		STATE SPECIAL GE 2013	Machine		BURLINGTON	EVESHAM TOWNSHIP	00	08			BUSNCOSH	12/19/2013	10/16/2013
08/13/2013- SPECIAL PRIMARY ELECTION FOR US SENATE		STATE SPECIAL PE 2013			BURLINGTON	EVESHAM TOWNSHIP	00	08	Democratic*		BUSRMCGU	08/23/2013	08/13/2013
11/06/2012- GENERAL ELECTION	General	GE 2012	Machine		BURLINGTON	EVESHAM TOWNSHIP	00	08			BUSDELLI	01/14/2013	11/06/2012
11/08/2011- STATE GENERAL ELECTION	General	STATE GE 110811	Machine		BURLINGTON	EVESHAM TOWNSHIP	00	08			BUSDWARD	11/30/2011	11/08/2011
11/02/2010- STATE GENERAL 2010	General	STATE GE 110210	Machine		BURLINGTON	EVESHAM TOWNSHIP	00	08			BUSRMCGU	12/01/2010	11/02/2010
11/03/2009- STATE GENERAL ELECTION	General	STATE GE 110309	Machine		BURLINGTON	EVESHAM TOWNSHIP	00	08			BUSJGRIP	12/01/2009	11/03/2009
11/04/2008- GENERAL ELECTION	General	00004	Machine		BURLINGTON	EVESHAM TOWNSHIP	00	08			BUSDCRAW	12/30/2008	11/04/2008
				11777		Close	Print List						
El.Date=Electi	ion Date						EI.	Type=Election	on Type				

Bal.Type=Ballot Type

CtyVotIn=County Voted In DistVotIn=District Voted In

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El.Code=Election Code

WdVotIn=Ward Voted In PtyAffn=Party Affiliation

MutyVotIn=Municipality Voted In



192 CROWN PRINCE DR MARLTON NJ 08053

Select Voter - Inquiry Voter Registr

BUSTSTRI /

BURLINGTON

Voter Election History Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

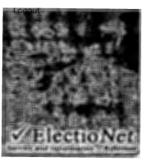
MVC File

Reports

Help

oters	Display	ed: 1-2	1 10	tal vote	rs: 1								
Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id	Status Reason	Deleted Date	Party Affiliation	Municipality Name- Ward- District	Postal Municipality
•		CLARK	MARY ANN	5	-		192 CROWN PRINCE DR, EVESHAM TOWNSHIP, NJ 08053	150965332			Democratic*	EVESHAM TOWNSHIP- 00-08	MARLTON
			•	$\overline{}$									

2.24.14 Deleted per phone



D	splay Signature	View VR F	orm
View	Previous	Change	Scan/Print

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

* under Status Reason indicates voter has multiple status reasons.

STATE Admin Message --> Have a nice day.

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: LISA B HUGHES Voter ID: 151372323

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1307
Street Name: NECK RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ **Zip:** 08016

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/12/2010

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 07/12/2010

Registration Type: Agency with Identification

Last Action Taken Date: 01/04/2011

Status Information:

Voting Privilege Date: 08/02/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/04/2011

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:

03

City:
State:
Zip Code:
Country:

Districts:

Ward Freeholder 00

District

School

16

Congressional

Special

Legislative 07

Fire

Previous Name:

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

USDCRAW / URLINGTON

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

Maintain Voter History

Maintain County Data

Elections

System

Duplicate Voters

Challenger

Batch Scanning

Messaging

inquines

Reports

Help

Logout



BURLINGTON N	1100016			The state of the s
No DOS	3 000 16		MVC Voter	
ess Change on	Name	LISA B HUGHES .	Date of Birth	
ess Change in Export ncy	Residence Address	1307 NECK RD BURLINGTON NJ 08016-3911 (W)	Mailing Address	N. Committee of the com
nline Voter have / Postal Notice	Driver's		Original Driver's License Number	
kk. Card Export History	Card Number		Previous DOB	100000
ty Data	Previous Name	LISA B HUGHES	Previous Address	312 HIGH ST BURLINGTON NJ 08016-4412
rs	MVC Transaction Date	07/12/2010	-	

Reject English:	2	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
•	1 05 081358	LOUISE A- HUSAK	01/01/1800	i	5 RED HILL RD, MANCHESTER, NJ 08759				25 %	Deleted	Deceased
0	101123932	LOUIS H HUGHES	01/01/1800	10/21/1986	1 COURT ST, Apt-Unit 10-H, NEWARK, N) 07102				25 %	Deleted	Inactive Confirmation through two federal general elections
C	116177101	LACY J HUGHES	01/01/1800	10/06/1986	7 MORNINGSIDE DR, ROXBURY TOWNSHIP, NJ 07876				25 %	Deleted	Inactive Confirmation through two federal general elections
c		LISA M HOUCKES	01/01/1800	05/28/1982	79 N 12TH ST, PROSPECT PARK, NJ 07508				25 %	Deleted	Administrative Action
		LISA M HUGHES	01/01/1800	03/10/1992	100 SUMMIT AVE, MONTCLAIR, NJ 07043				25 %		

^{*} under Status Reason indicates voter has multiple status reasons.

1 Go

Select Add Back Print List No Action Required

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 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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BUSOE1AD /
BURLINGTON

Voter Name: LISA B HUGHES

Election History:

Fl.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Affn Memo Scanned Scanned Counted Name

Close | Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: PRIYAN SARATHY

Voter ID:

151088013

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/20/2009

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 11/15/2008

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B: Street Number: 112-A

Street Name: HASTINGS WAY

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ Zip: 08054

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: 11/15/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/25/2008 Registration Type: Agency with

Identification

Last Action Taken Date: 04/20/2009

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 Freeholder

Action

00

District School

05

Congressional

Special

03

Legislative 07

Fire

Previous Name:

151088013 M-0324 W-00 D-05

PRIYAN SARATHY 112 -A HASTINGS WAY MOUNT LAUREL NJ 08054 Deleted

INCOMPLETE - MVC LIST

MISSING SIGNATURE

ne Voter

BUSNALTI / BURLINGTON

		MVC Voter	
Name	PRIYAN SARATHY	Date of Birth	
Residence Address	112A HASTINGS WAY MOUNT LAUREL NJ 08054-1805	Mailing Address	
Driver's License Number	C	Original Driver's License Number	
Card Number		Previous DOB	11/11/1982
Previous Name	PRIYAN SARATHY	Previous Address	6148 RUSSELL AVENUE MERCHANTVILLE NJ 08109-1343

151088013 M-0324 W-00 D-05
PRIYAN SARATHY

PRIYAN SARATHY 112 -A HASTINGS WAY MOUNT LAUREL NJ 08054

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. IN ORDER FOR YOU TO BE IN THE POLLBOOK FOR THE UPCOMING ELECTION, WE NEED YOUR SIGNATURE.

NOT A U.S. CITIZEN.

VOTER SIGNATURE

DATE

BUSSPAGA /
BURLINGTON

Voter Name: PRIYAN SARATHY

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: ZANIB B SYED Voter ID: 151234503

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 2929

Street Name: MARNE HWY

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ Zip: 08054

Status Information:

Voting Privilege Date: 10/19/2009

Current Status: Deleted **Date Last Voted:**

Deleted Date: 10/16/2009

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/28/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/28/2009 Registration Type: Agency with

Identification

Last Action Taken Date: 10/16/2009

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 Freeholder 00

District

School

02

Congressional

Special

03

Legislative 07

Fire

Previous Name:



ZANIB B SYED 2929 MARNE HWY MOUNT LAUREL NJ 08054

- Change Voter

INCOMPLETE CITIZEN & SIGNATURE

BUSDCRAW / BURLINGTON

MVC Voter								
Name	ZANIB B SYED	Date of Birth						
Residence	2929 MARNE HIGHWAY	Mailing	1					
Address	MT LAUREL NJ 08054-2036	Address						
	im only a greencard	holder						
			-2431					
			Sed					
Zanib B. Syed Reject OTER								
ARE YOU A UNITED STATES CITIZEN (YES) (NO) PLEASE CIRCLE YES OR NO								
WE ALSO NEED YOUR SIGNATURE IN INK								



*** 10-11-2009 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

BUSSPAGA / BURLINGTON

Voter Name: ZANIB B SYED

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: BRIUSPI G INIGO JR

Voter ID:

151361104

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 12

Street Name: COATSBRIDGE DR

Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ **Zip:** 08053

Status Information:

Voting Privilege Date: 07/15/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 07/22/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Zip: 08053

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

16

City: State: Zip Code: Country: **Party Information:**

Current Party: Unaffiliated

Party Privilege Date: 06/24/2010

Miscellaneous:

Gender: Not Entered **Absentee Ballot Type:** None

Registration Date: 06/24/2010

Registration Type: Agency with Identification

Last Action Taken Date: 07/22/2010

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 Freeholder 00

0 District

School

Congressional

Congressional Special 03

Legislative 08

Fire

Previous Name:

Main Menu

Activities

Voter R

Add/C Voler

Voter Address Change Confirmation Voter Address Change 151361104 M-0313 W-00 D-16

BRIUSPI G INIGO JR.

12 COATSBRIDGE DR

Confirmation Export MVC - Agency

MVC File Online Voter Voters who have . Verification / Postal Notice Verif. and Ack. Card Export

Maintain Voter History

Maintain County Data

Elections

System

Duplicate Voters

Batch Scanning

inquiries

Reports

Help

Logout



/C - Agency

INCOMPLETE CITIZEN & SIGNATURE

MARLTON NJ 08053			MVC	Voter	
Na	me	BRIUSPI G INIGO JR		Date of Birth	7.20.50
	dence	12 COATSBRIDGE DRIVE		Hailing	
Add	ress	MARLTON NJ 08053-3921		Address	
Lice	er's ense nber		(Original Driver's License Number	· ·
	rd nber		/	Previous DOB	
	rious me	BRIUSPI G INIGO JR		Previous Address	S1 ARLINGTON AVE STRATFORD H3 08084-1401
Trans	vc action ite	06/24/2010			

Reject 🗍 Engli	sh:		7	Spanish:		-		Reject	
			SVR5 Match	ed Voters				,	
	Date of	Registration	Residence	Mailing	Driver's Lie	cense co	Confide	nce	Status

	SVR5 Matched Voters										
Select	Voter Id	Name	Date of Birth	Registration Date		Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
•	120064695	BRIUSPI INIGO	01/01/1800	03/17/2003	12 COATSBRIDGE DR, EVESHAM TOWNSHIP, NJ 08053				25 %		

under Status Reason indicates voter has multiple status reasons.

1

Go

Select Add Back No Action Required

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)

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

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BUSDLOVE / BURLINGTON

Voter Name: BRIUSPI G INIGO JR

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Counted

Close Print List

El.Date=Election Date E1.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: ERKAN DEMIR Voter ID: 151155226

Legacy ID:

Archived Legacy ID:

Residence Address:

Unit: K6 Suffix A:

Address Line 2:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ

Status Information:

Voting Privilege Date: 06/10/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/18/2009

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Suffix B:

Street Number: 120 Street Name: ELM ST

Address Line 3:

Zip: 08010

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code:

Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 05/20/2009

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 05/20/2009

Registration Type: Agency with

Identification

Last Action Taken Date: 01/26/2011

Inactive Confirmation Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

District

School

07

Congressional

Special

03

Legislative 07

Fire

Previous Name:

151155226 M-0312 W-00 D-07

ERKAN DEMIR 120 ELM ST Apt-Unit #K-6

- Change Voter

Delete d

BUSDLOVE / BURLINGTON

No Matching reaction form. AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER titve button ARE YOU A UNITED STATES CITIZEN (YES) PLEASE CIRCLE YES OR NO Note: If status is bland If Confidence Fa Last Name, First If Confidence Fa Last Name, First If Confidence Fa Last Name, First WE ALSO NEED YOUR SIGNATURE IN INK 11/1800) *** 6-6-20-7 Name matching VOTER SIGNATURE DATE		DEC (2011 01 1 4004 0				A	
Driver's License Number Card Number Previous Name REKAN DEMIR Previous Solver Note: This office is in receipt of your recistration form. No Matching re registration form. ARE YOU A UNITED STATES CITIZEN If status is bland if Confidence Fa If Confidence			MVC	Voter		10.79.5	
Driver's License Number Card Number Previous Name REKAN DEMIR Previous Solve Note: Reject DEAR VOTER, DEAR VOTER SIGNATURE DEAR VOTER SIGN	Name	ERKAN DEMIR	الريا	11	44	71 7	:
Driver's License Number Card Number Previous Name REKAN DEMIR Previous Solver Name Reject DEAR VOTER, DEAR VOTER SIGNATURE DEAR VOTER SIGN		120 ELM STREET APT K-6 BEVERLY NJ 08010-2518	ake			1. n	
Number Previous Name ERKAN DEMIR Previous Address D5/20/2009 Reject Reject DEAR VOTER, DEAR VOTER, DEAR VOTER, DEAR VOTER, DEAR VOTER, DEAR THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE Factor AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM. ARE YOU A UNITED STATES CITIZEN (YES) PLEASE CIRCLE YES OR NO Note: If status is blan! If Confidence Fa Last Name, First Name matched statewide. *** DATE	License			Driver's License			
Reject Reject DEAR VOTER, Select Voter Id Reject No Matching re REGISTRATION FORM. ARE YOU A UNITED STATES CITIZEN (YES) PLEASE CIRCLE YES OR NO Note: If Status is blan if Confidence Fallast Name, First Last Name, First Last Name, First If Confidence Fallast Name, First				11			_
Reject Reject DEAR VOTER, DEAR VOTER, DEAR VOTER, Select Id Nam THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE Factor AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER :tive button ARE YOU A UNITED STATES CITIZEN (YES) PLEASE CIRCLE YES OR NO Note: If status is blan! If Confidence Fa Last Name, First If Confidence Fa Last Name, First If Confidence Fa matched statewide.*** Name matching VOTER SIGNATURE VOTER SIGNATURE VOTER SIGNATURE **** 6-6-20-7 DATE PLAND DEMR 120 ELM ST Agt-Unit #K-6 BEVERLY NJ 00010 PLEASE TORM FROM A MOTOR VEHICLE Factor Factor Infidence Factor Factor 11/1800)		ERKAN DEMIR					
DEAR VOTER, Select Voter Id Nam THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE Factor AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM. ARE YOU A UNITED STATES CITIZEN (YES) PLEASE CIRCLE YES OR NO Note: If status is blan If Confidence Fa If Confidence Fa It C	Transaction	05/20/2009					
Note: If status is bland If Confidence Fa If Confidence Fa Last Name, First If Confidence Fa matched statewide. *** Name matching VOTER SIGNATURE WE ALSO NEED YOUR SIGNATURE IN INK ### 6_6_2_0 DATE	Select	DEAR VOTER, Nam THIS OFFICE IS IN RECEI AGENCY. WE NEED IMPO	ERKAN 120 EL BEVER PT OF YOUR REO ORTANT INFORM	DEMIR M ST Apt-Unit #K- LLY NJ 08010 GISTRATION MATION IN O YES)	FORM FROM A MOT RDER TO PROCESS Y	on unwers	Infidence Stat
Name matching VOTER SIGNATURE *** 6-6-207 DATE	If Confide If Confide Last Nam	ence Fa ence Fa e, First	****				11/1800)
	matched stat	ewide. ***				_	,,
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BUSDLOVE / BURLINGTON

Voter Name: ERKAN DEMIR

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: PABLO MEJIA 151176244 Voter ID:

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Name: LINCOLN AVE

Address Line 2:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ

Status Information:

Voting Privilege Date: 07/23/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/13/2009

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 314

Address Line 3:

Zip: 08010

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: 07/02/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 07/02/2009 Registration Type: Agency with

Identification

Last Action Taken Date: 10/13/2009

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State:

Zip Code: Country:

Districts:

Ward Freeholder 00

District School

03

Congressional

Special

03

Legislative 07

Fire

Previous Name:

PABLO MEJIA 314 LINCOLN AVE

Change Voter

INCOMPLETE CITIZEN & SIGNATURE

BUSNCOSH / -

	BEVERLY NJ 08010						
IC .			MVC Voter				
Name	PABLO MEJIA		Date of Birth	D/2	ted 5		
Residence Address	314 LINCOLN AVE EDGEWATER PK NJ 08010	-1841	Mailing Address				
Driver's License Number	123200110000052		Original Driver's License Number	(
Card Number			Previous DOB	22/22/12/5			
Previous Name	PABLO MEJIA		Previous Address	515 BOND ST.APT.1 ELIZABETH NJ 07206-1402			
MVC Transaction Date	07/02/2009						

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FRUM A MUTUR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES) / (N

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

BUSDLOVE / BURLINGTON

Voter Name: PABLO MEJIA

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo User Date Date Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

EI.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: JUAN C MEDINA-CRUZ

Voter ID:

152720777

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 427

Street Name: TAYLOR ST

Address Line 2:

Municipality: RIVERSIDE TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 01/06/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/09/2014

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Address Line 3:

Postal City: RIVERSIDE

Zip: 08075

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: 12/16/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 12/16/2013

Registration Type: Agency with Identification

Last Action Taken Date: 01/09/2014

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 Freeholder 00

District

School

02

Congressional **Special**

03

Legislative 07

Fire

Previous Name:

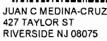
Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

MVC Signature Date: 12/16/2013

BUSMLYNC / BURLINGTON

Refect



voter Eddress 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

Document Imaging

Handheld Scanning

Inquiries

Reports Help

Logout



_								
		MVC	Voter					
]	JUAN C MEDINA-CRUZ	- //	Date of Birth					
	427 TAYLOR ST	1	Mailing					
Address	RIVERSIDE NJ 08075-3239		Address					
Driver's License Number			Original Driver's License Number	W213AAGEORSEGA				
Card Number		,ë	Previous DOB					
Previous Name	JUAN C MEDINA-CRUZ	\times	Previous Address	108 THIRD STREET APT#2 RIVERSIDE NJ 08075-3545				
MVC Transaction Date	12/16/2013							

Spanish: Signature Reject English: Reject Importing SVRS Matched Voters

Driver's License Number Mailing Address Confidence Status Voter Date of Birth Registration Date Residence Address Name Id Factor 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.

Select Add Back No Action Required Print List Display Signature

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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Ihosen Freeholders 1 of Burlington Iew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA
Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY.- WE NEED-IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOYER SIGNATURE

*** <u>01/07/2014</u>
DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

OANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: JUAN C MEDINA-CRUZ

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

Voter Information:

Voter's Name: KONRAD

SZCZEPANIAK

Voter ID: 120037440 Legacy ID: 0418271

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 2212 Street Name: HOPE LN

Address Line 2: Address Line 3:

Municipality: CINNAMINSON

TOWNSHIP

Postal City: CINNAMINSON

State: NJ **Zip:** 08077

Status Information:

Voting Privilege Date: 07/18/1998

Current Status: Deleted Date Last Voted: 11/02/2004 **Deleted Date:** 12/24/2013

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/19/1998

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/19/1998 Registration Type: Mail-in without

Identification

Last Action Taken Date: 12/24/2013

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 Freeholder 00

District

School

05

Congressional

Special

03

Legislative 07

Fire

Previous Name:



2212 HOPE LN CINNAMINSON NJ 08077

ington County

intendent of Flections And

wommissioner of Registrations

Physical Address: 755 Eayrestown Road Lumberton, NJ 08048

Mailing Address: 49 Rancocas Road P.O. Box 6000 Mount Holly, NJ 08060-6000

120037440 M-0308 W-00 D-05

2212 HOPE LN CINNAMINSON NJ 08077

JOANNE NYIKITA Superintendent & Commissioner

and Notice

Phone: (609) 265-5111 Fax: (609) 265-5990

Dear Voter:

The Government Accountability Office sent us information that you provided to the federal courts that you are not a citizen. Anyone who is not a citizen is not allowed to register to vote. We show you as registered to vote in Burlington County. Before we delete you from the registration rolls please return this in the enclosed envelope with the line below marked that applies. Thank you for your help in this matter.

I am a citizen l am not a citizen_

Sincerely,

goanne Nyikita

Superintendent of Elections

BUSOE1AD / BURLINGTON

Voter Name: KONRAD SZCZEPANIAK

Election History:

El.Date & Rame El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

11/02/2004-GENERAL 11/02/2004

GENERAL General 00040 Machine

BURLINGTON UNKNOWN

CONV 11/02/2004 11/02/2004

Close | Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE

Date: 05/02/2017

Voter Information:

Voter's Name: VERONICA J WILLIAMS

Voter ID:

152470562

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 617

Street Name: BARTON RUN BLVD

Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ **Zip:** 08053

Street Number:

Suffix B:

Unit:

Address Line 2:

Address Line 3:

City: State: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/06/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 10/16/2012

Registration Type: Mail-in with Identification

Last Action Taken Date: 02/01/2016

Status Information:

Voting Privilege Date: 11/06/2012

Current Status: Deleted **Date Last Voted:** 11/06/2012 **Deleted Date:** 02/01/2016

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Suffix A:

Street Name/P.O. Box:

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 Freeholder 00

District

School

18

Congressional

Special

03

Legislative 08

Fire

Previous Name:

229 FIELDSTONE LN

MARLTON NJ 08053

IDENTIFICATION Registration Application

IN-PERSON WITH

ly in lnk, All information is required unless marked optional.

1 Check boxes ⊕ New Registration □ Address Change □ Political Party Affiliation that apply: □ Name Change □ Signature Update or Non-affiliation Change	FOR OFFICIAL USE ONLY
2 Are you a U.S. Citizen? 🗆 Yes 🗅 No (If No, DO NOT complete this form). Will you be 18 years of age by the next election? 🗀 Yes 🗇 No (If No, DO NOT complete this form)	Clerk
3 Last Name . First Name . Middle Name or Initial Suffix (ex. Jr., Sr. III	
4 Date of Birth Month World Pay Year	Office Game Stamp
5 NJ Driver's License Number or MVC Non-driver ID Number Kyou DO NOT have a NJ Driver's License or MVC Non-Driver	S - I
G Home Address (DO NOT use PO Box) Apt Municipality Top. County. State Zip Code Description of the County of the	
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	☐ by mail ○ U ☐ is person
g Former Name if Making Name Change Day Phone Number (Optional)	Dist.3
10 Do you wish to declare a political party affiliation? Since Y Yes, the party name is You No, I do not wish to be affiliated with any political	party.
	that any false or
☐ Female I live at the above address I am not on parole, probation or serving a me to a fine of sentence due to a conviction for an indictable imprisonment	istration may subject of up to \$15,000. up to 5 years. ant to R.S. 19:34-1
Signature: Sign or mark and date on line below If applicant is unable to complete this formula and address of individual who complete this formula and address of the complete this formu	
Name	Date
X Address	THE THE PARTY OF T
Date 10-16-2012	

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	e more information abou	11.
---	-------------------------	-----

\cap	abconton	votina
u	absentee	voting

D becoming a poll worker

T polling place accessibility

Ovoting if you have a disability,

this alternative language: including visual impairment

available election materials in

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

BUSDLOVE / **BURLINGTON**

Voter Name: VERONICA J WILLIAMS

Election History:

El.Date & MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Date El.Type El.Code Bal.Type Bal.Status CtyVotIn Name Counted

11/06/2012-

General GE 2012 BURLINGTON EVESHAM 00 GENERAL Machine 16 BUSKFRAZ 01/15/2013 11/06/2012 ELECTION

> Close Print List

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

EI.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/28/2017

Voter Information:

Voter's Name: VOLHA V SELIMOVIC

Voter ID:

151947905

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 31

Street Name: LAGORCE BLVD

Address Line 2: 🐍 Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: N3 **Zip:** 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/30/2011

Gender: Not Entered Absentee Ballot Type: None Registration Date: 07/30/2011

Registration Type: Agency with Identification

Last Action Taken Date: 08/29/2011

Status Information:

Voting Privilege Date: 08/20/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: _ 08/29/2011

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 Freeholder 00

District '

School

11

Congressional

Special

03

Legislative 07

Fire

Previous Name:

VOLHA V SELIMOVIC 31 LAGORCE BLVD BURLINGTON NJ 08016

Compare MVC - Ag INCOMPLETE CITIZEN & SIGNATURE

BUSDCRAW / BURLINGTON

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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help

Logout



;		- I SIGNATORE	
	MVCV	oter	4
Name	VOLHA V SELIMOVIC	Date of Birth	" Trans
Residence	31 LAGORCE BLVD	Mailing	,
Address	BURLINGTON NJ 08016-2938	Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	OLGA V SELIMOVIC	Previous 31 LAGORCE BLVD Address BURLINGTON NJ 08016-29	38
MVC Transaction Date	07/30/2011		

Reject English	E	Spanish:	空	Reject
----------------	---	----------	----------	--------

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

* under Status Reason indicates voter has multiple status reasons.

Select A	dd Back	No Action Required	Print List

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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Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA
Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** <u>8/25/11</u>
DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD /
BURLINGTON

Voter Name: VOLHA V SELIMOVIC

Election History:

El.Date

ote
El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Scanned Scanned Counted

Name

Close Print List

El.Date=Election Date

El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: SAMIA YAHIA HELALI

Voter ID:

151220023

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: #10-B Suffix A: Suffix B:

Street Number: 20

Street Name: S CHURCH RD

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ **Zip:** 08052

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/11/2009

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 09/11/2009

Registration Type: Agency with Identification

Last Action Taken Date: 09/25/2009

Status Information:

Voting Privilege Date: 10/02/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/25/2009

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 Freeholder 00

District School 16

Congressional

Special

01

Legislative 6

Fire

Previous Name:

Date Changed

Last Name

First Name

Middle Name

Suffix

09/11/2009

YAHIA-HELALI

SAMIA

· Change Voter

BUSMLYNC / BURLINGTON

INCOMPLETE

:	MAPLE SHADE NJ 08052		CITIZEN & SIGNATURE
	MVC	Voter	
Name	SAMIA YAHIA-HELALI	Date of Birth	
Address	20 CHURCH RD APT 10B	Mailing Address	9
	MAPLE SHADE NJ 08052-3102 /	<u> </u>	
Driver's License Number		Original Driver's License Number	
Card Number	V	Previous DOB	05/10/1968
Previous Name	SAMIA YAHIA-HELANI	Address	20 CHURCH RD APT 10B MAPLE SHADE NJ 08052-3102
MVC Transaction Date	09/11/2009		

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FURNIFRON ADJUGAN VERICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

Deleted

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 09/23/09

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

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

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BUSSPAGA / **BURLINGTON**

Voter Name: SAMIA YAHIA HELALI

Election History:

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

Ei.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Party Information:

Miscellaneous:

Identification

Unit:

Gender: Not Entered

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

Absentee Ballot Type: None

Registration Date: 08/17/2009

Registration Type: Agency with

Last Action Taken Date: 01/25/2011

Current Party: Unaffiliated

Party Privilege Date: 08/17/2009

Voter Information:

Voter's Name: NERIMAN OZDEMIR

Voter ID:

151207662

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 09/03/2009

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 09/07/2009

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: B8
Suffix A:
Suffix B:

Street Number: 120

Street Name: ELM ST Address Line 2: Address Line 3:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ **Zip:** 08010

Mailing Address: Inactive Confirmation Address:

Street Number: Street Number: Suffix A: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: City:
State: State:
Zip Code: Zip Code:
Country: Country:

Districts:

Action

Ward 00 District 07 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:

Change Voter

INCOMPLETE CITIZEN & SIGNATURE

BUSMLYNC / BURLINGTON

120 ELM ST Apt-Unit #B-8 **MVC Voter** BEVERLY NJ 08010 Date of NERIMAN OZDEMIR Name Birth 120 ELM ST B8 Residence Mailing Address **Address** BEVERLY NJ 08010-2509 Original Driver's Driver's License License Number Number Previous Card 09/26/1976 DOB Number 120 ELM ST AN4 **Previous Previous** NERIMAN OZDEMIR **Address** Name EDGEWATER PARK NJ 08010-2547 MVC Transaction 08/17/2009 Date 151207662 M-0312 W-00 D-07 ct Rejec DEAR VOTER. 120 ELM ST Apt-Unit #B-8 BEVERLY NJ 08010 THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE fidence Voter AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER Status Select ₃ctor Ιd REGISTRATION FORM. ive buttons No Matching ARE YOU A UNITED STATES CITIZEN (YES) PLEASE CIRCLE YES OR NO WE ALSO NEED YOUR SIGNATURE IN INK Note: If status is bl. If Confidence

If Confidence Last Name, File

If Confidence matched statewid VOTER SIGNATURE

L/1800)

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

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BUSDLOVE / BURLINGTON

Voter Name: NERIMAN OZDEMIR

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Affn Memo Scanned Scanned Counted Name

> Close **Print List**

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type

Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSTSTRI **Date:** 05/04/2017

Voter Information:

Voter's Name: RAFAL R RYBA Voter ID: 151230718

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 4 Street Name: E 4TH ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/21/2009

Gender: Male

Absentee Ballot Type: None Registration Date: 09/30/2009

Registration Type: Mail-in with Identification

Last Action Taken Date: 10/01/2009

Status Information:

Voting Privilege Date: 10/21/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/01/2009

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 Freeholder 01

District

School

02

Congressional

Special

03

Legislative 07

Fire

Previous Name:



BURLINGTON NJ 08016

ation Application

ntion is required unless marked optional.

1 Check boxe that apply:	_		ss Change ture Update		itical Party Aff Ion-affiliation (FOR OFFICIAL USE ONLY	
	S. Citizen? 🗅 Yes 🕱 No NOT complete this form)			18 years of age by the next election? XYes I No NOT complete this form)					
3 Last Name		Name A F/A	- ا	Middle N スソ	ame or Initial	Suffix	(Jr., Sr., III)	Registration #	
4 Date of Birth	Month Day							Office Time Stamp	
5 NJ Driver's Lic	ense Number or MVC Non-driver ID	Number			License or MVC Non-C				
·			<u> </u>		r Social Security Numl				
	iffirm that I DO NOT have a NJ Drive	~							
	ess (DO NOT use PO Box) H STREET	Apt.	Municipality.		County BURLING R	State	Zip Code		
7 Mailing Add	ress if different from above	Apt.	Municipality		County	State	Zip Code		
8 LastAddress F	Registered to Vote (DO NOT use PO Box) H STREET	Apt.	Municipality		County BURLINGTON	State	Zip Code	□ by mail □ in person	
9 Former Nan	ne if Making Name Change			Day Phone Number					
				(Optional		30	7 50		
10 Do you wish (Optional)	n to declare a political party aff	iliation?			me is to be affiliate	d with	any politica	al party.	
11 Gender D Female X Male	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 live at the above address I will have resided in the State and county at least 30 days before the next election I live at the above address I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000,								
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			- 11 V	n Date		
x fact		•	Address	<u> </u>	D) <u> </u> B				
Date	13/09				SEP	232	009		
Important	Instructions for	section	ons 5, 6	and	DIVISION	OF EL	ECTIONS		

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.

47	or M	ore inf	ormati	on? ch	eck boxe	a halow l	f voll w	ou dika	to recei	ve more	informa	don abo			州 2000年9	
3- (A	经	ann ine	Market	CATHOLIC IN	A STATE OF THE STATE AS		5.1.37667	the State of the	Participation of the	at Carte and a	100	A TURN DE PRO	4.1.24	1.00	LANDSCOTT LINE	120
建	Dab	sentee v	ound:	3.16 54		a polling	place a	ccessibil	ity species		O availa	ble elec	uon mate	ni elan	this	建设设
	- ha										altem	ative lar	guage:			
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5.4						indudir	ig visua	i impairn	vent (#3.4)	100	學等發情	表表表	基。连进	36 114 4	是特里	
200		克里拉姆	医脚弹法		第 次开始。	4000000		X 產品通訊		Lich V	TT CE0/6	0071	新新市的	李 斯特		
1.0	carrine	r inform	auon visi	F.WWW.IV	JElectio	is orgion	CBIII (O)II	Tee 1-6		EV 1150	(-000-0	00//				
nido	-10 29 07	PARTICIPANT OF THE PARTIES.	AGRESTAL LANGUETE	Ti de serancia en	AL MANAGEMENT		S-AT-S-AT-P-4 Tri-									

BUSTSTRI / **BURLINGTON**

Voter Name: RAFAL R RYBA

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo User Date Date Scanned Counted & Name

> Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: MARGARET M CARNEY

Voter ID:

152628313

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 202

Street Name: CINNAMINSON ST

Address Line 2: Address Line 3:

Municipality: RIVERTON BORO

Postal City: RIVERTON

State: N3 **Zip:** 08077

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

City:

State: Zip Code:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/18/2013

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 06/18/2013

Registration Type: Agency with Identification

Last Action Taken Date: 07/09/2013

Status Information:

Voting Privilege Date: 07/09/2013

Current Status: .Deleted

Date Last Voted:

Poll Worker Status:

Deleted Date: 07/09/2013

Deleted Reason: Administrative Action

Address Line 2:

Address Line 3:

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 Freeholder 00

District

School

01

Congressional

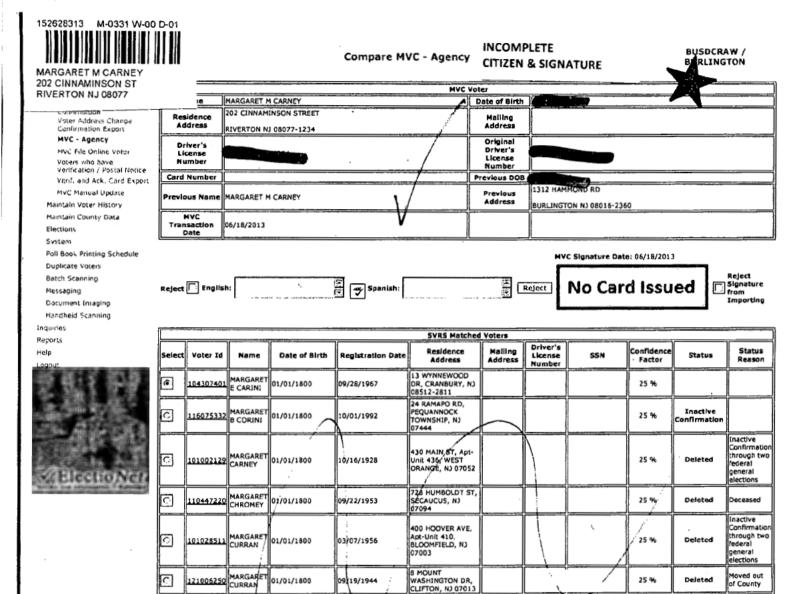
Special

03

Legislative 07

Fire

Previous Name:



01/01/1800

01/01/1800

IARGARET

MARGARET

106069195 MARGARET 01/01/1800

MARGARET

A CRANN

1 2 Ģ Go Next 10

Select Add Back No Action Required Print List Display Signature

C

C

C

C

101015455

12102718

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 Lost Name, First Name, DOB (or)

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

03/11

09/27/1956

09/11/1963

01/28/1956

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

905 BROAD ST,

07003 55 UNION AVE, BLOOMINGDALE, N

07403

07208

BLOOMFIELD, NJ

44 SALEM AVE,

ELIZABETH, N)

272 WESTVIEW

AVE, FORT LEE, NJ 07024

25 %

25 %

25 %

25 %

Deleted

Deleted

Deleted

Deleted

Deceased

Inactive Confirmation

federal

eneral

loved out

Moveu of state

through two

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

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^{01/01/1800} CURRAN under Status Reason Indicates voter has multiple status reasons.



Chosen Freeholders y of Burlington New Iersey





JOANNE NYIKITA

Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 1-6-13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / **BURLINGTON**

Voter Name: MARGARET M CARNEY

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: PETRA MIZE Voter ID: 152648988

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 229

Street Name: COVILLE DR

Address Line 2: Address Line 3:

Municipality: PEMBERTON TOWNSHIP

Postal City: BROWNS MILLS

State: NJ **Zip:** 08015

Miscellaneous: Gender: Female

Absentee Ballot Type: None

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/08/2013

Registration Date: 08/08/2013

Registration Type: Agency with Identification

Last Action Taken Date: 09/04/2013

Status Information:

Voting Privilege Date: 08/29/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/04/2013

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 Freeholder 00

District

School

10

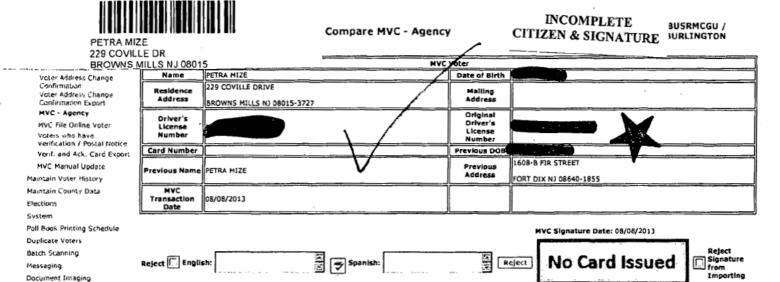
Congressional Special

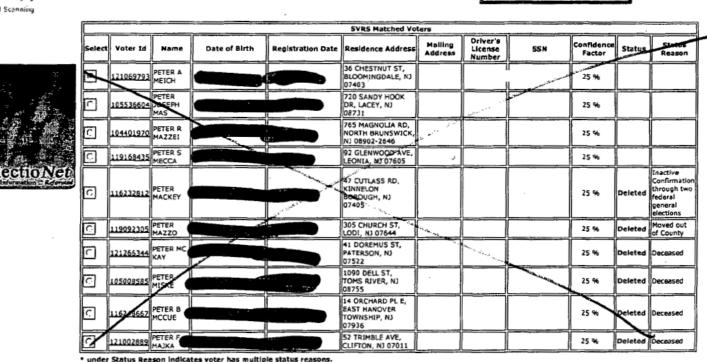
03

Legislative 08

Fire

Previous Name:





... Go Next 10

1 2

Select Add Back No Action Required Print List Display Signature

152648988 M-0329 W-00 D-10

Handheld Scanning

Inquiries

Peports

Help

Leggut

- 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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Chosen Freeholders ty of Burlington New Jersey







JOANNE NYIKITA
Superintendent & Commissioner

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED-IMPORTANT INFORMATION IN ORDER-TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



08/20/2013

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / **BURLINGTON**

Voter Name: PETRA MIZE

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: TANYA R NEWIADOMY

151902831

Voter ID: Legacy ID:

Archived Legacy ID:

Residence Address:

Street Name: BAYBERRY ST

Address Line 2:

Municipality: PEMBERTON TOWNSHIP

Postal City: BROWNS MILLS

State: NJ

Voting Privilege Date: 07/22/2011

Date Last Voted:

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 311

Address Line 3:

Zip: 08015

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

State: Zip Code: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/01/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 07/01/2011

Registration Type: Agency with Identification

Last Action Taken Date: 08/18/2011

Status Information:

Current Status: Deleted

Deleted Date: 08/18/2011

Deleted Reason: Administrative Action

Address Line 3:

City: 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 Freeholder 00

District School

03

Congressional

Special

03

Legislative 08

Fire

Previous Name:

TANYA R NEWIADOMY 311 BAYBERRY ST BROWNS MILLS NJ 08015

are MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help



RYST		
LS NJ 08015	MV	C Voter
Name	TANYA R NEWIADOMY	Date of Birth
Residence Address	311 BAYBERRY ST BROWNS MILLS NJ 08015-1342	Mailing Address
Driver's License Number	Julimb.	Original Driver's License Number
Card Number		Previous DOB
Previous Name	TANYA R NEWIADOMY	Previous 108 GARDEN ST APT C Address MT HOLLY NJ 08060-1842
MVC Transaction Date	07/01/2011	

Reject English:	Spanish:	and the first of the control of the	Reject

	SVRS Matched Voters											
Se	lect	Voter Id	Name	Date of Birth	Registration Date	Residence Address	LAGGERSS	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.								eject			

* under Status Reason indicates voter has multiple status reasons.

$\overline{}$		
Select Add Back	No Action Required	Print List
Select Add Back	No Action Required	Fillic List

Note:

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

If Confidence Factor is 100 % ,that implies Oriver'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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Chosen Freeholders y of Burlington New Jersey



TENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA
Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 86/1/ DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / **BURLINGTON**

Voter Name: TANYA R NEWIADOMY

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: ANDREW M COOKE

Voter ID:

522904840

Archived Legacy ID:

Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B: Street Number: 21

Street Name: WILDFLOWER CT

Address Line 2: Address Line 3:

Municipality: MANSFIELD TOWNSHIP

Postal City: COLUMBUS

State: N) Zip: 08022

Status Information:

Voting Privilege Date: 07/11/2015

Current Status: Deleted

Date Last Voted:

Deleted Date: 12/11/2015

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/11/2015

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/20/2015

Registration Type: Agency with Identification

Last Action Taken Date: 12/11/2015

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 Freeholder 00

District School

03

Congressional

Special

03

Legislative 08

Fire

Previous Name:

ì

21 WILDFLOWER CT

re MVC - Agency

BUSDLOVE / BURLINGTON

•	OWRO	2 MJ U	0022				MVC	Voter						
Confirmation	N.	me	ANDREW N	COOKE				Date of B	irth (2000				
Voter Address Change Confirmation Export MVC - Agency		dence Iress	21 WILDFL COLUMBUS	OWER CT 6 N3 08022-1975			·	Mailing Addres						
MVC File Online Voter Voters who have Verification / Postal Notice Verifi, and Ack, Card Export	Lic Nu	ver's ense mber	<u> </u>	ALTER	Mans	fre	& /	Origina Driver's License Numbe	5 E Ir					
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Duplicate Voters														
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Paports		Vatar							Mailing	Driver's		Confidence		
Help	Select	Id	Name	Date of Birth	Registr	ation Dat	Residence	Address	Address	License Number	SSN	Confidence Factor	Status	Reason
Logeut	المسيط							الـــــــ			1. 40		<u></u>	

New Jersey Voter Registration Application

15206436 Gister 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.

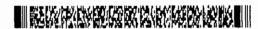
I am not on parole, probation or serving sentence due to a conviction for an indictable offense under any federal or state

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 :

ANDREW 'M COOKE 21 WILDFLOWER CT COLUMBUS NJ 08022-1975 C





DIGITIZED DRIVER LICENSE **ISSUED**



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



Inquiry - Voter Change Audit History

BUSSPAGA / BURLINGTON

Voter Name: ANDREW M COOKE

Change A	udit His	story:				
Audit Date/Time	Туре	1			Type of Change	Change Memo
12/11/2015 09:29 AM	Deleted	12/11/2015	Administrative Action	BUSOEADM	Status, Other	PER TELEPHONE ACKNOWLEDGED HE IS NOT A US CITIZEN. WENT TO MOTOR VEHICLE IN ERROR SIGNED CARD.
06/23/2015 11:43 AM	Add		New Voter	BUSDLOVE		

Close Print List

BUSSPAGA / BURLINGTON

Voter Name: ANDREW M COOKE

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted
Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: IULIANA BALAN

152774378

Voter ID: Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 500 Street Name: SHAVER DR

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ **Zip:** 08518

Status Information:

Voting Privilege Date: 05/19/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/21/2016

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: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 05/19/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 04/28/2014

Registration Type: Agency with Identification

Last Action Taken Date: 11/21/2016

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 Freeholder 02

District

School

01 Congressional Special

03

Legislative 07

Fire

Previous Name:

95 CEDAR LN Apt-Unit A23 FLORENCE NJ 08518

ency



BUSDSHU

					Compare 144	- Agericy					BURLI	4G
Add/Change Voter												
Voter With no DOB	-		7/			MVC V						
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System												
Poli Book Printing Schedule									MVC Signe	ture Date; 04/28	/2014	
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Handheld Scanning												
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Help	Select	Voter	Name	Date of Birth	Registration Date	Residence Ad		Malling	License	SSN	Confidence Factor	Sta
Logoet	L	Id		l		JL		Address	Number		Pactor	┖
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Scotton State				Select Ad	d) Back No. 4	ction Required	Pelo	t List	Display Si	QUANTURE		
THE WAY COME				Serest Ac	C Back 100 2	coon Required			trapetty or	1135401-0		
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AND THE RESERVE OF THE PARTY OF			•	that implies		mber is matched	distatewide	٠.				
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EVERSION OF A	Las	t Name	First Name	, First Letter of Middle	e Name and DOB (C	1/01/1600) ma	tched stat	awida.				

- 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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Welse ted

Previous Address

Residence Address:

er Registration

BUSOE1AD / BURLINGTON

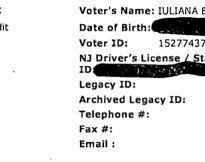
Previous Party

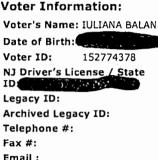
Registration History

Polling Place

voter mail-tu pallot kednest Voter Mail-In Ballot Voter Election History Voter Change Audit Mail-In Change Audit Voter Deletions County Data Polling Place Purged Voters Voter DIA MVC File Reports Help

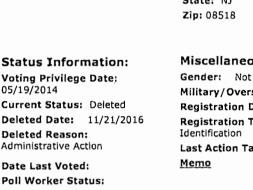
Logout

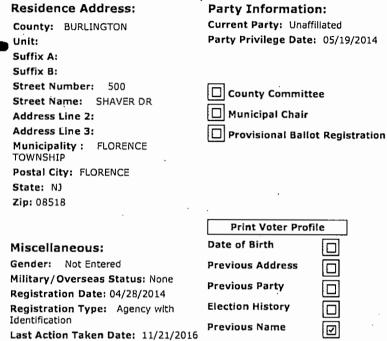




Previous Name







Display Signature		Signatu	re History	Poll Worker History		
		Ward and Dis	strict Audit Histo	ory]	
Mail-In Ballots	Aud	it History	Deleted His	tory	Election History	
,	•	View S	canned Docs			

	Wa	ird and District Audit Histo	ory
Mail-In	Ballots Audit	History Deleted Hist	tory Election History
•		View Scanned Docs	
Mailing Address:	1		
Street Number	Suffix A	Suffix B	Street Name/P.O. Box Unit
Address Line 2	Address Line 3		
City	State	Zip Code	
Country			
Inactive Confirm Street Number Address Line 2	Suffix A Address Line 3	Suffix B	Street Name/P.O. Box Unit
City Country `	State	Zip Code	
Person Providing	Assistance:		
Last Name:	First Name:	Suffix:	·
Street Number	Suffix A	Suffix B	Street Name/P.O. Box Unit
Address Line 2	Address Line 3		·

BUSDLOVE / **BURLINGTON**

Voter Name: IULIANA BALAN

Election History:

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: SANG H LEE Voter ID: 521201115

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit:

Street Number: 13

Address Line 2: Address Line 3:

Municipality: MOUNT HOLLY

TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 12/27/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 12/17/2014

Deleted Reason: Administrative

Action

Poll Worker Status:

Suffix A: Suffix B:

Street Name: PARKERS MILL BLVD

Postal City: MOUNT HOLLY

Zip: 08060

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: 12/06/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 12/06/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 12/17/2014

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 Freeholder 00

District

School

01

Congressional

Special

03

Legislative 08

Fire

Previous Name:

MVC Signature Date: 12/06/2014

13 PARKERS MILL BLVD MOUNT HOLLY NJ 08060

BUSKERA7 / BURLINGTON

Voter Registration

Add/Change Voter Voter With No DOB Yoter Address Change Confirmation

Voter Address Change Confirmation Export

MVC - Agency MVC File Online Voter

Voters who have Verification / Postal Notice Venif, and Ack, Card Export

MVC Manual Update Maintain Voter History

Maintain County Data

Elections

System

Duplicate Voters

Polt Book Printing Schedule

Satch Scanning

Messaging

Document Irraging

Handheld Scanning Inquir:es

Reports



<u></u>	·	C V	oter	
Name	SANG H LEE		Date of Birth	
Residence Address	13 PARKERS MILL BLVD MOUNT HOLLY NJ 08060-1394		Mailing	
Driver's License Number			Original Driver's License Number	
Card Number			Previous DOB	
Previous Name	SANG H LEE		Previous	801 COOPER LNDG RD AP B103 CHERRY HILL NJ 08002-1773
MVC Transaction Date	12/06/2014			

Reject 🛅 English: Spanish: Reject No Card Issued SYRS Matched Voters Driver's Vote Mailing Confidenc Status Date of Birth SSN Registration Date Residence Addres License Id

under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required Print Ust Display Signature

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

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 statewids.

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

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Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA
Superintendent & Commissioner

DEAR VOTER,



THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED-IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTERREGISTRATION FORM.

(YES)

ARE YOU A UNITED STATES CITIZEN

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 14/15/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: SANG H LEE

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: ROSARIO C ORTIZ Voter ID: 151390872

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 10/09/2012

Date Last Voted:

Deleted Reason:

Poll Worker Status:

Action

Voting Privilege Date: 08/12/2010

Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1

Street Name: WINDING WAY

Address Line 2: Address Line 3:

Municipality: MOUNT HOLLY

TOWNSHIP

Postal City: MOUNT HOLLY

State: NJ Zip: 08060

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/22/2010

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 07/22/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 10/09/2012

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:

Legislative 08 Ward 00 District Congressional 03 Freeholder School Special Fire

Previous Name:

ompare MVC - Agency

BUSMLYNC / RLINGTON

INCOMPLETE CITIZEN & SIGNATURE

ROSARIO C ORTIZ 246 RUTLAND AVE

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

Duplicate Voters

Batch Scanning

Messaging

Inquirles

Reports

Help

Logout



MOUNT HOLLY N		MVC	Voter	
s Change	Name	ROSARIO C ORTIZ	Date of Birth	
s Change Export cy	Residence	246 RUTLAND AVE MOUNT HOLLY NJ 08060-1324	Mailing Address	
ne Voter ave Postal Notice	Driver's License Number		Original Driver's License Number	
. Card Export Update	Card Number		Previous DOB	
ístory Data	Previous Name	ROSARIO C ORTIZ	Previous	68 WHITE BIRCH CT LUMBERTON NJ 08048-3426
	MVC Transaction Date	07/22/2010		

Reject English:	2	Spanish:		Reject
-----------------	---	----------	--	--------

				5	VRS Matche	ed 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 I	Match			ound. You c						ld or R	eject

^{*} under Status Reason Indicates voter has multiple status reasons.

	Select	Add	Back	No Action Required	Print List
- 3	Seiect	Auu	Deck	No Action Required	Frinc List

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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JOANNE NYIKITA
Superintendent & Commissioner

Board of Chosen Freeholders, County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE --- 12

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

ann nyspita

BUSDLOVE / BURLINGTON

Voter Name: ROSARIO C ORTIZ

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: LUIS A VILLACIS

Voter ID:

152156267

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 01/20/2012

Deleted Reason: Administrative

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 01/03/2012

Residence Address:

County: BURLINGTON

Unit: 24A Suffix A:

Suffix B:

Street Number: 533
Street Name: GARDEN ST

Address Line 2: Address Line 3:

Municipality: MOUNT HOLLY

TOWNSHIP

Postal City: MOUNT HOLLY

State: NJ Zip: 08060

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: 12/13/2011

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None

Registration Date: 12/13/2011
Registration Type: Agency with

Identification

Last Action Taken Date: 01/20/2012

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:

Action

Ward 00 District 03 Congressional 03 Legislative 08
Freeholder School Special Fire

Previous Name:



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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Ihosen Freeholders of Burlington Jew Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE -AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: LUIS A VILLACIS

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

Voter Information:

Voter's Name: RAKESH PATEL Voter ID: 152793394

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 07/08/2014

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 07/08/2014

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 35

Street Name: INVERNESS DR

Address Line 2: Address Line 3:

Mailing Address:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075

Last Action Taken Date: 07/08/2014

Street Number: Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Inactive Confirmation Address:

Suffix A: Suffix B:

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 06/17/2014

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 06/17/2014

Unit:

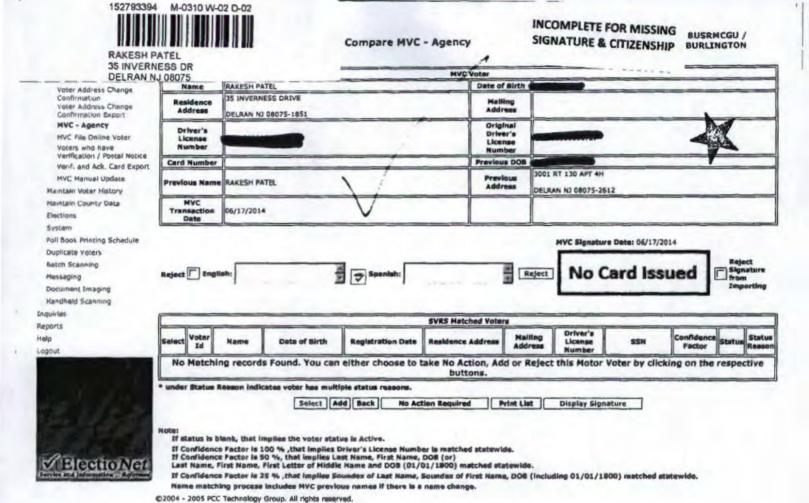
Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Congressional 03 Legislative 07 Ward 02 District 02 Fire Special School Freeholder

Previous Name:





Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** CO 29 14

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: RAKESH PATEL

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

Voter Information:

Voter's Name: SUZAN OZBAY Voter ID: 520088835

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 36Q Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Mailing Address:

Street Number:

Address Line 2:

Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

Street Name/P.O. Box:

State: NJ Zip: 08075

Suffix A:

Suffix B:

City:

Country:

Inactive Confirmation Address:

Absentee Ballot Type: None

Registration Date: 08/22/2014

Last Action Taken Date: 09/15/2014

Registration Type: Agency with Identification

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Female

Current Party: Unaffiliated

Party Privilege Date: 08/22/2014

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Status Information:

Voting Privilege Date: 09/12/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/15/2014

Deleted Reason: Administrative Action

Poll Worker Status:

State: Zip Code:

Districts:

Ward 01 District 03 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

System Duplicate Voters

Messaging Document Imaging Handheld Scanning

Inquiries

Reports

Help

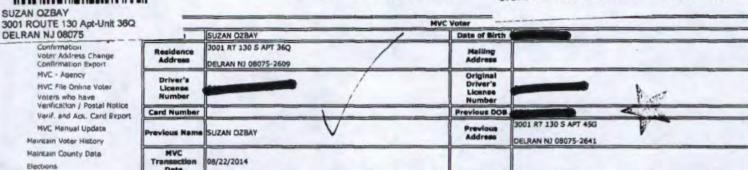
Poll Book Printing Schedule Betch Scanning

Electio Net

Compare MVC - Agency

INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

BUSRMCGU / BURLINGTON



MVC Signature Date: 08/22/2014 Spanish: Reject Reject English: No Card Issued



* under Status Reason Indicates voter has multiple status reasons.



Select Add Back	No Action Required	Print List	Display Signature

Date

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)

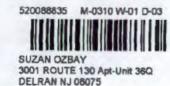
Last Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

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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Chosen Freeholders ty of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

9-11-14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD /
BURLINGTON

Voter Name: SUZAN OZBAY

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

Voter Information:

Voter's Name: FULYA KIRAN Voter ID: 152641377

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1211 Street Name: FAIRVIEW ST

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/15/2013

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 07/15/2013

Registration Type: Agency with Identification

Last Action Taken Date: 04/20/2015

Status Information:

Voting Privilege Date: 08/05/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/20/2015

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 02 District 03 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

Motor Voter - Agency

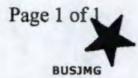
152641377 M-0317 W-00 D-03



760 EAYRESTOWN RD Apt-Unit A6-10 LUMBERTON NJ 08048

INCOMPLETE **CITIZEN & SIGNATURE**

Compare MVC - Agency



BURLING

Residence Address Driver's License Number	LUMBERTOW	TOWN RD A6 10 NL NJ 08048-3162			Hailing Address				
License						- H			
		50795			Original Driver's License Number		_		
rd Number					Previous DQ6	r!-			
vious Name	FULYA KIRAN				Previous Address	1	NGSCROFT	4-1101	
MVC ransaction Date	07/15/2013				1				
act Rnglis	sh:		Spanish:	/	acrossed.	Reject	No C	ard Is	sued
	- Andrews	-		SVRS Match	ed Voters	-	- Y		100
oct Voter Id	Name	Date of Birth	Registration Det	a Residence A			License Number	SSN	Confidence Factor
Matchi	ing reco								Reject thi
	MVC ansaction Date Regile Voter Id Match	ensection 07/15/2013 Date 07/15/2013 Date Name 0 Matching reco	MVC sassaction Date 07/15/2013 oct Singlish: Date of Birth Marke Date of Birth Marke Date of Birth Marke Date of Birth	MVC ansaction Date 07/15/2013 Spenish: Cot Voter Name Date of Birth Registration Date Matching records Found, You can e Voter by click	MVC ansaction Date 07/15/2013 Synthetic Synt	MVC ansection Date 07/15/2013 Spanish: SVRS Matched Voters Name Date of Birth Registration Date Residence Address Address Address Address O Matching records Found. You can either choose to ta	Woter Name Date of Birth Registration Date Residence Address Address CHERR SVRS Matched Voters Melling Address Name Date of Birth Registration Date Residence Address Address Matching records Found, You can either choose to take No Voter by clicking on the respective	MVC snaection Date O7/15/2013 MVC Bignatur SVRS Matched Voters No C Voter Name Date of Birth Registration Date Residence Address Number Matching records Found, You can either choose to take No Action, Voter by clicking on the respective buttons.	WVC snaection Date MVC Snaection Date MVC Signature Date: 07/15 NO Card is SVRS Matched Voters No Card is SVRS Matched Voters No Card is No Card is

- Note:

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

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

 If Confidence Pactor is 80 %, that implies Last Name, First Name, DOS (or)

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

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

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

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1211 FAIRVIEW ST DELRAN NJ 08075



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152641377 M-0310 W-02 D-03

FULYA KIRAN

1211 FAIRVIEW ST DELRAN NJ 08075

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

(YES)

ARE YOU A UNITED STATES CITIZEN

(NO)/

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

NO Speak English

MEMISSING PRESENTED TO SPEAK ENGLISHED TO SPEAK ENGL VOTER SYNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

ann nybeta

BUSOE1AD / BURLINGTON

Voter Name: FULYA KIRAN

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

Voter Information:

Voter's Name: MARIA A GUTIERREZ

Voter ID:

152514594

Legacy ID:

Archived Legacy ID:

Current Status: Deleted

Deleted Date: 12/19/2012

Deleted Reason: Administrative Action

Date Last Voted:

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: 36H Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075

Street Number: Voting Privilege Date: 11/22/2012

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/01/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 11/01/2012

Registration Type: Agency with Identification

Last Action Taken Date: 12/19/2012

Mailing Address: **Inactive Confirmation Address:** Status Information:

> Street Number: Suffix A: Suffix B:

> > Street Name/P.O. Box:

Unit:

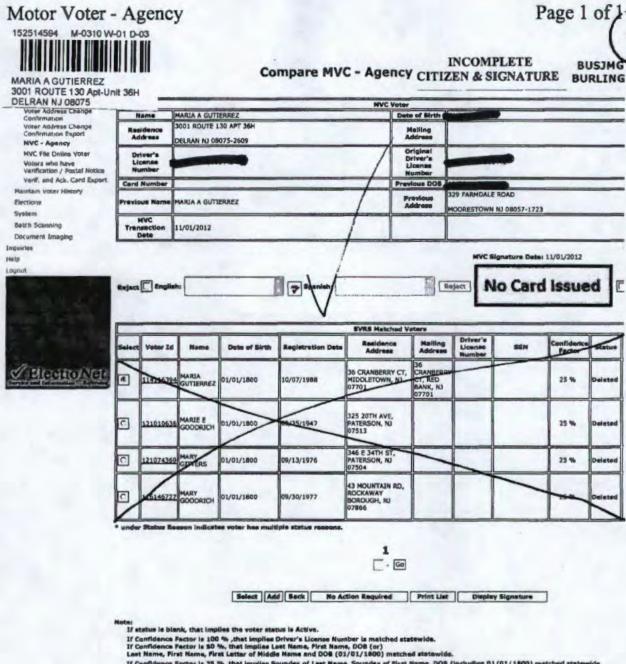
Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward 01 District Congressional Legislative 07 03 03 School Freeholder Special Fire

Previous Name:



If Confidence Fester le 25 %, that implies Soundex of Last Name, Soundex of First Some, DOS (including 01/01/1800) matched statewide.

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New, Jersey

Netr. Jersey
SUPERINTENDENT OF ELECTIONS and
COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER—REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

X VOTER SIGNATURE

11-23-12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

non nybeta

BUSOE1AD / BURLINGTON

Voter Name: MARIA A GUTIERREZ

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn

Name

Oser Date Date

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 05/01/2017

Voter Information:

Voter's Name: KASIM GOCMEZ 152160512 Voter ID:

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON Unit: 46D

Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/27/2011

Gender: Not Entered Absentee Ballot Type: None Registration Date: 12/27/2011

Registration Type: Agency with Identification

Last Action Taken Date: 08/10/2015

Status Information:

Voting Privilege Date: 01/17/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/10/2015

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 Legislative 07 03 Freeholder School Special Fire

Previous Name:

KASIM GOCMEZ 3001 ROUTE 130 Act-Unit 27B DELRAN NJ 0807

impare MVC - Ager

INCOMPLETE CITIZEN & SIGNATURE

BUSMLYNC / BURLINGTON

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

Document Imaging

Inquiries

Reports

Help

Logout



-	MVC	Voter	
Name	KASIM GOCMEZ	Date of Birth	
Residence Address	3001 RT 130 S APT 27-B DELRAN NJ 08075-2632	Halling Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	KASIM GOCMEZ	Address	5-G HUNTERS GLEN APTS ELRAN NJ 08075
MVC Transaction Date	12/27/2011		

Reject English		Spanish:	No.	Reject
----------------	--	----------	-----	--------

				5	VRS Matche	ed Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	Driver's License Number	SSN	Confidence Factor	Status	Status
No	Match			ound. You c		17172777				d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

Select Add	Back	No Action Required	Print List

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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152160512 M-0310 W-01 D-03

3001 ROUTE 130 Apt-Unit 46D DELRAN NJ 08075

Chosen Freeholders ty of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS**



and Notice



JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

08-06-15

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: KASIM GOCMEZ

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

Voter Information:

Voter's Name: EMRE ERCIYAS Voter ID: 152721800

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 363

Street Name: HUNTINGTON DR

Address Line 2: Address Line 3:

Mailing Address:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075

Inactive Confirmation Address:

Last Action Taken Date: 01/29/2014

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 12/24/2013

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 12/24/2013

Street Number: Street Number:
Suffix A: Suffix A:
Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Zip Code: Country: Country:

Poll Worker Status:

Date Last Voted:

Status Information:

Current Status: Deleted

Deleted Date: 01/29/2014

Voting Privilege Date: 01/14/2014

Deleted Reason: Administrative Action

Districts:

Ward 02 District 01 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:



Chosen Freeholders ty of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner

DELRAN NJ 08075

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152721800 M-0310 W-02 D-01



EMRE ERCIYAS 363 HUNTINGTON DR DELRAN NJ 08075



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED-IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO



WE ALSO NEED YOUR SIGNATURE IN INK



--- 1/15/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

152721800 M-0310 W-02 D-01 INCOMPLETE Compare MVC - Agency USJPEW / BURLINGTON EMRE ERCIYAS **CITIZEN & SIGNATURE** 363 HUNTINGTON DR MVC Voter **DELRAN NJ 08075** EMRE ERCIYAS Date of Birth Voter Address Change Confirmation Voter Address Change 363 HUNTINGTON DR Residence DELRAN NJ 08075-1350 Confirmation Export MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Previous DOS Card Number 3270 32ND STREET FLOO Verif. and Ack. Card Export. Previous Nam EMRE ERCIYAS **MVC Manual Update** ASTORIA NY 11106-2645 Haintain Voter History MVC 12/24/2013 Maintain County Data Tra Date Elections System MVC Signature Date: 12/24/2013 Potl Book Printing Schedule Duplicate Voters Spanish: Reject Batch Scanning Reject English: No Card issued Nessaging Document Imaging Handheld Scanning Inquiries **SVRS Matched Voters** Reports Confident Statu Date of Birth Registration Date Residence Address Loggy 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. Select Add Back No Action Required Print List Display Signature

√ Electio Net

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 (01/01/1890) 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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BUSOE1AD / BURLINGTON

Voter Name: EMRE ERCIYAS

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

Voter Information:

Voter's Name: SOLANGE C DEOLIVEIRA

Voter ID:

152774394

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 05/14/2014

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 05/24/2014

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: 835 Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075

Inactive Confirmation Address: Mailing Address:

Street Number: Suffix A: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Street Number: Suffix B:

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 05/03/2014

Last Action Taken Date: 05/14/2014

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 05/03/2014

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Congressional 03 Legislative 07 District 03 Ward 01 Special Fire Freeholder School

Previous Name:

Confirmation Expert MVC - Agency

MVC Manual Update

Poll Book Printing Schedule **Duplicate Voters**

Electione

Haintein Voter History

Maintain County Data

Elections System

Batch Scanning

Messaging Document Imaging Handheld Scanning

Inquiries Reports

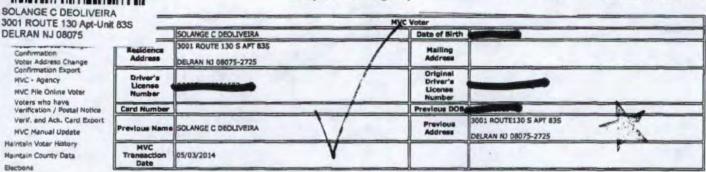
Help Leggut

Compare MVC - Agency

INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

MVC Signature Date: 05/03/2014

BUSJPEW / BURLINGTON



Spanish: Reject No Card Issued Reject English: **SVRS Hatched Voters** Confidence Factor Date of Birth Registration Date 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.

Select Add Back No Action Required Print List Display Signature

- e: 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, DDB (or)
 Lest 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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Chosen Freeholders ty of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152774394 M-0310 W-01 D-03

SOLANGE C DEOLIVEIRA 3001 ROUTE 130 Apt-Unit 83S DELRAN NJ 08075



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

05/10/2014 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: SOLANGE C DEOLIVEIRA

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: GIFTY L LARTEY Voter ID: 151283768

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 8

Street Name: NORTHGATE VILLAGE

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/28/2009

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 12/28/2009

Registration Type: Agency with Identification

Last Action Taken Date: 12/21/2011

Status Information:

Voting Privilege Date: 01/18/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/29/2010

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:

03

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

D

District School 08

Congressional

Special

Legislative 07

Fire

Previous Name:



2000 BURLINGTON BYP Apt-Unit #8 **BURLINGTON NJ 08016**

- Change Voter US, CIFISE BUSRMCGU/

BURLINGTON

INCOMPLETE CITIZEN & SIGNATURE

			=	MVC Voter					
Name	GIFTY L L	ARTEY	_	Date of Birth	-				
Residence Address		THGATE VILLAGE B		Mailing Address			(6		
Driver's License Number		3,		Original Driver's License Number	-		(1
Card Number		1		Previous DOB					7
Previous Name	GIFTY L L	ARTEY		Previous Address		ARA LANE	3060-5751		
MVC Transaction Date	12/28/20	09							
	Reject 🔲	English:		Spanish:				Reject	
			SVE	RS Matched Voters					

Add Back Select

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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Chosen Freeholders Iounty of Burlington THOLLY, NEW JERSEY

08060





SUPERINTENDENT OF ELECTIONS and

JOANNE NYIKITA Superintendent & Commissioner

COMMISSIONER OF REGISTRATIONS

151283768 M-0306 W-00 D-08

DEAR VOTER,

2000 BURLINGTON BYP Apt-Unit #8 BURLINGTON NJ 08016

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(100)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990 Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

BUSOE1AD / BURLINGTON

Voter Name: GIFTY L LARTEY

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

Voter Information:

Voter's Name: HAMIYET DEMIRASLAN

Voter ID:

151689452

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/07/2011

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 02/15/2011

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 35

Street Name: LEHIGH DR

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075

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: 01/25/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/25/2011

Registration Type: Agency with Identification

Last Action Taken Date: 04/07/2011

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 05 Congressional 03 Legislative 07 Freeholder School Special Fire

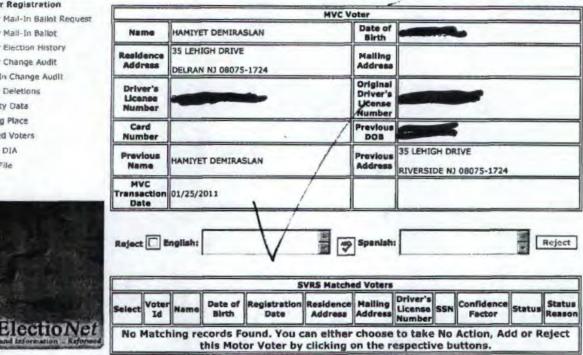
Previous Name:



35 LEHIGH DR DELRAN NJ 08075 Compare MVC - Age Cy

INCOMPLETE CITIZEN & SIGNATURE

Voter Registration Voter Mail-In Ballot Request Voter Mall-In Ballot Voter Election History Voter Change Audit Mail-In Change Audit Voter Deletions County Data Polling Place Purged Voters Voter DIA MVC File Help



* under Status Reason Indicates voter has multiple status reasons

Select Add Back No Action Required Print List

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 NVC previous names if there is a name change.

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JOANNE NYIKITA Superintendent & Commissioner Deletel

rd of Chosen Freeholders

County of Burlington

New Jersey

MVC

SUPERINTENDENT OF ELECTIONS and

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

(NO)

COMMISSIONER OF REGISTRATIONS

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 3(2S/11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: HAMIYET DEMIRASLAN

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOF1AD

Date: 04/28/2017

Voter Information:

Voter's Name: KHALED Z YOUSIF

Voter ID:

151713039

Legacy ID:

Archived Legacy ID:

Residence Address:

Unit:

Street Name: SALEM RD

Address Line 3:

Postal City: BURLINGTON

State: NJ

Status Information:

Voting Privilege Date: 03/01/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/24/2011

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Suffix A: Suffix B:

Street Number: 1701

Address Line 2:

Municipality: BURLINGTON TOWNSHIP

Zip: 08016

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: 03/01/2011

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 02/08/2011

Registration Type: Agency with Identification

Last Action Taken Date: 02/24/2011

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 Freeholder 00

District

School

06

Congressional

Special

03

Legislative 07

Fire

Previous Name:



KHALED Z YOUSIF 1701 SALEM RD BURLINGTON NJ 08016

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

BURLINGTON

Maintain County Data

Elections

System

Show Reminders

My Homepage

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

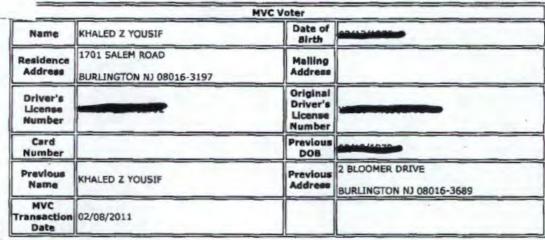
Document Imaging

Inquirles

Reports

Help

Logout





Reject English:	E	Spanish:	Reject

Select Voter Id Name Date of Registration Residence Address Address Address SSN Confidence Status Rea					S	VRS Matche	d Voters					
Number Pactor Rea	Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	License	SSN	Confidence Factor	Status	Statue Reason

^{*} under Status Reason Indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List
Select	Add	Back	No Action Required	Print List

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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jousif, Khaled

COPY



JOANNE NYIKITA Superintendent & Commissioner Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

151713039 M-0306 W-00 D-06

KHALED Z YOUSIF 1701 SALEM RD BURLINGTON NJ 08016

Deleted



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO) I have greencard

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 02-21-2011 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: KHALED Z YOUSIF

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: NUZHAT YASMIN

Voter ID: 152745346 Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ

Status Information:

Voting Privilege Date: 03/21/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/10/2014

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 401

Street Name: SZYPULSKI LN

Zip: 08518

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: 02/28/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 02/28/2014

Registration Type: Agency with Identification

Last Action Taken Date: 03/10/2014

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 Freeholder 03

District School

01

Congressional

Special

03

Legislative 07

Fire

Previous Name:

NUZHAT YASMIN

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

MVC Signature Date: 02/28/2014

No Card Issued

BUSRMCGU / BURLINGTON

Voter Mail-In Ballot Voter Election History Voter Change Audit Voter Deletions County Data Polling Place **Purged Voters** Voter DIA MVC File Reports

Help

401 SZYPULSKI LN FLORENCE NJ 08518 **MVC Voter** NUZHAT YASMIN Date of Birth 401 SZYPULSKI LN Making Residence Address LORENCE NJ 08518-4026 Original Driver's License Number Driver's License Number Card Number Previous DOS 2122 EAST RUN DRIVE Previous Nam NUZHAT YASMIN AWRENCEVILLE NJ 08648-1235 Transaction Date 2/28/2014



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

Reject

* under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

buttons.

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.

5 Spanish:

If Confidence Factor is 25 %, that implies Soundex of Last Name, Soundex of First Name, DOB (including 91/91/1899) metched statewide.

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

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Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED-IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: NUZHAT YASMIN

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/27/2017

Voter Information:

Voter's Name: YILDIZ AKTAS Voter ID: 151353564

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1

Street Name: SPRUCE RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/01/2010

Gender: Not Entered Absentee Ballot Type: None Registration Date: 06/01/2010

Registration Type: Agency with Identification

Last Action Taken Date:

Status Information:

Voting Privilege Date: 06/22/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/23/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

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 Freeholder 00

District

School

05

Congressional

Special

03

Legislative 07

Fire

Previous Name:

1 SPRUCE RD BURLINGTON NJ 080

Compare MVC - Agency

BUSRMCGU / IRLINGTON

INCOMPLETE

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

Maintain Voter History

System

Batch Scanning

Inquiries

Help

Logout



16	Name - And Andrews - Andre	MVC Voter	TIZEN & SIGNATURE
Name	YILDIZ AKTAS	Date of Birth	
Residence Address	1 SPRUCE ROAD BURLINGTON NJ 08016-3104	Mailing Address	
Driver's License Number	-/	Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	YILDIZ AKTAS	Previous Address	320 CONROW ST. APT, 202 BURLINGTON NJ 08016-1448
MVC Transaction Date	06/01/2010		

Reject English:	Spanish:	Reject
	SVRS Matched Voters	

				S	VRS Matche	ed Voters					
Select	Voter Id	Name	Date of Birth	Registration Date		Mailing Address	license	SSN	Confidence Factor	Status	Status Reason
No I	Match			ound. You o						d or R	eject

^{*} under Status Reason Indicates voter has multiple status reasons.

Select Add Back	No Action Required	Print List

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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

151353564



1 SPRUCE RD BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

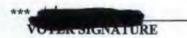
ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK





6-19-2010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NVIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: YILDIZ AKTAS

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn
Name

User Date Date Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: PRABHJOT KAUR Voter ID: 523106228

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 07/27/2015

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 07/31/2015

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 741 Street Name: MORRIS CT

Address Line 2:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ Zip: 08518

Mailing Address:

Inactive Confirmation Address:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 07/10/2015

Last Action Taken Date: 07/27/2015

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 07/10/2015

Street Number: Street Number:
Suffix A: Suffix A:
Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit: Unit: Address Line 2: Address Line 2:

Address Line 3: Address Line 3: City: City:

City: City: State: State: Zip Code: Country: Country:

Districts:

Ward 03 District 01 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SE CHOSEN FREE TO DE LA COUNTY MEN

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

523108228 M-0315 W-03 D-01



PRABHJOT KAUR 741 MORRIS CT FLORENCE NJ 08518

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

(NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

7.21-201) -DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

Delete!

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990

Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

523106228 M-0315 W-03 D-01



741 MORRIS CT FLORENCE NJ 08518

Compare MVC - Agency

INCOMPLETE FOR MISSING

SIGNATURE & CITIZENSHIP

BUSSATKI / BURLINGTON

Factor

MVC Voter PRABHJOT KAUR Date of Birth Conformation Voter Address Change Confirmation Export 741 MORRIS CT Residence Address Malling Address FLORENCE NJ 08518-2623 MVC - Agency Original MVC File Online Voces Driver's Driver's License Number Voters who have Verification / Postal Notice Venil and Ask Card Export Card Number Previous DOS MVC Manual Update S FLORENCE TOLLGATE A Previous Maintain Voter History RABHJOT KAUR FLORENCE NJ 08516-3005 Maintain County Data MVC Elections 07/10/2015 Date System Duplicate Voters MVC Signature Date: 07/10/2015 Poll Book Printing Schedule Barch Scarning Messaging Spanish: Reject English: Reject No Card Issued MVC DL Search Document Intaging Handheld Scanning Inquiries **SVRS Matched Voters** Reports Vote Date of Birth Registration Date sidence Address Help Logout 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 rea Select Add Back No Action Required Duplicate Print List Display Signature



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 23 %, that implies Soundex of Last Name, Soundex of First Name, DOS (including 01/01/1800) matched statewide.

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

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1.2.10

BUSDLOVE / BURLINGTON

Voter Name: PRABHJOT KAUR

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Counted

Close **Print List**

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: SHU M LI

Voter ID: 152745244

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Name: BROAD ST

Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ

Status Information:

Voting Privilege Date: 03/22/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/25/2014

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 301

Address Line 2:

Zip: 08518

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: 03/01/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/01/2014

Registration Type: Agency with Identification

Last Action Taken Date: 03/25/2014

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:

Freeholder

Ward 03

District School

02

Congressional

Special

03

Legislative 07

Fire

Previous Name:

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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152745244 M-0315 W-03 D-02



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



152745244 M-0315 W-03 D-02

SHU M LI 301 BROAD ST FLORENCE NJ 08518

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES) (NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

To whom it may

Concern Please Excuse me

I did not know English well

I check off the wrong answer,

Please I do not know how to read

English, I don't know!

BUSDLOVE / BURLINGTON

Voter Name: SHU M LI

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo User Date Date Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: METIN M OZBEK

Voter ID: Legacy ID: 152236118

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 240

Street Name: LEFFLER CIR

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ Zip: 08518

Street Number:

Suffix B:

State: Zip Code: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/23/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 04/23/2012

Registration Type: Agency with Identification

Last Action Taken Date: 05/16/2012

Status Information:

Voting Privilege Date: 05/14/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/16/2012

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Suffix A:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: 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:

Freeholder

Ward

02

District

School

02

Congressional

Special

03

Legislative 07

Fire

Previous Name:

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

Document Imaging

Inquiries

Reports

Help

Logout



08518	MVC	Voter
Name	METIN M OZBEK	Date of Birth
Residence Address	240 LEFFLER CIR FLORENCE TWP NJ 08518-4000	Mailing Address
Driver's License Number		Original Driver's License Number
Card Number	/	Previous DOB
Previous Name	METIN M OZBEK	Previous 521 CAIN CT Address BELLE MEAD NJ 08502-6432
MVC Transaction Date	04/23/2012	

Reject English:	(A)	Spanish:	(A)	Reject
		4		

				S	VRS Matche	ed Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	Driver's License Number		Confidence Factor	Status	Status Reason
No	Match	ing re	cords F	ound. You c	an either	choose	to take	No	Action, Ad	d or R	eject

this Motor Voter by clicking on the respective buttons.

* under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List

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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Chosen Freeholders 7 of Burlington Jew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA
Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

* ALS

5/5/12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: METIN M OZBEK

Election History:

& El.Type El.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: SERBAN M POPA

Voter ID:

152287025

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 08/28/2012

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 07/31/2012

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 132 Street Name: 4TH AVE

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: ROEBLING

State: NJ Zip: 08554

Mailing Address:

Unit:

Address Line 3:

City: State:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2:

Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/10/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 07/10/2012

Registration Type: Agency with Identification

Last Action Taken Date: 08/28/2012

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 Freeholder 01

District

School

02

Congressional

Special

03

Legislative 07

Fire

Previous Name:



132 4TH AVE

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE BURLINGTON

ROEBLING NJ 08554 MVC Voter Voter With No DOB Voter Address Change Date q Name SERBAN M POPA Confirmation evend Voter Address Change 132, 4TH AVE Regidence Mailing Confirmation Export Address Address ROEBLING NJ 08554-1010 **MVC** - Agency Original MVC File Online Voter Driver's Driver Voters who have License Licens Verification / Postal Notice Number Number Verif. and Ack. Card Export Card Previous MVC Manual Update Number DOB Maintain Voter History 321 BUTTONWOOD ST **Previous** Previous SERBAN M POPA Maintain County Data Name Address TRENTON NJ 08619-3508 MVC ransaction 07/10/2012

Reject English:	Spanish:	12	Reject
	_		

7				S	VRS Match	d Voters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	Confidence Factor	Status	Status Reason
No	Match			ound. You o					ld or R	eject

^{*} under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List
Seiter	2000	- and	tro necion recion ou	111111111111111111111111111111111111111

Note:

Date

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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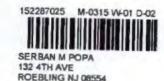
Poll Book Printing Schedule

Duplicate Voters Batch Scanning Messaging Document Imaging

Elections

System

Inquiries Reports Help Logout



Chosen Freeholders ty of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR YOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

(NO)

WE ALSO NEED YOUR SIGNATURE IN INK

··· 08/24/2012

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: SERBAN M POPA

Election History:

El.Date

& El.Type El.Code Bai.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: XINKANG DING Voter ID: 152513073

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Number: 159

Street Name: HAINES DR

Address Line 2: Address Line 3:

Municipality: MOORESTOWN

TOWNSHIP

Postal City: MOORESTOWN

State: NJ Zip: 08057

Status Information:

Voting Privilege Date: 11/17/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/08/2013

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/27/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/27/2012 Registration Type: Agency with

Identification

Last Action Taken Date: 02/08/2013

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:

00 District Ward

School Freeholder

Congressional 05 Special

03 Legislative 07

Fire

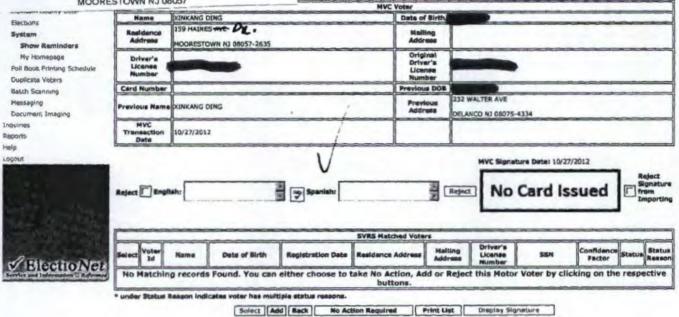
Previous Name:

152513073 M-0322 W-00 D-05

XINKANG DING 159 HAINES DR MOORESTOWN NJ 08057 npare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE BURLINGTON

BUSDLOVE /



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 statavide.

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 statavide.

If Confidence Factor is 25 %, that implies Soundax of Last Name, Soundax of First Name, DOB (Including 01/01/1800) matched statavide.

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and

152513073 M-0322 W-00 D-05

XINKANG DING 159 HAINES DR MOORESTOWN NJ 08057

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YE

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 1/10/2013 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: XINKANG DING

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Scanned Scanned Counted

Close | Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: ROHAN K GUPTA

Voter ID:

152531778

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 02/21/2013

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 11/23/2012

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 15

Street Name: E COOPER AVE

Address Line 2: Address Line 3:

Municipality: MOORESTOWN

TOWNSHIP

Postal City: MOORESTOWN

State: NJ Zip: 08057

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Deleted Reason: Administrative Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/02/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 11/02/2012

Registration Type: Agency with

Identification

Last Action Taken Date: 02/21/2013

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:

Action

Ward Freeholder 00

District School

13

Congressional

Special

03

Legislative 07

Fire

Previous Name:

15 E COOPER AVE MOORES

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

MVC Signature Date: 11/02/2012

BUSDWARD / BURLINGTON



TOWN NJ 080	157	MVC Voter	
Name	ROHAN K GUPTA	Date of Birth	
Residence Address	15 E COOPER AVE MOORESTOWN NJ 08057-2820	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number	9999999	Previous DOB	
Previous Name		Pravious Address	
MVC Transaction Date	11/02/2012		

Reject Reject English: **SVRS Matched Voters** elect Vote Date of Birth No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the respective

" under Status Reason Indicates voter has multiple status reasons.

buttons. Select Add Back No Action Required Print List Display Signature

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

If cantidence 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 Name, First Name, DOB (or)

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

If Confidence Factor is 25 %, that implies Soundex of Lost 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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Iersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152531778 M-0322 W-00 D-13

ROHAN K GUPTA 15 E COOPER AVE MOORESTOWN NJ 08057 Delute

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE ACENCY. WE NEED-IMPORTANT-INFORMATION IN ORDER-TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 2/18/2013. DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: ROHAN K GUPTA

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: JAVIER A HOZDEVILA

Voter ID: 152753498

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Address Line 2:

Municipality: MOORESTOWN

Postal City: MOORESTOWN

State: NJ Zip: 08057

Status Information: Mailing Address:

Voting Privilege Date: 04/08/2014 Current Status: Deleted

Date Last Voted:

Deleted Date: 05/14/2014

Deleted Reason: Administrative

Action

Poll Worker Status:

Residence Address:

Unit: Suffix A: Suffix B:

Street Number:

Street Name: BROOKS RD

Address Line 3:

TOWNSHIP

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/18/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/18/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 05/14/2014

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:

Legislative 07 District 18 Congressional 03 Ward 00 Fire Special Freeholder School

Previous Name:

152753498 M-0322 W-00 D-18 INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP IUSIPEW / BURLINGTON Compare MVC - Agency JAVIER A HOZDEVILA 53 BROOKS RD MVC Voter MOORESTOWN NJ 08057 JAVIER A HOZDEVILA Date of Birth Voter Address Change Confirmation Voter Address Change Confirmation Export MOORESTOWN NJ 08057-3853 MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Card Number Previous DOB Venf. and Ack. Card Export revious Name JAVIER A HOZDEVILA **MVC Manual Update** MOORESTOWN NJ 08057-3853 Maintain Voter History MVC Maintain County Data 03/18/2014 Date Elections System MVC Signature Data: 03/18/2014 Poll Book Printing Schedule Duplicate Voters Spanish: Reject No Card Issued Batch Scanning Reject English: Nessaging Document Imaging Handheld Scanning **SVRS Matched Voters** Inquiries Driver's License Number Reports Status Confidence Regidence Address Date of Birth Registration Date Factor Help Logout 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. Select Add Back No Action Required Print List Display Signature If status is blank, that implies the voter status is Active.

ी पावनार वि

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

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

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

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Chosen Freeholders by of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152753498 M-0322 W-00 D-18

JAVIER A HOZDEVILA 53 BROOKS RD MOORESTOWN NJ 08057



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



5/10/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: JAVIER A HOZDEVILA

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: AMANDA ORELLANO Voter ID: 152685065

Voting Privilege Date: 09/06/2013

Deleted Reason: Administrative

Current Status: Deleted

Deleted Date: 10/15/2013

Date Last Voted:

Poll Worker Status:

Voter ID: Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: E-12 Suffix A: Suffix B:

Street Number: 215

Street Name: E CENTRAL AVE

Address Line 2: Address Line 3:

Municipality: MOORESTOWN

TOWNSHIP

Postal City: MOORESTOWN

State: NJ Zip: 08057

Status Information: 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: 08/16/2013

Miscellaneous:

Gender: Female

Absentee Ballot Type: None Registration Date: 08/16/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 10/15/2013

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:

Action

Ward 00 District 15 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:

System

Messaging Document Imagina Handheld Scanning

Reports Help

Pall Book Printing Schedule

✓ Electio Net

Duplicate Voters Eatch Scanning

AMANDA ORELLANO 215 E CENTRAL AVE Apt-Unit E-12

: MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE :USDLOVE /

JRLINGTON

MOORESTOWN NJ 08057 MVC Voter Date of Birth 215 E CAMDEN AVE APT E12 Residence Address Mailing Address Voter Address Change 100RESTOWN NJ 08057-1682 Confirmation Export Original Driver's License Number MVC - Agency Driver's License Number MVC File Online Voter Voters who have Venfication / Postal Norice Card Number 9999999 Previous DOS Vanif and Ack Card Export 34 BALLAD LANE MVC Manual Update Previous Address Previous Name AMANDA ORELLANO Maintain Voter History WILLINGBORO NJ 08046-1606 MVC Transaction Date Maintain County Data 08/16/2013 Elections

> MVC Signature Date: 08/16/2013 Spanish: Reject Reject English:

> SVRS Matched Voters Date of Birth Repletration Date Residence Address Factor No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Yoter by clicking on the respective buttons.

under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

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, DOS (or)

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

If Confidence Fector 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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veriff and Ack. Card Expo		Numbe	9999999			Previous			
MVC Manual Update	Previo	us Nam	AMANDA C	DRELLAND		Previou			
Haintain Voter Hetory						Addres	WILLINGBORO NJ	08046-1606	
Maintain County Data		4VC saction	08/16/201	1					
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Document Imaging)
Handheld Scanning									
Inquiries						SVRS Matched Voters			-
Reports		Voter					Mailing Driver's	SSN Confidence	
Logout	Select	Id	Name	Date of Birth	Registration Date	Residence Address	Address Number	Pactor	SCHOOL
	- 11-								
	_	Ne	w Jers	ey Voter I	Registration	1 Applicatio	n		
1 An Or An Ana	225	ter.	to vote	at the address	silisted on my	NJ Drivers Lice	ense/ID Card. I	swear or affirm that:	
* I am a U.S			2	V -	1				
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					e the next ele		Commissio	n Gran	ADMINISTR
* 1 will hav	e reside	ed in	the sta	te and county	at least 30 d	ays	O O I I II I I I I I I I I I I I I I I	MOTOR VE	HICLE CO
before the	next e	lecti	on.			/	HILL BASE PROMPLEY, PLACE	DOWNERS PROMISE THROUGH ALLAND LIA	湖心里
* I am not o	n parole	e, pr	obation	or serving se	ntence due to	2	以上,	CENTRICE INC. INC. INC. INC.	
conviction	for an	indi	chable o	ffense under	any federal or	state			
CONVICTION	TOT all	ritual	- derice o	Treffee ander		2.2.2	DICITIZE	D DDIVED LICENCE	

DIGITIZED DRIVER LICENSE ISSUED



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

ORELLANO AMANDA 215 E CAMDEN AVE APT E12 MOORESTOWN NJ 08057-0000 C MOORESTOWN

years or both pursuant to R.S. 19:34-1

() Yes, the party name is :

I understand that any false or fraudulent registration may subject me to a fine up to \$15,000. imprisonment up to 5

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

BUSDLOVE / BURLINGTON

Voter Name: AMANDA ORELLANO

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: DEEKSHA SINGH

Voter ID:

152740390

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Number: 10

Street Name: APPLE ORCHARD RD

Address Line 2: Address Line 3:

Municipality: MOORESTOWN

TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 03/04/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/03/2014

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Postal City: MOORESTOWN

Zip: 08057

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:

Special

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 02/11/2014

Miscellaneous:

Gender: Female

Absentee Ballot Type: None Registration Date: 02/11/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 03/03/2014

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 Freeholder 00

District School

18

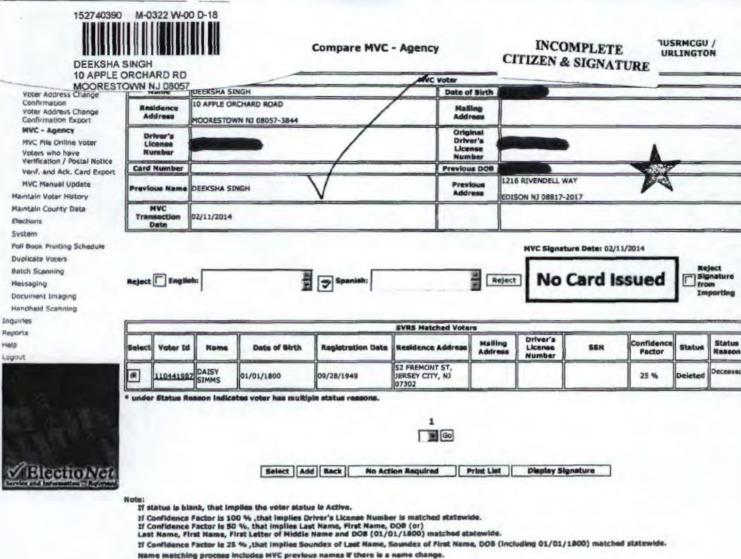
Congressional

03

Legislative 07

Fire

Previous Name:



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Chosen Freeholders ty of Burlington New Jersey







JOANNE NYIKITA
Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

(YES)

ARE YOU A UNITED STATES CITIZEN

(NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 2/22/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: DEEKSHA SINGH

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: GIUSEPPE TALAMO

Voter ID:

522028333

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 03/30/2015

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 02/21/2015

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: D

Suffix A: Suffix B:

Street Number: 201

Street Name: CHESTER AVE

Address Line 2: Address Line 3:

Municipality: MOORESTOWN

TOWNSHIP

Postal City: MOORESTOWN

State: NJ Zip: 08057

Zip: 08057

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: 01/31/2015

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/31/2015

Registration Type: Agency with

Identification

Last Action Taken Date: 03/30/2015

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:

Action

Ward Freeholder 00

District School 16

Congressional

Special

03

Legislative 07

Fire

Previous Name:

GIUSEPPE TALAMO 201 CHESTER AVE Apt-Unit D MOORESTOWN NJ 08057

INCOMPLETE Compare CITIZEN & SIGNATURE



BURLINGT

Voter Registration Adu/Change Voter Voter With No DOE GIUSEPPE TALAMO Date of Birth Voter Address Change Name Confirmation 201 CHESTER AVE APT D Voter Address Change Confirmation Export Address Original Driver's License Humber MOORESTOWN NJ 08057-3354 MVC - Agency Driver's License Number MVC File Online Voter Voters who have Verification / Postal Notice Card Number 9999999 Previous DOB Verif. and Ack. Card Export 5453 HOMESTEAD AVE MVC Manual Updata GTUSEPPE TALAMO PENNSAUKEN NJ 08109-1109 Maintain Voter History Maintain County Data 1/31/2015 Elections System Duplicate Voters MVC Signature Date: 01/31/2015 Poll Book Printing Schedule Batch Scauning Reject | English 7 Messaging Document Imagine Handheld Scanning Inquiries SVRS Metched Voters Reports HIND Logout No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the re buttons. Select Add Back Ho Action Required Print List Display Signature Note: If status is blank, that implies the voter status is Active. If Confidence Factor is 100 %, that implies Driver's License Number is metched statewide. If Confidence Factor is 50 %, that implies Last Rame, First Name, DOB (or) Last Hame, First Name, First Letter of Middle Name and DOB (01/01/1800) metched statewide. C Electio Net If Confidence Pactor is 25 %, that implies Soundex of Last Name, Soundex of Pirst Name, DDS (Including 01/01/1800) matched statewide.

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



Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER

REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YE

(NO)

1exMANEN

PLEASE CIRCLE YES OR NO

July 9-1972

WE ALSO NEED YOUR SIGNATURE IN INK



... 3/27/2015 A

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: GIUSEPPE TALAMO

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Affn Memo Scanned Scanned Counted

Close **Print List**

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: MARITZA VARELA-

GARCIA

Voter ID:

152209349

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 05/08/2012

Date Last Voted:

Deleted Reason:

Poll Worker Status:

Voting Privilege Date: 04/12/2012

Residence Address:

County: BURLINGTON

Unit: 8H Suffix A: Suffix B:

Street Number: 215

Street Name: E CAMDEN AVE

Address Line 2: Address Line 3:

Municipality: MOORESTOWN

TOWNSHIP

Postal City: MOORESTOWN

State: NJ Zip: 08057

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: 03/22/2012

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None

Registration Date: 03/22/2012 Registration Type: Agency with

Identification

Last Action Taken Date: 05/08/2012

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 Freeholder 00

District School

Administrative Action

03

Congressional Special 03

Legislative 07

Fire

Previous Name:



215 E CAMDEN AVE Apt-Unit 8H MOORESTOWN NJ 08057

> 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

Document Imaging

Inquiries

Reports

Help

Logout



INCOMPLETE CITIZEN & SIGNATURE

Compare MVC - Agency



BUSDSHUL / BURLINGTON

	MVC	oter	
Name	MARITZA VARELA-GARCIA	Birth	
Residence Address	215 E CAMDEN AVE 8H MOORESTOWN NJ 08057-1608	Malling Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	MARITZA VARELA-GARCIA	Previous Address	1005 BROOKVIEW CIRCLE MARLTON NJ 08053-1653
MVC Transaction Date	03/22/2012		

Reject English:	Spanish:	Reject
-----------------	----------	--------

				S	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match	ing re	cords Fo	ound. You c	an either	choose on the r	to take	No ve bu	Action, Aduttons.	d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

	-			
Select	Add	Back	No Action Required	Print List

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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152209349 M-0322 W-00 D-03

MARITZA VARELA-GARCIA 215 E CAMDEN AVE Apt-Unit 8H MOORESTOWN NJ 08057

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

E NATURE

--- 4-5.12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: MARITZA VARELA-GARCIA

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: SAIM G KUCUKBULBUL

Voter ID: 152713868

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Name: EUGENIA DR

Address Line 3:

Postal City: MEDFORD

State: NJ

Status Information:

Voting Privilege Date: 12/18/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 12/16/2013

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 209

Address Line 2:

Municipality: MEDFORD TOWNSHIP

Zip: 08055

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code:

Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/27/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 11/27/2013

Registration Type: Agency with Identification

Last Action Taken Date: 12/16/2013

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:

Legislative 08 Ward 00 District 06 Congressional 03 School Special Fire Freeholder

Previous Name:

152713868 M-0321 W-00 D-06 INCOMPLETE Compare MVC - Agency JUSJPEW / BURLINGTON **CITIZEN & SIGNATURE** SAIM G KUCUKBULBUL 209 EUGENIA DR MVC Voter MEDFORD NJ 08055 SAIM G KUCUKBULBUL 209 EUGINIA DRIVE Date of Birth Voter Address Change Residence Address Confirmation Voter Address Change EDFORD NJ 08055-2307 Original Driver's License Number MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Card Number Previous DO Verif. and Ack. Card Export 1880 OLD CUTHBERT RD Previous Name SAIM G KUCUKBULBUL MVC Manual Undate CHERRY HILL NJ 08034-1414 Maintain Voter History MVC Transa. Date Maintain County Date 11/27/2013 Flections System **MVC Signature Date:** 11/27/2013 Poll Book Printing Schedule Duplicate Voters Spanish: Reject English: Reject No Card Issued Batch Scanning Messaging Document Imaging Handheld Scanning **SVRS Matched Voters** Inquiries Reports Status Reason Confidence Date of Birth Registration Date Residence Address Factor Heip Logaut 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. Select Add Back No Action Required Print List Display Signature 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. / Electio Net Name matching process includes MYC previous names if there is a name change. ©2004 - 2005 PCC Technology Group. All rights reserved.



Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152713868 M-0321 W-00 D-06

SAIM G KUCUKBULBUL 209 EUGENIA DR MEDFORD NJ 08055



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (

YES)

X

PLEASE CIRCLE YES OR NO

(NO)

WE ALSO NEED YOUR SIGNATURE IN INK



DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: SAIM G KUCUKBULBUL

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: HYE W LEE Voter ID: 151271642

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 77

Street Name: TAUNTON RD Address Line 2: Address Line 3:

Municipality: MEDFORD TOWNSHIP

Postal City: MEDFORD

State: NJ Zip: 08055

Gender: Not Entered Absentee Ballot Type: None Registration Date: 11/12/2009

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/03/2009

Registration Type: Agency with Identification

Last Action Taken Date: 03/24/2017

Status Information:

Voting Privilege Date: 12/03/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/24/2017

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:

Miscellaneous:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Legislative 08 Congressional 03 Ward 00 District 08 Freeholder School Special Fire

Previous Name:

77 TAUNTON BLVD MEDFORD NJ 08055

e - New Voter

BUSDJEFF / BURLINGTON

		MVC Voter	
Name	HYE W LEE	Date of Birth	
Residence Address	77 TAUNTON BLVD MEDFORD NJ 08055-9364	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number	9999999	Previous DOB	
Previous Name		Previous Address	V
MVC Transaction Date	11/12/2009		

Reject English: Reject	Reject English:	<u>N</u>	Spanish:	(X	Reject
------------------------------	-------------------	----------	----------	----	--------

New Jersey Voter Registration Application

77116 A New Jersey Voter Registration Application
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 :_



NEW JERSEY

DIGITIZED DRIVER LICENSE ISSUED



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

Motor Vehicle

TYE W LEE 77 TAUNTON BLVD MEDFORD NJ 08055-9364 C





MEDFORD NJ 08055

If not delivered in two days, return to:

Burlington County

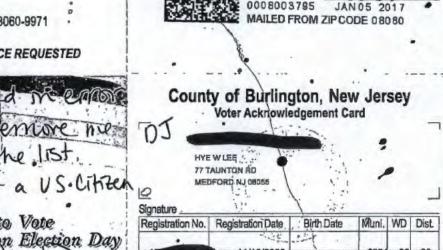
Superintendent of Elections

755 Eayrestown Rd

PO Box 6000

Mount Holly NJ 08060-9971

RETURN SERVICE REQUESTED



րությունը և բանականին անականին հայարանին ար

From the list.

I'm not a US. Citizen

Remember to Vote
on Election Day

Weleted Not U.S. Citizen Registerd Whough MUC Agency sign MUC Card. Wester Volled.

BUSDLOVE / BURLINGTON

Voter Name: HYE W LEE

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: SVIATLANA TSIAPTSEYEVA

Voter ID: 521634021

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Number: 52

Street Name: QUAIL WAY

Address Line 3:

State: NJ

Status Information:

Voting Privilege Date: 02/18/2015

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/10/2015

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Address Line 2:

Municipality: MEDFORD TOWNSHIP

Postal City: MEDFORD

Zip: 08055

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: 01/28/2015

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 01/28/2015

Registration Type: Agency with Identification

Last Action Taken Date: 02/10/2015

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 Freeholder 00

District School

14

Congressional

Special

03

Legislative 08

Fire

Previous Name:

Motor Voter - Agency

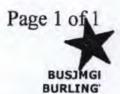
521634021 M-0321 W-00 D-14

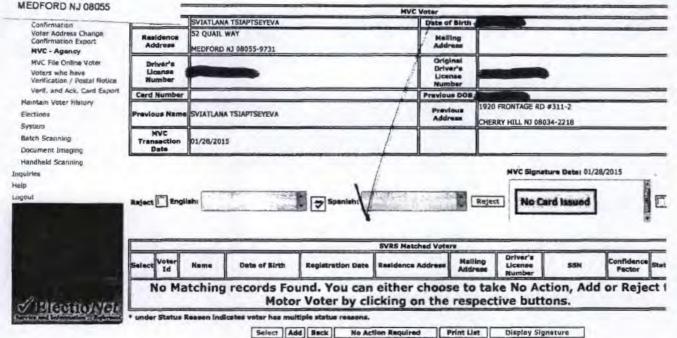


SVIATLANA TSIAPTSEYEVA 52 QUAIL WAY

INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

Compare MVC - Agency





- 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 Lest Name, Pirst 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 Lest 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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JOANNE NYIKITA Superintendent & Commissioner Heleted Mora U.S. Citizen Board of Chosen Freeholders

County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES

(NO)

PLEASE CIRCLE YES OR NO.

WE ALSO NEED YOUR SIGNATURE IN INK

✓ ***
VOTER SIGNATURE

DATE 2/6/15

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: SVIATLANA TSIAPTSEYEVA

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: IRMA D AGUILERA-

DEMONTAN

Voter ID: 521148606

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 02/13/2015

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 12/16/2014

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 129 Street Name: PINE ST

Address Line 2: Address Line 3:

Municipality: MOUNT HOLLY

TOWNSHIP

Postal City: MOUNT HOLLY

State: N) Zip: 08060

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

Address Line

City: State: Zip Code: Country: **Party Information:**

Current Party: Unaffiliated

Party Privilege Date: 11/25/2014

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 11/25/2014
Registration Type: Agency with

Identification

Last Action Taken Date: 02/13/2015

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 03 Legislative 08 Freeholder School Special Fire

Previous Name:

ElectioNet

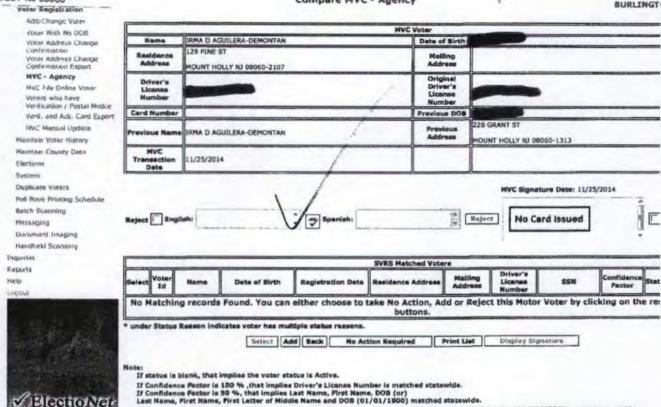
IRMA D AGUILERA-DEMONTAN 129 PINE ST MOUNT HOLLY NJ 08060

zency

INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

Compare MVC - Agency

BUSDSHU BURLINGT



If Confidence Pector is 25 %, that implies Soundex of Last Name, Soundex of First Name, DOS (Including 01/01/1800) matched statewide.

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

521148606 M-0323 W-00 D-04



IRMA D AGUILERA-DEMONTAN 129 PINE ST MOUNT HOLLY NJ 08060

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



-- 02/05/2015 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: IRMA D AGUILERA-DEMONTAN

Election History:

& El.Type El.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

Voter Information:

Voter's Name: VASUDEV D PATEL

Voter ID:

152722076

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 014
Suffix A:
Suffix B:

Street Number: 1701 Street Name: SALEM RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information: Current Party: Unaffiliated

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 12/28/2013

Party Privilege Date: 12/28/2013

Registration Type: Agency with Identification

Last Action Taken Date: 01/13/2014

Status Information:

Voting Privilege Date: 01/18/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/13/2014

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 Freeholder 00

District School 06

Congressional Special 03

Legislative 07

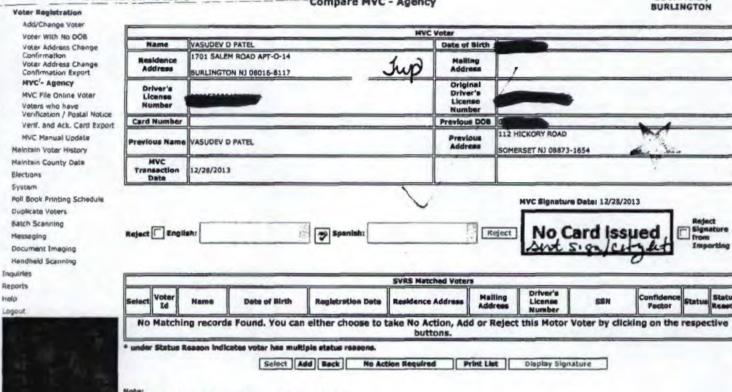
Fire

Previous Name:

VASUDEV D PATEL 1701 SALEM RD Apt-Unit O14 BURLINGTON NJ 08016

compare MVC - Agency

BUSKFRAZ /



Electio Net

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 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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Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



VOTER SIGNATURE

01/05/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD /
BURLINGTON

Voter Name: VASUDEV D PATEL

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

Voter Information:

Voter's Name: VANLILABE A PATEL

Voter ID:

152635831

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 118
Suffix A:
Suffix B:

Street Number: 1701 Street Name: SALEM RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous: Gender: Not Entered

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/05/2013

Absentee Ballot Type: None Registration Date: 07/05/2013

Registration Type: Agency with Identification

Last Action Taken Date: 07/31/2013

Status Information:

Voting Privilege Date: 07/26/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 07/31/2013

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 Freeholder 00

District School 06

Congressional Special 03

Legislative 07

Fire

Previous Name:

VANLILABE A PATEL 1701 SALEM RD Apt-Unit 118 BURLINGTON NJ 08016

Maintain Voter History

Elections System Batch Scanning Document Imaging Handheld Scanning

Help

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

MVC Signature Date: 07/05/2013

No Card Issued

BUSSATKI / BURLINGTON

INGTON NJ 08016			MVC Voter	
	ime	VANLILABE A PATEL	Date of Birth	
voler Address Change Confirmation Export	Residence Address	1701 SALEM ROAD APT 118 BURLINGTON NJ 08016-8112	Halling Address	
MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice	Oriver's License Number	-	Original Driver's License Number	
Verif. and Ack. Card Export	Card Number		Previous DOB	
aintain Voter History actions	Previous Name	VANLILABE A PATEL	Address	15 NOLAND LANE WILLINGBORD NJ 08046-1913
stem uch Scenning	MVC Transaction Date	07/05/2013		
cument Imaging	•			

Reject Figlish: Electio Net

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

Reject

under Status Reason Indicates yoter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

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

Spanish:

If Satus is blend, 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, DOS (or)

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

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

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

TO DE SUMMER DE SUMER DE SUMER DE SUMMER DE SUMER DE SUME

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152635831 M-0306 W-00 D-06

VANLILABE A PATEL 1701 SALEM RD Apt-Unit 118 BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (Y

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



7-16-13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: VANLILABE A PATEL

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo User Date Date
Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: JOSEPH B BARNEY

Voter ID:

521869978

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 03/27/2015

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 03/19/2015

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 18 Street Name: BENDIX LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

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: 02/26/2015

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 02/26/2015 Registration Type: Agency with

Identification

Last Action Taken Date: 03/27/2015

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:

Action

Ward Freeholder 00

District School 03

Congressional

Special

03

Legislative 07

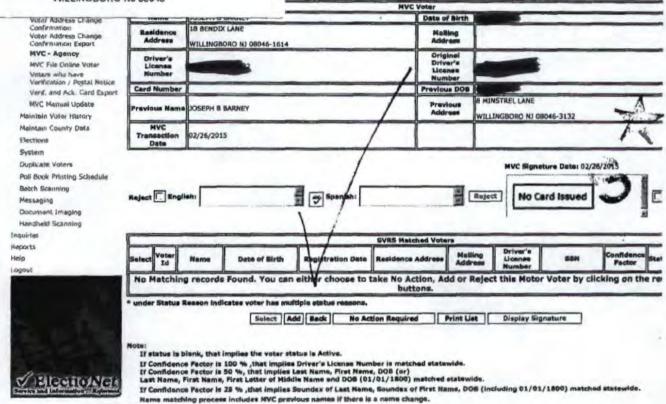
Fire

Previous Name:

JOSEPH B BARNEY 18 BENDIX LN WILLINGBORO NJ 08046 Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

BUSSPAG.



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JOSEPH B BARNEY
18 BENDIX LN
WILLINGBORO NJ 08046

Chosen Freeholders ty of Burlington New Jersey 521 869 978

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

O

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 03/05/2015 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BURLINGTON COUNTY SUPERINTENDENT

BUSSPAGA / BURLINGTON

Voter Name: JOSEPH B BARNEY

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: FRANCK W DORKU

Voter ID:

152218851

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/16/2012

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 04/24/2012

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B: Street Number: 26

Street Name: GALLANT LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Deleted Reason: Administrative Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/24/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 04/03/2012 Registration Type: Agency with

Identification

Last Action Taken Date: 04/16/2012

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:

Action

Ward Freeholder 00

District

School

21

Congressional

Special

03

Legislative 07

Fire

Previous Name:

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE STSTRI / BURLINGTON

FRANCK W DORKU 26 GALLANT LN WILLINGBORO NJ 08046

> 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

Document Imaging

Inquiries Reports

Help

Logout



		VC Voter	
Hame	FRANCK W DORKU	Date of Birth	
Residence Address	26 GALLANT LANE WILLINGBORO N) 08046-3302	Malling Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	FRANCK W DORKU	Previous Address	58 SYLVAN LANE WILLINGBORO NJ 08046-2033
MVC Fransaction Date	04/03/2012		

Reject English:	H 2	Spanish:	12	Reject
-----------------	-----	----------	----	--------

-			17	SV	RS Matched V	oters *					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
	1 048073	FRANCES DARIES	01/01/1800	03/22/1962	57 BROOKSIDE RD, WEST ORANGE, NJ 07052				25 %	Deleted	Inaction cough two rederal general elections
0	105394858	ANCES D. 151	01/01/1800	05/11/1992	604 FLORAL WAY, TOMS RIVER, NJ 08755				253	Deleted	Deceased
C	101036085	FRANCES DEROSA	01/1800	08/02/1960	444 MOUNT PROSPECT AVE, NEWARK, NJ 07104			1	25 %	Deleted	Inactive Confirmation through two federal general elections
C	110430601	FRANCES DORIGO	01/01/1800	12/ 1/942	734 COUNTY AVE, SECAUCUS, NJ 07094	/			25 %	Deleted	Inactive Confirmation through two federal general elections
C	106074915	FRANCES A DARRAGH	01/01/1800	06/20/1950	SI, W.AY,	PO BOX 1773, RAHWAY, NJ 07065			25 %	Deleted	Deceased
0	105097453	FRANCES A DEROSA	01/01/1800	05/25/15 6	61 ROBERTS RD, TOMS RIVER, NJ 08755				25 %	Deleted	Inactive Confirmation through two federal general elections
_	101448643	FRANCESCA DRAGO	01/01/180	05/13/1998	6 PARK AVE, Apt-Unit 31, BLOOMFIELD, NJ 07003		1		25 %	Deleted	Moved out of County
0	101097232	FRANCINE DORCH	01/01/1800	10/04/1976	394 PARK AVE, Apt-Unit 8-7, ORANGE, NJ 07050				25 %	Deleted	Inactive Confirmation through two federal general elections
0	116107 4	FRANCIS W	01/01/1800	10/03/1994	1111 PARSIPPANY BLVD, Apt- Unit 326, PAR-TROY HILLS TOWNSHIP, NJ 07054- 1854				25 %	eted	Inactive Confirmation through two federal general sections
		DORIS	01/01/1000	10,00,1774	HILLS TOWNSHIP, NJ 07054-						9





JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington

New Jersey SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

M-0338 W-00 D-21 26 GALLANT LN

WILLINGBORO NJ 08046

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR YOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: FRANCK W DORKU

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

User Date Date Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: PATRICK Y KLAR

Voter ID:

152760809

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 05/14/2014

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 04/23/2014

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B: Street Number: 31

Street Name: NEW CASTLE LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

Mailing Address: **Inactive Confirmation Address:**

Street Number: Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Suffix A: Suffix B:

Identification

Street Name/P.O. Box:

Party Information: Current Party: Unaffiliated

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 04/02/2014

Registration Type: Agency with

Last Action Taken Date: 05/14/2014

Party Privilege Date: 04/02/2014

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Action

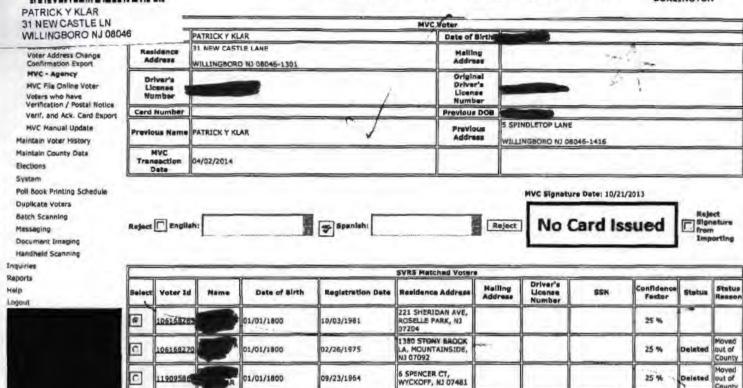
Ward 00 District 33 Congressional 03 Legislative 07 Fire Freeholder School Special

Previous Name:

Compare MVC - Agency

INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

BUSMLYNC / BURLINGTON



n indicates voter has multiple status ressons.

₩ Go

Select Add Back No Action Required Print List Display Signature

C intertower

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 statswide.
If Confidence Factor is 50 %, that implies Last Name, First Name, DOB (or)
Last Name, First Name, First Latter of Middle Name and DOB (01/01/1800) matched statswide.

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

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

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Chosen Freeholders y of Burlington Iew Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA
Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER-SIGNATURE

*** 04 16/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: PATRICK Y KLAR

Election History:

El.Date

EI.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

EI.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: DIOMARIS C PEREZ-

RFI I

Voter ID: 152157817

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 40

Street Name: CRESTVIEW DR

Address Line 2:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

Zip: 08046

Status Information:

Voting Privilege Date: 01/13/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/28/2012

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Address Line 3:

State: NJ

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/23/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 12/23/2011 Registration Type: Agency with

Identification

Last Action Taken Date: 09/28/2012

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 Freeholder 00

District School

29

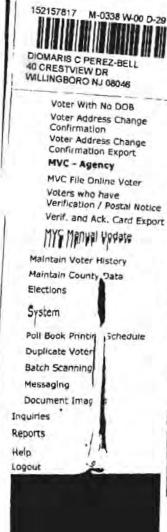
Congressional Special

03

Legislative 07

Fire

Previous Name:



INCOMPLETE CITIZEN & SIGNATURE

Compare MVC - Agency

BUSDSHUL / BURLINGTON

	MV	C Voter	
Name	DIOMARIS C PEREZ-BELL	Date o	
Residence Address	40 CRESTVIEW DR WILLINGBORO NJ 08046-3511	Mailing Address	
Driver's License Number		Original Driver's License	
Card Number		Previous DOB	
Previous Name	DIOMARIS C PEREZ	Previous Address	40 CRESTVIEW DR
ransaction Date	12/23/2011		WILLINGBORO NJ 08046-3511

eject English:	70.00.00.000	Spanis	n:	Reject
				100

				5	VRS Match	ed Voters					
Salect	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status
No	Match	ing re	cords Fe	ound. You c	an either	choose	to take	No.	Action, Ad	d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List
Delegan	200	Date.	146 Meriali tredailes	A Line Dat

Note:

- es a (a pa) - ja

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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DIOMARIS C PEREZ-BELL 40 CRESTVIEW DR

ration Application

- J	
-	
100	

	RESTVIEW DR INGBORO NJ 08046		ne	ation is require	d unless mai	rked option	al. De	letad"	10"to Citi	
1 Check boxes New Registration that apply: Name Change			Addre	ess Change		Political Party Affiliation or Non-affiliation Change			FOR OFFICIA	
2 Are you a U (If No, DO	S. Citizen? ☐ Yes NOT complete th	(No is form)		u be 18 years of a			Yes 🗆	No	Clerk	
3 Last Nam	62		Name	ris	Middle Nam	e or Initial	Suffix	(Jr., Sr., III)	Registration # 152/578 Office Time Stame	
4 Date of Birth	issass Number or MV	/C Non-driver ID	Mymber		ve a NJ Driver's Licen st 4 digits of your Soc				Onice Time Stam	
	ramm that I DO No		PERSONAL PROPERTY AND ADDRESS OF	in printing the party art and the same	ver ID or a Soc	ial Security N	lumber.			
10 CRESTU	ress (DO NOT use		Apt.	Municipality 16:11/1950		HAYTOM	State	Zip Code		
7 Mailing Ad	dress if different fro	om above	Apt	Municipality	Co	unty	State	Zip Code		
8 LastAddress	Registered to Vote (D	ONOT use PO Box)	Apt	Municipality	Cor	unty	State	Zip Code	□ by mail □ in person	
9 Former Na	me if Making Nam	e Change		ay Phone Num		A STATE OF THE PARTY OF THE PAR				
10 Do you wis (Optional)	sh to declare a pol	itical party aff	iliation?	No, I do n	party name is	affiliated	with ar	ny political p	party.	
11 Gender 1 Female 1 Male	Declaration - I sv • I am a U.S. Citiz. • I live at the abo • I will be at least on or before the	en ve address 18 years old	•	I will have resided at least 30 days I I am not on parole sentence due to a offense under any	probation or se conviction for a	election erving a an indictable	fr o ir	raudulent regi ne to a fine of imprisonment	nat any false or stration may subject up to \$15,000, up to 5 years, nt to R.S. 19:34-1	
Signature: Sig	n or mark and dat	te on lines bel	OW					Control of the Park	m, print the mpleted this form	
1					Name_		77	22	-	
				9 11-	Date	:56	58	D 5		
1			Da	to 1 - 15-1	e / Andrees					
			Da	to 9-15-1	Address	55	==	9 17		

Registrants who are submitting this form by mail and are registering to vote for the first time: 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
- 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:

O	vot	ing	by	mail

Decoming a poll worker

a polling place accessibility

a 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) NJOOE-W-1/31/11-rev.

BUSSPAGA / BURLINGTON

Voter Name: DIOMARIS C PEREZ-BELL

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotin=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: EMMANUEL TOUSSAINT

Voter ID:

152562394

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 31

Street Name: BLUEBERRY LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

08046

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: Miscellaneous:

Gender: Not Entered

Party Information: Current Party: Unaffiliated

Absentee Ballot Type: None Registration Date: 02/16/2013 Registration Type: Agency with

Party Privilege Date: 02/16/2013

Identification

Last Action Taken Date: 03/21/2013

Status Information:

Voting Privilege Date: 03/09/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/21/2013

Deleted Reason: Administrative Action

Poll Worker Status:

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 Freeholder 00

District

04

Congressional

Special

03

Legislative 07

Fire

Previous Name:



EMMANUEL TOUSSAINT 31 BLUEBERRY LN WILLINGBORO NJ 08046

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

BUSNCOS BURLINGT

					Data	Birth			
Voter Address Change Continuation Export	Residence Address	31 BLUEBERR WILLINGRORG	O NJ 08046-1514		Mail Acid				
MVC - Appency	Driver's	Deliveria					1		
MYC file Chillen Veter	License				/ Driv				
Voters who have Ventication 7 Instal Natice	Number				Murr				
Varit and Ack, Card Export	Card Number				Previou	distance in the last of the la			
MVC Manual Opasus	Previous Name	EMMANUEL TO	DUSSAINT		Prev	ious	BROOKLAWN DRI	1	
Maintain Valer History						W	ILLINGBORO NJ DB	045-1540	
Hainton County Date	Trersection	02/16/2013		1/					
Elections	Deta							-	
System							1000	75.97.14	2.00.00
Duplicate Voters Poll Scale Printing Schedule							MVC Signat	ure Deter 02/1	6/2013
Batch Scanning screening								100	Second St.
Massaging	Reject Engl	liahi		> Spenish:		Ru	NO No	Card Is	sued I
Ducument Imaging						-	7.17	551.51	
Handheld Scanning									
innes									
				7	SVRS Matched Vote	-			-
ports.		N.		III		A 140	Driver's		
ports	Salart Votar	Name	Date of Birth	Registration Date	Residence Address	Mailing	Unenna	SSN	Confidence
orts.	Select Votar	Name	Date of Birth	Registration Date	Residence Address	Addres	Unenna	SSN	Factor St
ports.	1d				take No Action, A	Address	Number		factor 300
ports.	1d					Address	Number		factor 300
7.10	No Matchin	ng records F	ound. You can		take No Action, A	Address	Number		factor 300



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152562394 M-0338 W-00 D-04

EMMANUEL TOUSSAINT 31 BLUEBERRY LN WILLINGBORO NJ 08046

Delete

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



... 2/26/13

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: EMMANUEL TOUSSAINT

Election History:

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn

Memo User Date Date

Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: SARKER K UDDIN

Voter ID: 522180961

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/16/2015

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 04/21/2015

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 24

Street Name: STERLING LN

Address Line 2: Address Line 3:

Mailing Address:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

Inactive Confirmation Address:

Street Number: Street Number: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Suffix A:

Identification

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 03/31/2015

Registration Type: Agency with

Last Action Taken Date: 04/16/2015

Current Party: Unaffiliated

Party Privilege Date: 03/31/2015

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Action

District 02 Congressional 03 Legislative 07 Ward 00 Freeholder School Special Fire

Previous Name:

522180961 M-0338 W-00 D-02 INCOMPLETE BUSSATKI / Compare MVC - Agency CITIZEN & SIGNATURE BURLINGTON SARKER K UDDIN 24 STERLING LN **MVC Voter** WILLINGBORO NJ 08046 SARKER K UDDIN Date of Birth Confirmation Residence Address 24 STERLING LN Mailing Voter Address Change Confirmation Export WILLINGBORO NJ 08046-1419 MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Card Number Previous DOB Venf and Ack. Card Export 24 STERLING LANE Maintain Voter History Previous Address SARKER K UDDIN Bections VILLINGBORO NJ 08046-1419 MVC Transaction Date System 03/31/2015 Batch Scanning Document Imagino Handheld Scanning MVC Signature Date: 03/31/2015 Inquirles Help Spanish: Reject Reject English: No Card Issued Logoul SVRS Matched Voters **Mailing**Address /ote Confide Registration Date Date of Birth Residence Addre Factor 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. Electio Net Select Add Back No Action Required Print List Display Signature If etatus 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, DOS (or)
Last Name, First Name, First Latter of Middle Name and DOS (01/01/1800) matched statewide. If Confidence Factor is 25 % , that implies Soundax of Last Hame, Soundax of First Name, DOB (including 01/01/1800) metched statewide. Name metching process includes MVC previous names If there is a name change. ©2004 - 2005 PCC Technology Group. All rights reserved. 1.1.100







JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

522180961 M-0338 W-00 D-02



SARKER K UDDIN 24 STERLING LN WILLINGBORG NJ 08046

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED. AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990 Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

BUSSPAGA / BURLINGTON

Voter Name: SARKER K UDDIN

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

Scanned Scanned Counted

Close | Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: KUM S JOO Voter ID: 152151764

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 2638

Street Name: MONMOUTH RD

Address Line 2: Address Line 3:

Municipality: SPRINGFIELD TOWNSHIP

Postal City: JOBSTOWN

State: NJ Zip: 08041

Street Number:

Suffix B:

Unit:

Address Line 2:

State:

Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/05/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 12/05/2011

Registration Type: Agency with Identification

Last Action Taken Date: 12/29/2011

Status Information:

Voting Privilege Date: 12/26/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 12/29/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Suffix A:

Street Name/P.O. Box:

Address Line 3:

City: Zip Code: **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 Freeholder 00

District School

01

Congressional Special

03

Legislative 08

Fire

Previous Name:

KUM S JOO 2638 MONMOUTH RD JOBSTOWN NJ 08041

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

Poll Book Printing Schedule

Elections System

Inquiries Reports Help Logout

Duplicate Voters Batch Scanning Messaging Document Imaging

Compare MVC - Agency

BUSJPEW / BURLINGTON

INCOMPLETE

	MY	C Voter	ITZEN & SIGNATURE
Name	KUM S 300	Date of Birth	
Residence Address	2638 MONMOUTH RD JOBSTOWN NJ 08041-2208 16	Mailing Address	
Driver's License Number	Spring	Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	KUMSOO 300	Previous Address	2638 MONMOUTH RD JOBSTOWN NJ 08041-2208
MVC Transaction	12/05/2011		

Reject English:	15 1410 1400 1400 1400	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
•	101058142	KUNG JOM JEE	-		38 GOULD PL, CALDWELL, NJ 07006					Deleted	Decease

^{*} under Status Reason Indicates voter has multiple status reasons.

1 Go Select Add Back No Action Required Print List

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 Soundax of Last Name, Soundax 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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Chosen Freeholders ty of Burlington New Jersey



JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152151764 M-0334 W-00 D-01

KUM S JOO 2638 MONMOUTH RD JOBSTOWN NJ 08041

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR-VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (

(NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 12-22-11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: KUM S JOO

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Nemo User Date Date
Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: BRENDA L DANLEY

Voter ID:

152340142

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 09/17/2012

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 09/17/2012

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 17

Street Name: LAKESHORE DR

Address Line 2: Address Line 3:

Municipality: SOUTHAMPTON

TOWNSHIP

Postal City: SOUTHAMPTON

State: NJ Zip: 08088

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: 09/17/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 08/27/2012 Registration Type: Agency with

Identification

Last Action Taken Date: 09/17/2012

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:

Action

Ward Freeholder 00

District School 01

Congressional

Special

03

Legislative 08

Fire

Previous Name:

If status is beans, that impries the voter status is access.

If Confidence Factor is 100 %, that implies Briver's License Number is metched statewide.

If Confidence Factor is 50 %, that implies Less Name, Plots Name, DOB (or)

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

If Confidence Factor is 35 %, that implies Sounday of Lest Name, Sounday of First Name, DOB (including 01/01/1800) matched statewide.

Name matching process Includes MYC previous names if there is a name change.

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JOANNE NYIKITA Superintendent & Commissioner

DELETED - Doesn't WANT TO BE
Board of Chosen Freeholders

County of Burlington
New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

Do Not Wist to be Register Circle yes or No

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

9-10-12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: BRENDA L DANLEY

Election History:

El.Date
& El.Type El.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: CHARLES L DANLEY

Voter ID:

152340173

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 09/17/2012

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 09/17/2012

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit:

Suffix A:

Suffix B:

Street Number: 17

Street Name: LAKESHORE DR

Address Line 2: Address Line 3:

Municipality: SOUTHAMPTON

TOWNSHIP

Postal City: SOUTHAMPTON

State: NJ Zip: 08088

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: 08/27/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 08/27/2012

Registration Type: Agency with

Identification

Last Action Taken Date: 09/17/2012

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 Freeholder

Action

00

District School 01

Congressional

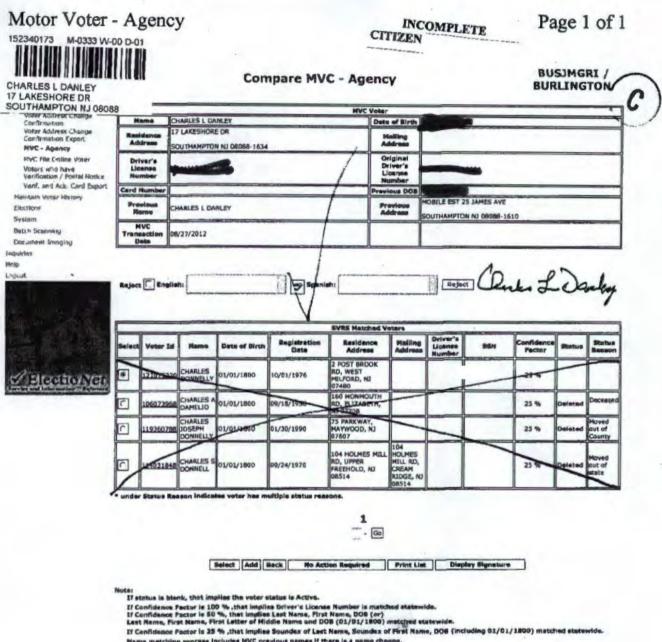
Special

03

Legislative 08

Fire

Previous Name:



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

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JOANNE NYIKITA Superintendent & Commissioner

DELETED. DOESN'T WANT TO BE Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS**

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES Do Not Wish to be

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: CHARLES L DANLEY

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: AVJINDER SINGH

Voter ID:

152536802

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 33

Street Name: FLORENCE TOLLGATE PL

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ

Status Information:

Voting Privilege Date: 01/23/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/21/2013

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: 1 Suffix A: Suffix B:

Address Line 2: Address Line 3:

Zip: 08518

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: 01/02/2013

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 01/02/2013

Registration Type: Agency with Identification

Last Action Taken Date: 03/21/2013

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:

District 03 Legislative 07 Ward 03 01 Congressional Freeholder School Special Fire

Previous Name:

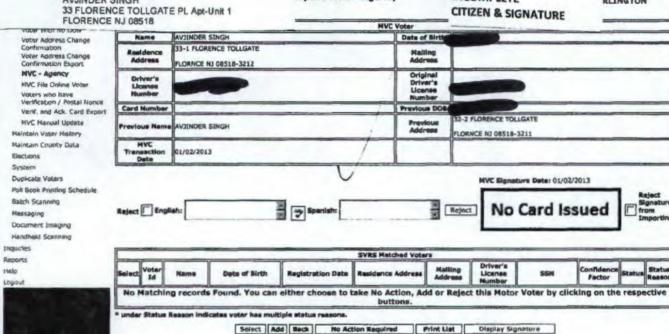
152536802 M-0315 W-03 D-01

AVJINDER SINGH

mpare MVC - Agency

INCOMPLETE

ISDLOVE / RLINGTON



delectioner

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 Laste, Laste, First Laste, Laste, First Laste, Laste, First Laste, L

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152536802 M-0315 W-03 D-01

AVJINDER SINGH 33 FLORENCE TOLLGATE PL Apt-Unit 1 FLORENCE NJ 08518 Delete

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 2-1-13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: AVJINDER SINGH

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: KEITH L HARMAN

Legacy ID:

150551379

Voter ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 232

Street Name: CHARING WAY

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ Zip: 08054

Mailing Address:

Address Line 2:

City: State: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/11/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/20/2008 Registration Type: Agency with

Identification

Last Action Taken Date: 01/06/2014

Status Information:

Voting Privilege Date: 07/11/2008

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/06/2014

Deleted Reason: Administrative Action

Poll Worker Status:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 3:

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 Freeholder 00

District

School

05

Congressional Special

03

Legislative 07

Fire

Previous Name:

INCOMPLETE - DMV LIST CITIZENS BOX MISSING SIGNATURE

82

ation Application

on is required unless marked optional.

I attendable.)				is Change ure Update		litical Party Affi Non-affiliation C			FOR OFFICIAL USE ONLY
(If No, DO NOT complete this form) (If No,				ou be 18 years of	Clerk				
3 Last Nam	uman	First	Name	ith	Middle I	Name or Initial	Suffix	(Jr., Sr., III)	Registration #
4 Date of Birt	h Monta				-				Office Time Stam
-	icense Numberor			ID, provide the l	ast 4 digits of yo	's License or MVC Non-E our Social Security Num	ber.	لللا	NUL
6 Home Add	ress (DO NOT use PO Box)	bu	Apt.	Municipality Mt Z		0 8054	State		2 0 2008
7 Mailing Add	dress if different from above	ve /	Apt.	Municipality		County	State	Zip Code	-
8 LastAddress	Registered to Vote (DONOT use	PO Box)	Apt.	Municipality		County	State	Zip Code	□ by mail □ in person
9 Former Na	me if Making Name Chan	ge			Day Pho (Options	one Number			
	h to declare a political pa	rty affi	liation?						
(Optional) 11 Gender				No, I do	not wish	to be affiliated	with ar	y political	party.
□ Female □ Male Signature: Signature:	I live at the above address I will be at least 18 years on or before the next ele n or mark and date on line	old	V	offense under ar	a conviction by federal o	for an indictable r state laws	in o comple	te this form who comp	f up to \$15,000, up to 5 years, ant to R.S. 19:34-1 n, print the leted this form.
×					Address_		*		
Date									
	06853	N	M∈:	Jersey \	CITS oter	Registr	atio	п Арр	lication
l am applying I swear or affi	to vote at the address	s liste	d on m	ny Driver's L	icense.	B		NST7	~
• I am a U.S. C									
	driver's license address.					A	ea Code	Optional	NO.S.
 Lunderstand 	ist 18 years old on or before that any false or fradulent re 0, imprisonment up to 5 yea	egistrati	on may	subject me to a	fine 34-1.	6	- 7	Dates	8
	o declare a political p			n?(Optional)					
QYes, the par	ty name is:				No, I do	not wish to be	affiliate	d with any	political party.
	Print Na	me: k	ET	THE HIS	RMA	10			
	Signatu	re:							el Elections



Physical Address: 755 Eayrestown Road Lumberton, NJ 08048

Mailing Address: 49 Rancocas Road P.O. Box 6000 Mount Holly, NJ 08060-6000

Burlington County

Superintendent of Flections
And

Commissioner of Registrations

STON COUNTY HE ME

JOANNE NYIKITA Superintendent & Commissioner

> Phone: (609) 265-5111 Fax: (609) 265-5990

150551379 M-0324 W-00 D-05

KEITH L HARMAN 232 CHARING WAY MOUNT LAUREL NJ 08054

Dear Voter:

The Government Accountability Office sent us information that you provided to the federal courts that you are not a citizen. Anyone who is not a citizen is not allowed to register to vote. We show you as registered to vote in Burlington County. Before we delete you from the registration rolls please return this in the enclosed envelope with the line below marked that applies. Thank you for your help in this matter.

I am a citizen

I am not a citizen

Sincerely,

Joanne Nyikita

Superintendent of Elections

BUSDLOVE / BURLINGTON

Voter Name: KEITH L HARMAN

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

> Print List Close

El Date=Election Date

El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: BHAVIN M KAPADIA

Voter ID:

152647628

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Street Name: STOKES RD

Address Line 2:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

Status Information:

Voting Privilege Date: 08/24/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/20/2013

Deleted Reason: Administrative

Action

Poll Worker Status:

Residence Address:

Unit: Suffix A: Suffix B:

Street Number: 33

Address Line 3:

State: N1 Zip: 08054

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/03/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 08/03/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 08/20/2013

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:

Congressional Ward 00 District 15 03 Freeholder School Special

Legislative 07

Fire

Previous Name:

MVC Manual Update

Poll Book Printing Schedule

Electio Net

Marithin Voter History

Mainten County Date

Elections

System

Messaging Document Imaging Handheld Scanning

Inquiries

Reports Help

Duplicate Voters Batch Scanning

INCOMPLETE CITIZEN & SIGNATURE

BUSDSHU Compare MVC - Agency BURLINGT BHAVIN M KAPADIA Date of Birth 33 STOKES RD MOUNT LAUREL NJ 08054-6401 Original Driver's License Number Driver's License Number Card Number Previous DOB 31 NORTH MAPLE AVE APT 38 Previous Address BHAVIN M KAPADIA Previous Name MARLTON NJ 08053-1715 HVC 8/03/2013 Date MVC Signature Date: 08/03/2013 No Card Issued Reject English: 7 Spi Reject SVRS Matched Voters Residence Address Date of Birth Registration Date Factor No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the re buttons. Select Add Back No Action Required Print List Display Signature If status is blank, that implies the voter status is Active.

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

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)

Lest Name, First Name, First Letter of Middle Name and DOB (01/01/1800) metched statewide.



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders

County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152647628 M-0324 W-00 D-15

BHAVIN M KAPADIA 33 STOKES RD

MOUNT LAUREL NJ 08054

This deleted from the system. Not a U.S. Citizen

DEAR VOTE

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: BHAVIN M KAPADIA

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: SHUKLA PAL Voter ID: 152661976

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Name: MINIVER CT

Address Line 2:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ Zip: 08054

Status Information:

Voting Privilege Date: 09/21/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/18/2013

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 18

Address Line 3:

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: 08/31/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 08/31/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 09/18/2013

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 07 00 24 03 Freeholder School Special Fire

Previous Name:

Main I Activi Vot

> Add/Change Voter Yoter With No DGB Voter Address Change Yoter Address Change Confirmation Export

MVC - Agency MVC File Online Voter Voters who have Ventication / Postal Notice Veril, and Ack Card Export MVC Manual Update

Maintain Voter History Maintain County Data

Elections System

Pall Book Printing Schedule Duplicate Vocers

Satrh Scanning

Messaging Document Imaging Handheld Scanning

Reports Help

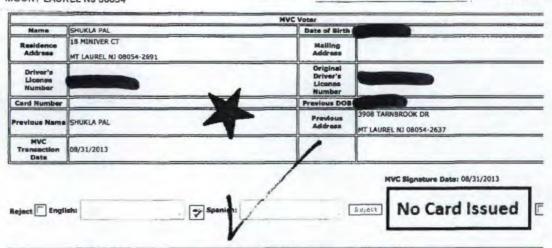




VC - Agency MOUNT LAUREL NJ 08054

INCOMPLETE CITIZEN & SIGNATURE

BUSNEOS BURLINGT



SVRS Matched Voters Date of Birth Registration Date Residence Address Vote 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

Select Add Back No Action Required Print List Display Signature

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 30 %, that implies Last Name, First Name, DOS (or)

Lest Name, First Name, First Letter of Middle Name and DOS (01/01/1600) matched statewide.

If Confidence Factor is 25 % , that implies Soundex of Last Name, Soundex of First Name, DOB (including 01/01/1809) matched statewide.

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

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posen Freeholders of Burlington w Jersey



JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152661976 M-0324 W-00 D-24



SHUKLA PAL 18 MINIVER CT MOUNT LAUREL NJ 08054



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE

AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER
REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 09/12/13

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: SHUKLA PAL

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Date

Date

Date

Date

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: EMMA J STITH Voter ID: 152603996

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 221

Street Name: FOXWOOD LN

Address Line 2: Address Line 3:

Postal City: MARLTON

State: NJ

Status Information:

Voting Privilege Date: 05/21/2013 Current Status: Deleted

Deleted Date: 05/28/2013

Deleted Reason: Administrative Action

Poll Worker Status:

Date Last Voted:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Municipality: EVESHAM TOWNSHIP

Zip: 08053

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: 05/21/2013

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 04/30/2013

Registration Type: Agency with Identification

Last Action Taken Date: 05/28/2013

Inactive Confirmation Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

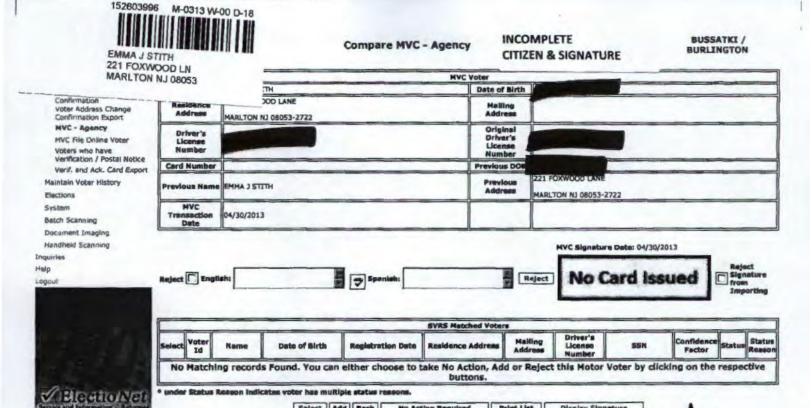
Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Legislative 08 Ward 00 District 18 Congressional 03 Special Fire Freeholder School

Previous Name:



152603996

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, Pirst Name, DOB (or)
Last Name, Pirst 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.

Select Add Back No Action Required Print List Display Signature

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152603996 M-0313 W-00 D-18
EMMA J STITH
221 FOXWOOD LN

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

MARLTON NJ 08053

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



5-19-13.
DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

*

BUSDLOVE / BURLINGTON

Voter Name: EMMA J STITH

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: JAMES P TRACEY Voter ID: 152515136

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Street Name: SUMMIT CT

Address Line 2: Address Line 3:

State: NJ

Status Information:

Voting Privilege Date: 11/29/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/06/2013

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

Unit: Suffix A: Suffix B:

Street Number: 21

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

Zip: 08053

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: 11/08/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 11/08/2012

Registration Type: Agency with Identification

Last Action Taken Date: 02/06/2013

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 Freeholder 00

District School

28

Congressional

Special

03

Legislative 08

Fire

Previous Name:

152515136 M-0313 W-00 D-28 INCOMPLETE Compare MVC - Agency USJPEW / BURLINGTON JAMES P TRACEY **CITIZEN & SIGNATURE** 21 SUMMIT CT **MVC Voter** MARLTON NJ 08053 DAMES P TRACEY Date of Birth Voter Address Change 21 SUMMIT COURT Rasidence Voter Address Change Confirmation Export ARLTON NJ 08053-4211 MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Previous DOB Card Number Varif. and Ack. Card Export 1205 VIRGINA COUR JAMES TRACEY Previous Name MVC Manual Update MARLTON NJ 08053-3789 Maintain Voter History Maintain County Data 11/08/2012 Elections System MVC Signature Date: 11/08/2012 Poll Book Printing Schedule Duplicate Voters Spenish: No Card Issued Batch Scanning Reject English: Reject Messaging Document Imaging Inquiries Reports **SVRS Matched Voters** Driver's License Help onfiden Factor Date of Birth Voter Id Registration Date 210 SPEER AVE. 121241270 JAMES C TOWERS through two federal general elections a 01/01/1800 10/05/1992 25 % Apt-Unit 2, CLIFTON, NY 07013 Inactive 1413 BOA PL, HILLSIDE, NJ 07205 106331396 JAMES H TRAWICK through two federal general C 10/01/1986 01/01/1800 Signaturies elections 107002338 TRUAX 12 GRAMS AVE, EGG HARBOR, NJ C 25 % 01/01/1800 10/03/1945 EGG HA 08234 Deceased 13 LEAP DR. PENNSVILLE, NJ 08070 111047689 JANICE E C 01/01/1800 09/23/1959 25 % Deleted 13 BEAKES ST, Apt-Unit 1 C, TRENTON, NJ 08638 103128643 JAMES L. Criminal Conviction C 01/01/1800 01/01/1800 25 % Go



Select Add Back No Action Required Print List Display Signature

te:
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 Little, Dobb (0/10/1/1000) 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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Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152515136 M-0313 W-00 D-28

JAMES P TRACEY 21 SUMMIT CT MARLTON NJ 08053



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE—AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 1/04/02013 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER. -

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: JAMES P TRACEY

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
Ei.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: YIMIN YANG 152648973 Voter ID:

Legacy ID:

Archived Legacy ID:

Residence Address: County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 75

Street Name: BRIDGEWATER DR

Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053 Miscellaneous: Gender: Not Entered

Party Information: Current Party: Unaffiliated

Absentee Ballot Type: None Registration Date: 08/09/2013

Party Privilege Date: 08/09/2013

Registration Type: Agency with Identification

Last Action Taken Date: 08/20/2013

Status Information:

Voting Privilege Date: 08/30/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/20/2013

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

28

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 Freeholder 00

District School

Congressional Special

03

Legislative 08

Fire

Previous Name:

YIMIN YANG

ompare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

MVC Signature Date: 08/09/2013

75 BRIDGEWATER DR MARLTON NJ 08053 **MVC Voter** Date of Birth | 08/06/1930 Logout 75 BRIDGEWATER DRIVE MARLTON NJ 08053-4218 Original Driver's License Number Oriver's License Number Card Number Previous DOB 206 JUNIPER DR Previous Nam YIMIN YANG CHERRY HILL NJ 08003-3124 C Bledho Ner 08/09/2013 Transactio Date

Reject English:			Spanishe		Reject	No C	No Card Issued			Signature from Importing		
	V			SVRS Matched Voter								
Select Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence	Status	Status Reason		
No Match	ing records	Found. You car	either choose to	take No Action, Ad buttons.	d or Reject	this Motor V	oter by di	cking on the	respe	ctive		

* under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

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, Pirst Name, DOB (or)

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

If Confidence Pactor is 25 % ,that implies Soundex of Lest 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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



152648973 M-0313 W-00 D-28

75 BRIDGEWATER DR MARLTON NJ 08053

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY: WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK





*** 3/15/13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: YIMIN YANG

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date

El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: CHIZOBA O MBACHU

Voter ID: 521254935

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 01/07/2015

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 12/31/2014

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 17

Street Name: HEMMINGWAY LN

Address Line 2: Address Line 3:

Mailing Address:

Municipality: MANSFIELD TOWNSHIP

Postal City: COLUMBUS

State: NJ Zip: 08022

Unit:

Inactive Confirmation Address:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 12/10/2014

Last Action Taken Date: 01/07/2015

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 12/10/2014

Street Number: Street Number: Suffix A: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Zip Code: Country: Country:

Districts:

Ward 00 District 07 Congressional 03 Legislative 08
Freeholder School Special Fire

Previous Name:

Motor Voter - Agency

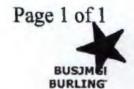
521254935 M-0318 W-00 D-07



CHIZOBA O MBACHU 17 HEMMINGWAY LN

INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

Compare MVC - Agency



COLUMBUS NJ 08022 CHIZOBA O MBACHU Date of Birth | 05/08/1979 Voter Address Change COLUMBUS N) 08022-2325 MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Verif, and Ack. Card Export Card Number Previous DOS Maintain Voter History 272 WARD AVE 9F CHIZOBA O MBACHU Elections ORDENTOWN NJ 08505-2313 Systam Batch Scanning 12/10/2014 Document Imaging Handheld Scanning MVC Signature Date: 12/10/2014 Loquiries Help ₩ 7 Sp Reject Reject English No Card Issued **SVRS Natched Voters** No Matching records Found. You can either choose to take No Action, Add or Reject t Motor Voter by clicking on the respective buttons. BlectioNel

Note:

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

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

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

Last Name, First Name, First Latter of Middle Name and DOB (01/01/1800) matched states

Last Name, First Name, First Name, First Latter of Middle Name and DOB (01/01/1800) matched states

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

Mo Action Required Print List Display Signature

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

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1.1.



CHIZOBA O MBACHU 17 HEMMINGWAY LN COLUMBUS NJ 06022



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

ES) (NO

PLEASE CIRCLE VES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

X VOTER SIGNATURE

× 12/20/14

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: CHIZOBA O MBACHU

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: SIEGLINDE YARBROUGH

Voter ID: 152660485

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: A2-9
Suffix A:
Suffix B:

Street Number: 760

Street Name: EAYRESTOWN RD

Address Line 2: Address Line 3:

Municipality: LUMBERTON TOWNSHIP

Postal City: LUMBERTON

State: NJ Zip: 08048 Miscellaneous: Gender: Not Entered

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/27/2013

Absentee Ballot Type: None Registration Date: 08/27/2013

Registration Type: Agency with Identification

Last Action Taken Date: 09/16/2013

Status Information:

Voting Privilege Date: 09/17/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/16/2013

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 Freeholder 00

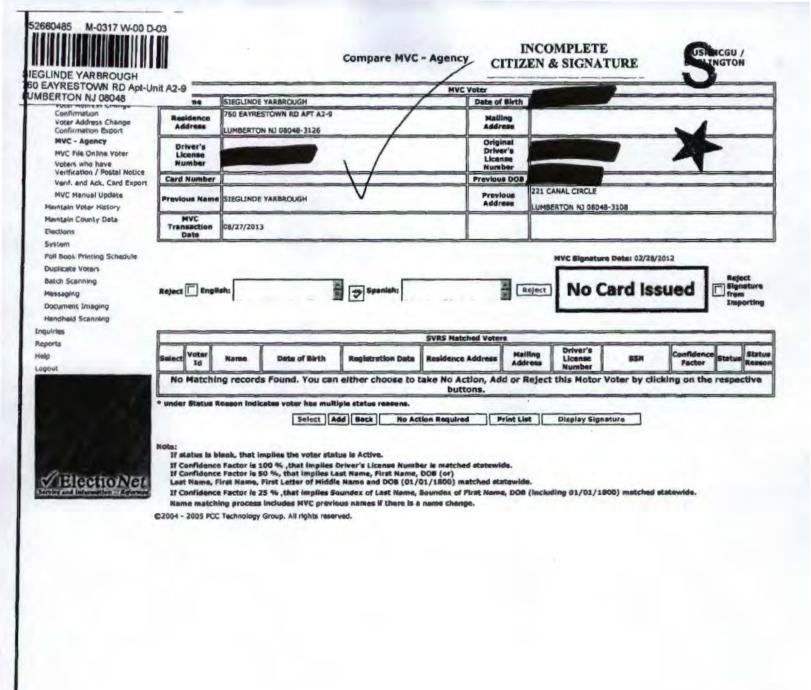
0 District School 03

Congressional Special 03

Legislative 08

Fire

Previous Name:





Chosen Freeholders ty of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS





JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR YOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



9-9-13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: SIEGLINDE YARBROUGH

Election History:

& El.Type El.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Date

Pty
Memo User Date Date
Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: RITIKA WARRICH

Voter ID:

152314181

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: C56 Suffix A:

Suffix B: Street Number: 760

Street Name: EAYRESTOWN RD

Address Line 2: Address Line 3:

Municipality: LUMBERTON TOWNSHIP

Postal City: LUMBERTON

State: NJ Zip: 08048 Miscellaneous: Gender: Not Entered

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/13/2012

Absentee Ballot Type: None Registration Date: 08/13/2012

Registration Type: Agency with Identification

Last Action Taken Date: 03/04/2015

Status Information:

Voting Privilege Date: 09/03/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/04/2015

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 Freeholder 00

District

03

Congressional

Special

03

Legislative 08

Fire

Previous Name:



tion Application

a is required unless marked optional.

			Change a Update		itical Party Affi Ion-affiliation C			FOR OFFICIAL USE ONLY
	.S. Citizen? Q Yes X No NOT complete this form)	you be 18 years of No, DO NOT co.	Clerk					
3 Last Name		First Nam		Middle Name or Initial		Suffix (Jr., Sr., III)		Registration#
4 Date of Birth	h Month							Office Time Stamp
	icense Number or MVC Non-dri		10, provide the la	ast 4 digits of yo	's License or MVC Non-C our Social Security Numb	per.	Щ	
	r affirm that I DO NOT have a N				-	_		
The second secon	ress (DO NOT use PO Box)	Apt.	Municipality		County	State		
7 Mailing Address if different from above			Municipality		County County	N.5 State	Zip Code	
8 LastAddress	Registered to Vote (DO NOT use Po	OBox) Apt.	Municipality		County	State	Zip Code	☐ by mail ☐ in person
9 Former Nar	me if Making Name Change	9		Day Pho (Options	one Number			
10 Do you wish (Optional)	h to declare a political part	y affiliation			ne isto be affiliated	with ar	ny political p	party.
11 Gender Female Male	Declaration - I swear or affile I am a U.S. Citizen I live at the above address I will be at least 18 years of on or before the next elect	ld ,	I will have reside at least 30 days I am not on parol sentence due to offense under an	before the e, probation a conviction	next election or serving a for an indictable	fr m in	audulent regine to a fine of moreonent	nat any false or stration may subject up to \$15,000, up to 5 years, nt to R.S. 19:34-1
Signature: Sign	n or mark and date on lines	below	NO		s of ind		te this form who compl	, print the eted this form.
			Such Per N.	Dea	uss		D	ate
			P. Al.	The	evel		7	7
Date 08/7/	عاملا		In In			11.3	8	200

5) Registrants who are submitting this form by mail and are registering to vote for the first tirrig: If you do not provide 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.

а	Need N	lore in	formatio	n? Chuck	boxes below if	you would like	to receive	more int	ormati	on about:
	Francisco Control	A CONTRACTOR OF THE PARTY OF TH	THE RESIDENCE OF THE PARTY OF T	Control of the Contro	A PROPERTY OF THE PERSON WAS ASSESSED.	OF ILLED OF SHIP ILL OF SHIP HOLD SHIP		The second second second	the state of the state of	The second secon

- absentee voting
- Decoming a poll worker

- O 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)

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

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

NJ 08048-3152 C

() Yes, the party name is :

W0666 05800 54731

WARBIEHT 760 EAYRESTOWN ROAD C5-6

RITIKA

LUMBERTON

BUSSPAGA / BURLINGTON

Voter Name: RITIKA WARRICH

Election History:

El. Type El. Code Bal. Type Bal. Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
Ei.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: THAMPI J MURINJAKALLIL

Voter ID: 152236327

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 5 Suffix A: Suffix B:

Street Number: 744

Street Name: EAYRESTOWN RD

Address Line 2: Address Line 3:

Municipality: LUMBERTON TOWNSHIP

Postal City: LUMBERTON

State: NJ Zip: 08048

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/27/2012

Gender: Not Entered Absentee Ballot Type: None Registration Date: 04/27/2012

Registration Type: Agency with Identification

Last Action Taken Date: 05/09/2012

Status Information:

Voting Privilege Date: 05/18/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/09/2012

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:

03

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

District School

03

Congressional Special

Legislative 08

Fire

Previous Name:



744 EAYRESTOWN RD Apt-Unit 5 LUMBERTON NJ 08048

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

Poll Book Printing Schedule

Elections

Inquiries Reports Help Logout

Duplicate Voters Batch Scanning Messaging Document Imaging

Compare MVC - Agency

BUSJPEW / RLINGTON

	MVC	Voter CI	TIZEN & SIGNATURE
Name	THAMPI J MURINJAKALLIL	Date of Birth	
Residence Address	744 EAYRESTOWN RD APT 5 LUMBERTON NJ 08048-3124	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number	\ / /	Previous DOB	
Previous Name	THAMPI 3 MURINJAKALLIL	Previous Address	760 EAYRESTOWN RD APT A9-7 LUMBERTON NJ 08048-3134
MVC Transaction	04/27/2012		

Reject English:	E	Spanish:	N N	Reject

				5	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date		Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status
No	Match			ound. You co						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

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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Chosen Freeholders y of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152236327 M-0317 W-00 D-03

THAMPI J MURINJAKALLIL 744 EAYRESTOWN RD Apt-Unit 5 LUMBERTON NJ 08048

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



5-6-2012 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: THAMPI J MURINJAKALLIL

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn

Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: PONNAMMA T

MURINJAKALLIL

Voter ID: 152572722

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 03/27/2013

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 03/12/2013

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: 5 Suffix A: Suffix B:

Street Number: 744

Street Name: EAYRESTOWN RD

Address Line 2: Address Line 3:

Municipality: LUMBERTON

TOWNSHIP

Postal City: LUMBERTON

State: N) ZIp: 08048

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit

Address Line 2: Address Line 3:

03

City: State: Zip Code: Country: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 02/19/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 02/19/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 03/27/2013

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 Freeholder 00

District School

Congressional

Special

03

Legislative 08

Fire

Previous Name:

Mein M Activiti Vote	744 EAYR	MA T MURIN ESTOWN RI	D Apt-Unit 5	ivc	- Agency		COMPL	ETE SIGNATU	RE		LOVE	
VŁ	LUMBERT	ON NJ 0804	8		MVC Vat	ter			1001	Jenes L		
Voter Address Change	Name	-	A T MURINJAKALLIL		D	ate of B						
Confirmation Voter Address Change Confirmation Export	Resident	08	ESTOWN RD APT 5			Malling Address						
MVC - Agency MVC File Online Voter Voters who have	Driver's License Number					Origina Driver's License						
Verification / Postal Notice	Card Num				P	Number revious (-		-	
Verif. and Ack. Card Export MVC Menual Update Heintein Voter History	Previous N	ame PONNAMM	A T MURINJAKALLIL	1		Previou	760 E	AYRESTOWN RD				
Maintain County Data Elections System	MVC Transacti Date	on 02/19/201	3	1				DATE OF THE STATE	73.31			
Duplicate Voters Batch Scanning Messaging Document Imaging Handhald Scanning Inquirtes	Rajact [Inglish	*******	Spanish:	SVRS Matched	2	Reject				F	aject ignature om mporting
Reports				1	SVRS Matched			Driver's	-	1		
Help Logaut	Select Vote	Name	Date of Birth	Registration Data	Residence Add		Mailing Address	License Number	SSN	Confidence	Status	Status Reason
	No Mate	hing records	Found. You can	either choose to t	ake No Actio		or Reject	this Motor	Voter by cl	icking on th	e respe	ective
	* under Stat	us Reason Indi	cates voter has mul	tiple status ressons.								
	7.00		Select A	44 (5-4)	tion Required	7	t List	Display Sign	ature			
Mary Control of			Select	dd Back No Act	don Required	PYTE	N CORC		-			

152572722 M-0317 W-00 D-03



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152572722 M-0317 W-00 D-03

PONNAMMA T MURINJAKALLIL 744 EAYRESTOWN RD Apt-Unit 5 LUMBERTON NJ 08048 Delete

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YE

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

3-21-2013 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: PONNAMMA T MURINJAKALLIL

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: JULIANA A KOBBA-

TARAWALI

Voter ID:

520761907

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 10/29/2014

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 10/30/2014

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: A10-2 Suffix A: Suffix B:

Street Number: 760

Street Name: EAYRESTOWN RD

Address Line 2: Address Line 3:

Municipality: LUMBERTON

TOWNSHIP

Postal City: LUMBERTON -

State: NJ Zip: 08048

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: 10/30/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/09/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 10/29/2014

Inactive Confirmation Address:

Street Number:

Suffix A:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

District

t

03

Congressional

Special

03

Legislative 08

Fire

Previous Name:

520761907 M-0317 W-00 D-03 INCOMPLETE CITIZEN & SIGNATURE BUSTSTRI / Compare MVC - Agency BURLINGTON JULIANA A KOBBA-TARAWALI **MVC Voter** 760 EAYRESTOWN RD Apt-Unit A10-2 TANA A KOBBA-TARAWALI Date of Birth LUMBERTON NJ 08048 EAYRESTOWN RD APT A10-2 Confirmation Export LUMBERTON NJ 08048-3135 MVC - Agency MVC File Online Voter Votars who have Verification / Postal Notice Card Number Venf. and Ack. Card Export MVC Manual Update Previous Name DULIANA A KOBBA-TARAWALI Previous Address Heintain Voter History MAPLE SHADE NJ 08052-7462 Maintain County Data MYC 10/09/2014 Elections Date System Duplicate Voters MVC Signature Date: 10/09/2014 Poll Book Printing Schedule Batch Scanning Spanish: Reject Reject English: No Card Issued Messeging Document Imaging Handheld Scanning Inoulries **SVRS Matched Voters** Reports Helo Date of Birth Registration Date Residence Address Lie Logicul 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. Select Add Back No Action Required Print List Display Signature If status is blank, that implies the voter status is Active.

If Confidence Fector is 100 %, that implies Driver's License Number is matched statewide. If Confidence Fector is 30 %, that implies Last Name, First Name, DOB (or) Last Name, First Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

If Confidence Fector is 25 % ,that implies Soundax of Last Name, Soundax of First Name, DOS (including 01/01/1800) matched statewide.

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS**

520761907 M-0317 W-00 D-03

JULIANA A KOBBA-TARAWALI 760 EAYRESTOWN RD Apt-Unit A10-2 LUMBERTON NJ 08048

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

TER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

BUSSPAGA / BURLINGTON

Voter Name: JULIANA A KOBBA-TARAWALI

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: ADONIAS A RAMOS-

SOTO

Voter ID: 152162677

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 01/17/2012

Date Last Voted:

Deleted Reason:

Poll Worker Status:

Voting Privilege Date: 01/24/2012

Administrative Action

Residence Address:

County: BURLINGTON

Unit: A Suffix A: Suffix B:

Street Number: 15

Street Name: FRANKLIN DR

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE

TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052

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: 01/03/2012

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 01/03/2012

Registration Type: Agency with

Identification

Last Action Taken Date: 01/17/2012

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 19 Congressional 01 Legislative 6
Freeholder School Special Fire

Previous Name:

ompare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE



MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export

Maintain Voter History

Elections

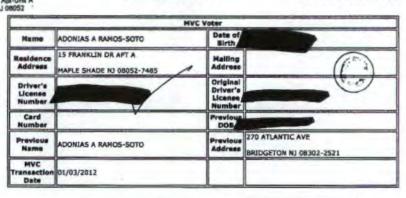
System

Batch Scanning

Document Imaging Inquiries Help

Logout





				S	VRS Matche	ed Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status

Select Add Back No Action Required Print List

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 statswide.

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

Last Name, First Name, First Letter of Middle Name and DOS (01/01/1800) matched statswide.

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

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

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Chosen Freeholders ty of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



1/12/20012 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: ADONIAS A RAMOS-SOTO

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotin=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: HETALBEN J PANDYA

Voter ID: 152803997

Legacy ID:

Archived Legacy ID:

Residence Address:

Suffix B:

Street Name: MADISON DR

Address Line 3:

Postal City: MAPLE SHADE

Status Information:

Voting Privilege Date: 08/06/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/23/2014

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit:

Suffix A: C

Street Number: 108

Address Line 2:

Municipality: MAPLE SHADE TOWNSHIP

State: NJ Zip: 08052

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: 07/16/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 07/16/2014

Registration Type: Agency with Identification

Last Action Taken Date: 09/23/2014

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 Freeholder 00

District School

19

Congressional

Special

01

Legislative 6

Fire

Previous Name:

152803997 M-0319 W-00 D-19 INCOMPLETE FOR MISSING BUSRMCGU / SIGNATURE & CITIZENSHIP Compare MVC - Agency BURLINGTON HETALBEN J PANDYA 108 C MADISON DR **MVC Voter** MAPLE SHADE NJ 08052 HETALBEN J PANDYA Date of Birth Name 108 C MADISON DRIVE Confirmation Voter Address Change Malling Address Regidence Address APLE SHADE NJ 08052-7471 Confirmation Export **MVC** - Agency Original Driver's License Number MVC File Online Voter License Voters who have Verification / Postal Notice Previous DO **Card Number** Verif. and Ack. Card Export **MVC Manual Update** HETALBEN) PANDYA Previous Name **Maintain Voter History** MAPLE SHADE NJ 08052-7406 Maintain County Data 07/16/2014 Elections Date System Poli Book Printing Schedule MVC Signature Date: 07/15/2014 **Duplicate Voters** Batch Scanning Spanish: No Card Issued Reject English: Reject Messaging Document Imaging Handheld Scanning Inquirtes **SVRS Matched Voters** Reports Driver's License Number Mailing Address Status Help Vote Date of Birth Registration Date Residence Address SSN Name Factor Logout 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 res Select Add Back No Action Required Print List Display Signature Note:
If status is blank, that implies the voter status is Activo. 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 Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide. & Electio Neu If Confidence Factor is 25 %, that implies Soundex of Last Name, Soundex of First Name, DOS (including 01/01/1800) metched statewide. Name matching process includes MVC previous names if there is a name change. ©2004 - 2005 PCC Technology Group. All rights reserved.



Chosen Freeholders ity of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: HETALBEN J PANDYA

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close | Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: AARON O JORKEY

Voter ID: Legacy ID: 152542464

Archived Legacy ID:

Residence Address:

Street Number: 220

Street Name: S LENOLA RD

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

Zip: 08052

Status Information:

Voting Privilege Date: 02/01/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/08/2013

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: A704 Suffix A:

Suffix B:

State: N)

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: 01/11/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/11/2013

Registration Type: Agency with Identification

Last Action Taken Date: 02/08/2013

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 Freeholder 00

District School

15

Congressional

Special

01

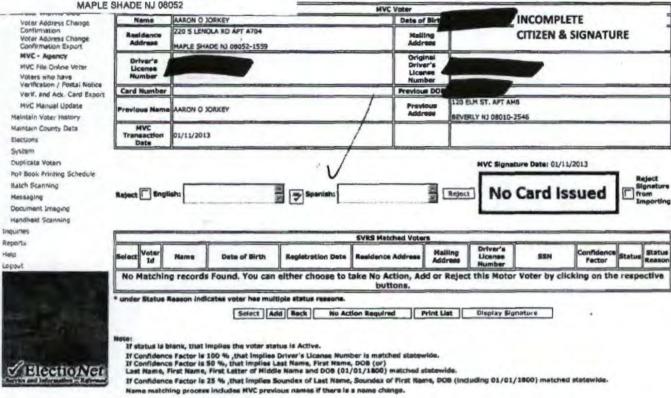
Legislative 6

Fire

Previous Name:

AARON O JORKEY 220 S LENOLA RD Apt-Unit A704 MAPLE SHADE NJ 08052 npare MVC - Agency

BUSDLOVE /



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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

Delete



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152542464 M-0319 W-00 D-15

AARON O JORKEY

AARON O JORKEY 220 S LENOLA RD Apt-Unit A704 MAPLE SHADE NJ 08052

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



1-28-13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: AARON O JORKEY

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: HERBERT S HINDS

Voter ID: 151631401

Legacy ID:

Archived Legacy ID:

Residence Address:

Address Line 2:

Postal City: MAPLE SHADE

State: N1

Status Information:

Voting Privilege Date: 08/21/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/13/2014

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: DT2 Suffix A: Suffix B:

Street Number: 220

Street Name: S LENOLA RD

Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Zip: 08052

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: 11/16/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 07/31/2014

Registration Type: Agency with Identification

Last Action Taken Date: 08/13/2014

Inactive Confirmation Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

01

City: State: Zip Code: Country:

Districts:

Ward Freeholder

00

District School

15

Congressional Special

Legislative 6

Fire

Previous Name:





JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

151831401 M-0319 W-00 D-15



HERBERT S HINDS 220 S LENOLA RD Apt-Unit DT2 MAPLE SHADE NJ 08052



DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PERMANENT RESIDENT

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

Delete

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990 Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

under correspondence

HERBERT S HINDS 220 S LENOLA RD Apt-Unit (Compare M	IVC - Agency		ptile	lan	des		BUSSATKI	
MAPLE SHADE NJ 08052	212			-		MVC		-		V		- 1	
VODET PRINTERS OF THE PARTY OF			HERBERT S	The Part of the last of the la			Date of Bi	rth					
Confirmation Voter Address Change Confirmation Export		-000		OLA RD. APT DT2 ADE NJ 08052-1583			Mailing Address	15	163	31401			
MVC - Agency MVC File Online Voter Vaters who have Verification / Postal Notice	Driv Lice Num						Original Driver's License Number			-			
Verif. and Ack. Card Export	Card N	umber			-		Previous D	OE S					
Maintain Voter History Elections	Previou	s Name	HERBERT S	HINDS			Previous		NOLD ST				
System Batch Scanning	Transi Da	ection	07/31/2014	•									
Document Imaging Handheld Scanning Inquiries Help		English			Spanish:		100	Reject		Card	7/31/2014 Issue		nject gnature
Logout	Select	Voter Id	Name	Date of Birth	Registration Date	SVR5 Match Residence Address		Driver's Cl	cense	SSN	Confidence Factor		Status Reason
	@ 1	51631401	HERBERT S HINDS	11/18/1966	11/16/2010	2434 ARNOLD ST, CAMDEN CITY, NJ 08104		H447532682	11662		100 %	Incomplete	No signature
	Note: If sta If Cor If Cor Last ! If Cor Mame	tus is bis fidence i lame, Fir fidence i matchin	ns, that in Factor is 5 st Name, i Factor is 2 g process	splies the voter s 00 %, that implies 00 %, that implies First tester of Mid 5 %, that Implies	tatus is Active. Is Oriver's License M Last Name, Pirst Ni dile Name and DOB Soundex of Last Na Vious names if there	to Action Required tumber is matched ame, DOB (or) (01/01/1800) ma time, Sounder of Fi	statewide. Ached states irst Name, D	wide.		ignature /1800) mate	ched statewid	de.	

BUSSPAGA / BURLINGTON

Voter Name: HERBERT S HINDS

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: HA L FLATLEY
Voter ID: 152183012

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 02/24/2012

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 02/27/2012

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 47

Street Name: COUNTY AVE
Address Line 2:
Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052

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: 02/06/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 02/06/2012

Registration Type: Agency with Identification

Last Action Taken Date: 02/24/2012

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 01 Legislative 6
Freeholder School Special Fire

Previous Name:



47 COUNTY AVE MAPLE SHADE NJ 08052

impare MVC - A! CITIZEN & SIGNATURE

BUSDCRAW / BURLINGTON

Addy 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

Document Imaging

Inquiries

Reports

Help

Logout



	MVC	Voter	
Name	HA L FLATLEY	Date of Birth	
Residence Address	47 COUNTY AVENUE MAPLE SHADE NJ 08052-2934	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	HA L FLATLEY	Previous	47 COUNTY AVE MAPLE SHADE NJ 08052-2934
MVC Transaction Date	02/06/2012		

Reject English:		Spanish:		Reject
-----------------	--	----------	--	--------

				S	VRS Matche	ed Voters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	 Confidence Factor	Status	Status Reason
No	Match			ound. You c					d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

	_			7
Select	Add	Back	No Action Required	Print List
- manager	-	mark !	tan wherein tendent an	

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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Ihosen Freeholders 1 of Burlington Iew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

Von- RE

2-17-12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: HA L FLATLEY

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: LEILA ASAD Voter ID: 152807298

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 1805 Suffix A: Suffix B:

Street Number: 1330

Street Name: E KINGS HWY

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/25/2014

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 07/25/2014

Registration Type: Agency with Identification

Last Action Taken Date: 08/18/2014

Status Information:

Voting Privilege Date: 08/15/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/18/2014

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:

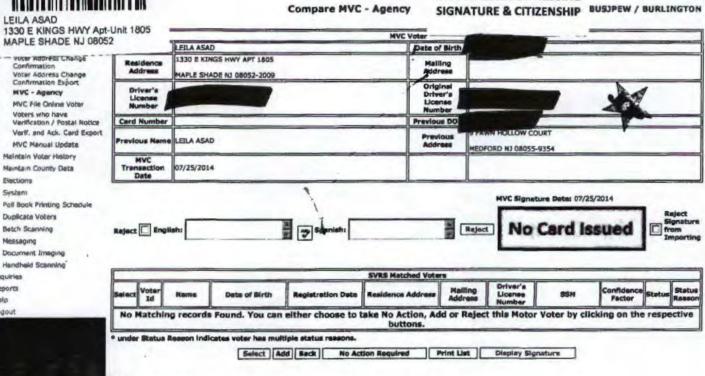
Ward 00 District 15 Congressional 01 Legislative 6 Freeholder School Special Fire

Previous Name:

152807298 M-0319 W-00 D-15

LEILA ASAD 1330 E KINGS HWY Apt-Unit 1805

INCOMPLETE FOR MISSING



Electione

Elections System

Messaging

Inquiries

Reports

Help Logout

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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Chosen Freeholders ty of Burlington New Jersey



JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS**

152807298 M-0319 W-00 D-15

1330 E KINGS HWY Apt-Unit 1805 MAPLE SHADE NJ 08052

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: LEILA ASAD

Election History:

& El.Type El.Code Bai.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: KENAN DONGEL

Voter ID:

152631123

Legacy ID:

Archived Legacy ID:

Residence Address:

Suffix B:

Street Number: 2

Street Name: HICKORY CT

Address Line 3:

Postal City: MAPLE SHADE

State: NJ

Status Information:

Voting Privilege Date: 07/16/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 07/11/2013

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: C Suffix A:

Address Line 2:

Municipality: MAPLE SHADE TOWNSHIP

Zip: 08052

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: Unaffillated

Party Privilege Date: 06/25/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/25/2013

Registration Type: Agency with Identification

Last Action Taken Date: 07/11/2013

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 Freeholder 00

District School

14

Congressional

Special

01

Legislative 6

Fire

Previous Name:

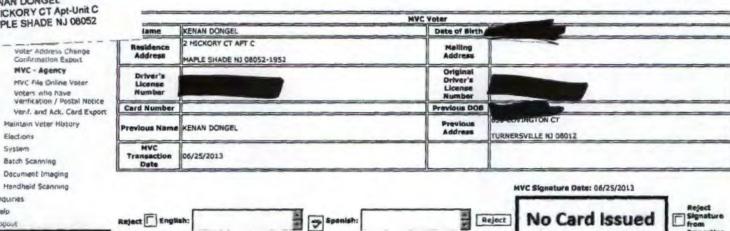
MVC - Agency

Elections.

System

Heip

Batch Scanning



Electio Net

SVRS Matched Voters Confider Status Voter Date of Sirth Registration Date Factor Number 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 reason

Select Add Back No Action Required Print List Display Signature

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

If Confidence Pactor is 100 %, that implies Driver's License Number is matched statewide. If Confidence Pactor 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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2 HICKORY CT Apt-Unit C MAPLE SHADE NJ 08052



JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS**

152631123 M-0319 W-00 D-14



KENAN DONGEL 2 HICKORY CT Apt-Unit C MAPLE SHADE NJ 08052

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES) (NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 07/09/2M2

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

general -

BUSSPAGA / BURLINGTON

Voter Name: KENAN DONGEL

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: MYONG S AHN Voter ID: 152215211

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: E Suffix A: Suffix B:

Street Number: 6

Street Name: VILLAGE OF STONEY RUN

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052

Mailing Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

City: State: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/26/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 03/26/2012 Registration Type: Agency with Identification

Last Action Taken Date: 04/10/2012

Status Information:

Voting Privilege Date: 04/16/2012

Current Status: Deleted Date Last Voted:

Deleted Date: 04/10/2012

Poll Worker Status:

Deleted Reason: Administrative Action

Address Line 2: Address Line 3:

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 Freeholder 00

District School

15

Congressional Special

01

Legislative 6

Fire

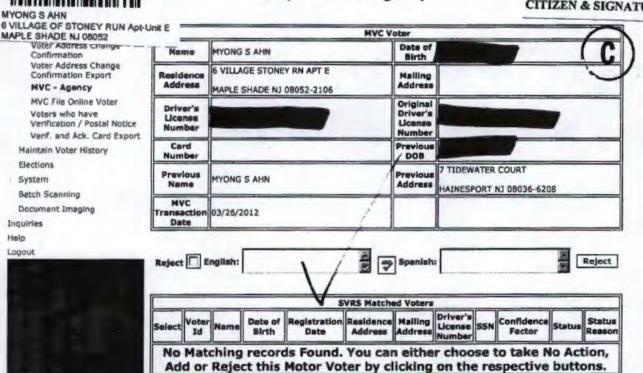
Previous Name:

152215211 M-0319 W-00 D-15

VIBIGOTONIA!

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE



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

* under Status Reason indicates voter has multiple status reasons. Select Add Back

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.

No Action Required

Print List

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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS**



DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY, WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: MYONG S AHN

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo User Date Date Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: ROSALVA V ROMERO

Voter ID: 152041776

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: A2
Suffix A:
Suffix B:

Street Number: 221

Street Name: COOKSTOWN-NEW EGYPT

RD

Address Line 2: Address Line 3:

Municipality: NORTH HANOVER

TOWNSHIP

Postal City: COOKSTOWN

State: NJ Zip: 08511

Mailing Address:

/08/2011 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: 10/18/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/18/2011 Registration Type: Agency with

Identification

Last Action Taken Date: 10/28/2011

Status Information:

Voting Privilege Date: 11/08/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/28/2011

Deleted Reason: Administrative

Poll Worker Status:

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 03 Legislative 12 Freeholder School Special Fire

Previous Name:



Voter With No DOB

Confirmation Export

MVC File Online Voter

Verification / Postal Notice

Verif. and Ack. Card Export MVC Manual Update

Confirmation Voter Address Change

MVC - Agency

Voters who have

Maintain Voter History

Maintain County Data

Poll Book Printing Schedule

Duplicate Voters

Batch Scanning Messaging Document Imaging

Elections

System

Inquiries Reports Help

Voter Address Change

ROSALVA V ROMERO 221 COOKSTOWN-NEW EGYPT RD Apt-Unit A2 COOKSTOWN NJ 08511

Compare MVC - Agency

BUSJPEW / **JRLINGTON**

INCOMPLETE

MVC Voter CITIZEN & SIGNATURE Date of Name ROSALVA V ROMERO Birth 221 CKSTWN-NWEGPT RD APT A2 Residence Malling Address Address COOKSTOWN NJ 08511-9707 Original Driver's Driver's License License Number Number DOB 221 CKSTWN-NWEGPT RD APT C2 Previous Previous ROSALVA V ROMERO Address COOKSTOWN NJ 08511-9709 MVC Transaction 10/18/2011 Date

Reject English: Spanish: Reject	ct
---------------------------------	----

				5	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Malling Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You c						d or R	eject

under Status Reason Indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

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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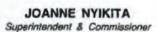




ROSALVA V ROMERO 221 COOKSTOWN-NEW EGYPT RD Apt-Unit A2 COOKSTOWN NJ 08511

Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152041776 M-0326 W-00 D-01

ROSALVA V ROMERO 221 COOKSTOWN-NEW EGYPT RD Apt-Unit A2 COOKSTOWN NJ 08511

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER. REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 10-24-2011 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

ann nypita

BUSSPAGA / BURLINGTON

Voter Name: ROSALVA V ROMERO

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: JESUS A MADRIGALVALENCIA

Voter ID: 520120253

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Name: JACOBSTOWN-NEW

EGYPT RD Address Line 2: Address Line 3:

Municipality: NORTH HANOVER

Postal City: WRIGHTSTOWN

State: NI Zip: 08562

Status Information:

Voting Privilege Date: 09/19/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/22/2014

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: 173 Suffix A: Suffix B:

Street Number: 202

TOWNSHIP

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/29/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 08/29/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 09/22/2014

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:

00 District 01 Congressional 03 Legislative 12 Ward Fire School Special Freeholder

Previous Name:

Lectio Net

520120253 M-0326 W-00 D-01

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, DOS (including 01/01/1800) matched statewide. Name matching process includes MVC previous names if there is a name change.

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Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 16/09/14

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

Inquiry - Voter Election History

BUSSPAGA / BURLINGTON

Voter Name: JESUS A MADRIGALVALENCIA

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: KIMBERLEY D KING

Voter ID: 152092131

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 12/07/2011

Date Last Voted:

Action

Voting Privilege Date: 12/06/2011

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 4415 Street Name: LEMAY LN

Address Line 2: Address Line 3:

Municipality: NORTH HANOVER

TOWNSHIP

Postal City: MCGUIRE AFB

State: NJ Zip: 08641

Unit:

Mailing Address: Inactive Confirmation Address:

Party Information:

Miscellaneous:

Identification

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 11/15/2011

Registration Type: Agency with

Last Action Taken Date: 12/07/2011

Current Party: Unaffiliated

Party Privilege Date: 11/15/2011

Street Number: Street Number: Suffix A: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Zip Code: Country: Country:

Districts:

Poll Worker Status:

Ward 00 District 02 Congressional 03 Legislative 12
Freeholder School Special Fire

Previous Name:



Voter Address Change

Confirmation Export

MVC File Online Voter

MVC Manual Update

Maintain Voter History

Maintain County Data

Duplicate Voters Poll Book Printing Schedule

Batch Scanning

Messaging Document Imaging

Inquiries

Reports

Help

Logout

Elections

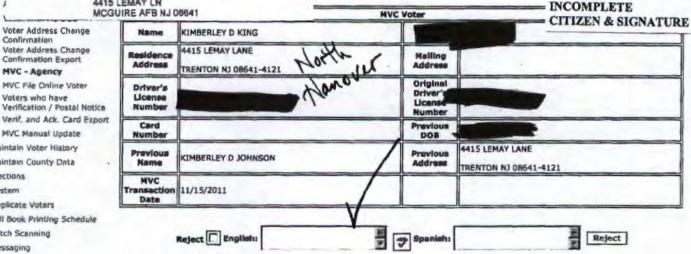
System

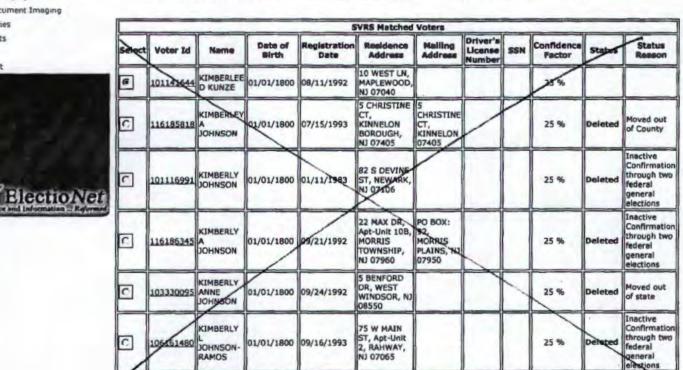
Confirmation Voter Address Change

MVC - Agency

Voters who have Verification / Postal Notice ire MVC - Agency

BUSSPAGA / BURLINGTON





1 Go

Select Add Back No Action Required Print List

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

under Status Reason indicates voter has multiple status reasons.

- 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 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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Uhosen Freeholders y of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

-

12-3-11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990

Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

Cen ger.

Inquiry - Voter Election History

BUSSPAGA / BURLINGTON

Voter Name: KIMBERLEY D KING

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: SEDA KEKEC Voter ID: 524437928

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Address Line 2:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

Status Information: Voting Privilege Date: 11/04/2015

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/26/2015

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 401 Street Name: KIRBY WAY

Address Line 3:

State: NJ Zip: 08054

Mailing Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/14/2015

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/14/2015 Registration Type: Agency with

Identification

Last Action Taken Date: 10/26/2015

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:

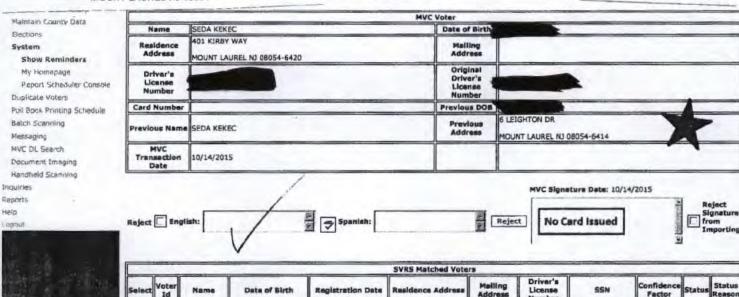
00 District 15 Congressional Legislative 07 Ward 03 School Special Fire Freeholder

Previous Name:

401 KIRBY WAY MOUNT LAUREL NJ 08054

mpare MVC - Agency

Page 1 of 1 INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP



Electio Net

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

under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required

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, DOS (or)

Lest Name, First Name, First Letter of Middle Name and DOS (01/01/1800) matched statewide.

1f Confidence Factor is 25 % ,that implies Soundex of Last Name, Soundex of First Name, DOB (Including 01/01/1800) matched statewide.

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

Duplicate Print List Display Signature

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

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Board of Chosen Freeholders County of Burlington New Jersey



JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK





*** 10-/19/2015 DATE



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.



THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

Inquiry - Voter Election History

BUSDLOVE / BURLINGTON

Voter Name: SEDA KEKEC

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: PARUL KHAIRARI Voter ID: 152619118

Legacy ID:

Archived Legacy ID:

Residence Address:

Suffix A:

Address Line 2:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ

Status Information:

Voting Privilege Date: 06/29/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/21/2013

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix B:

Street Number: 14

Street Name: LANGCLIFFE CT

Address Line 3:

Zip: 08054

Mailing Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/08/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/08/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 06/21/2013

Inactive Confirmation Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

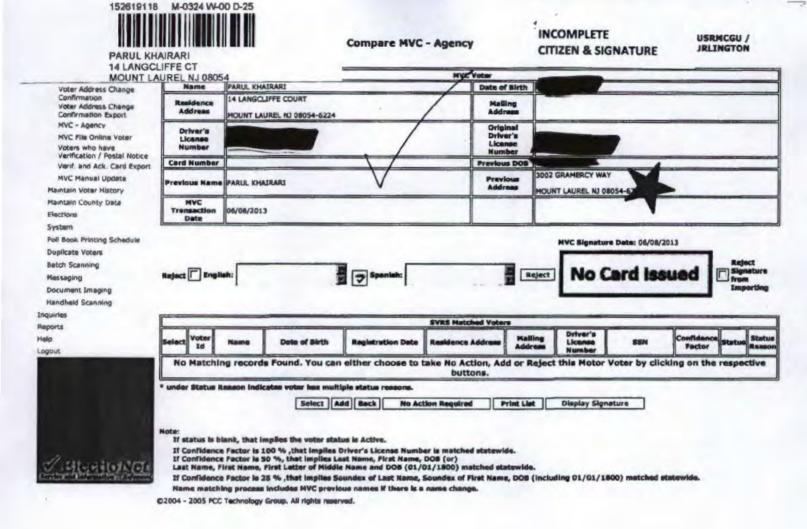
Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward District Congressional Legislative 07 00 25 03 Freeholder School Special Fire

Previous Name:





Chosen Freeholders ity of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 06 16 2013 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

Inquiry - Voter Election History

BUSDLOVE / BURLINGTON

Voter Name: PARUL KHAIRARI

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Party Information:

Miscellaneous:

Identification

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 05/01/2013

Registration Type: Agency with

Last Action Taken Date: 05/17/2013

Current Party: Unaffiliated

Party Privilege Date: 05/01/2013

Voter Information:

Voter's Name: YOUNG O KIM Voter ID: 152603837

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Suffix B:

Address Line 2:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ

Mailing Address: Status Information:

Voting Privilege Date: 05/22/2013 Current Status: Deleted

Date Last Voted:

Deleted Date: 05/17/2013

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit:

Suffix A:

Street Number: 405

Street Name: MULBERRY CV

Address Line 3:

Zip: 08054

Inactive Confirmation Address:

Street Number: Street Number: Suffix A: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Zip Code: Country: Country:

Districts:

03 Ward 00 District 07 Congressional Legislative 07 Freeholder School Special Fire

Previous Name:



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

If Confidence Fector 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 Fector 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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Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



YOUNG O KIM 405 B MULBERRY CV MOUNT LAUREL NJ 08054

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO



WE ALSO NEED YOUR SIGNATURE IN INK



*** 5/14/20/3

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

Inquiry - Voter Election History

BUSDLOVE / BURLINGTON

Voter Name: YOUNG O KIM

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOF1AD

Date: 03/30/2017

Voter Information:

Voter's Name: ISABELLE Y OMBALSKY

Voter ID:

152789370

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 76

Street Name: WOODLAKE DR

Address Line 2: Address Line 3:

Municipality: EVESHAM

TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053 Miscellaneous:

Party Information:

Party Privilege Date:

Current Party: Unaffiliated

Gender: Not Entered Absentee Ballot Type: None Registration Date: 06/11/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 07/01/2014

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 Freeholder 00

District School

27

Congressional

Special

03

Legislative 08

Fire

Previous Name:

Add-Change Voter

Voter With No DOB

Voter Address Change

Voter Address Change Confirmation Export

MVC Menual Update

Poli Book Frinting Schedule

Selectio Net

Duplicate Yoten Batch Schultmini

Maintain Voter History Maintain County L'Ata

Switem

Messaging Document Imaging Handheld Scanning

Inquiries Reports Herles

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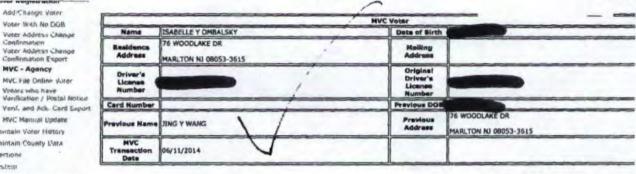
MVC - Agency MVC. File Online Voter



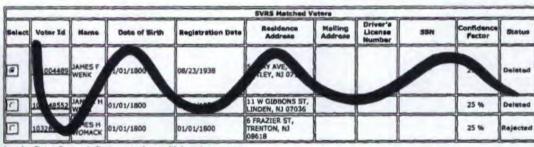
76 WOODLAKE DR MARLTON NJ 08053

Compare MVC - Agency

BUSOSHU IRLINGT



MVC Signature Date: 06/11/2014 No Card Issued Reject English: Reject > Spanish:



Indicates voter has multiple status reas

Select Add Back No Action Required Print List Display Signature

- 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 Lest Name, First Mame, DOB (or)

 Lest Name, First Name, First Letter of Hiddle Name and DOB (01/01/1800) matched statewide.

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

Name metching process includes NVC previous names if there is a name change.

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ISABELLE, OMBALSKY



JOANNE NYIKITA Superintendent & Commissioner Board of Chosen Freeholders_

County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152789370 M-0313 W-00 D-27

ISABELLE Y OMBALSKY 76 WOODLAKE DR MARLTON NJ 08053 Deleted 15 not a US CITIZEN.

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 6/23/2014 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSOE1AD /

BURLINGTON

Activities

Inquiries

Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Mail-In Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

Reports

Help

Logout

Previous Election History:

Inquiry - Voter Election History

El.Type El.Code Bal.Type Bal.Status CtyVotIn MunVotIn WdVotIn DistVotIn Pty Affn User Date Date Scanned Scanned Counted

El.Date=Election Date El.Code=Election Code

MunVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In Bal.Status=Ballot Status

Display Signature

Voter Name: 152789370-ISABELLE Y OMBALSKY

Previous

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

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User Printed: BUSOE1AD Date: 03/29/2017

Voter Information:

Voter's Name: WENYI LI Voter ID: 152774106

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Rejected

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

Voting Privilege Date:

Date Last Voted:

to U.S. Citizenship

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 8

Street Name: OLYMPIA DR

Address Line 2: Address Line 3:

Municipality: EVESHAM

TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053

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: Not Entered

Absentee Ballot Type: None Registration Date: 04/25/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 05/28/2014

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 03 Legislative 08 Freeholder School Special Fire

Previous Name:

152774106 M-0313 W-00 D-07 INCOMPLETE FOR MISSING BUSSATKI / Compare MVC - Agenc SIGNATURE & CITIZENSHIP JURLINGTON WENYILI . 8 OLYMPIA DR MVC Voter MARLTON NJ 08053 WENYI LI Date of Birth me Confirmation -OLYMPIA DRIVE Voter Address Change Confirmation Export Address MARLTON NJ 08053-3844 Original Driver's License Number **MVC** - Agency Driver's License **MVC File Online Voter** voters who have verification / Postal Notice Card Number Previous DOS Venif. and Ack. Card Export. 317 VAL DRIVE Maintain Voter History Previous Nam WENYI LI Elections MT LAUREL NJ 08054-5205 System 04/25/2014 Batch Scanning Dete Document Imaging Handheld Scanning MVC Signature Date: 04/25/2014 Inquiries. Help Spanish: No Card Issue Reject 🔲 English: Reject Logout **SVRS Matched Voters** Voter Id Date of Birth Registration Data Residence Address 132 A N KINDERKAMACK RD, MONTVACE NO 07548 WEN HU 01/01/1800 01/01/1975 Medico/Ne Go

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

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

dd Back No Action Required Print List Display Signature

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152774106 M-0313 W-00 D-07



8 OLYMPIA DR MARLTON NJ 08053



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

Activities

Inquiries

Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Mail-In Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

Reports

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Logout

Inquiry - Voter Election History

BUSOE1AD / BURLINGTON

Voter Name: 152774106-WENYI LI

Previous Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MunVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Counted

El.Date=Election Date El.Code=Election Code

MunVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

Previous

El.Type=Election Type

Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

Bal.Status=Ballot Status

Display Signature

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

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User Printed: BUSOF1AD Date: 03/29/2017

Voter Information:

Voter's Name: CHONG I JEON Voter ID: 523190178

Legacy ID:

Archived Legacy ID:

Voting Privilege Date:

Date Last Voted:

No to U.S. Citizenship

Poll Worker Status:

Current Status: Rejected

Rejected Reason: Not a U.S Citizen/Checked off

County: BURLINGTON

Unit:

Suffix A: D Suffix B:

Street Number: 20

Residence Address:

Street Name: ARCADIA CT

Address Line 2: Address Line 3:

Municipality: EASTAMPTON

TOWNSHIP

Postal City: EASTAMPTON

State: NJ Zip: 08060

Mailing Address: Status Information:

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: Not Entered Absentee Ballot Type: None

Registration Date: 07/15/2015 Registration Type: Agency with

Identification

Last Action Taken Date: 07/20/2015

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 03 Freeholder School Special

Legislative 08 Fire

Previous Name:

Handhe d Scanning

✓ Electio Net

Inquiring

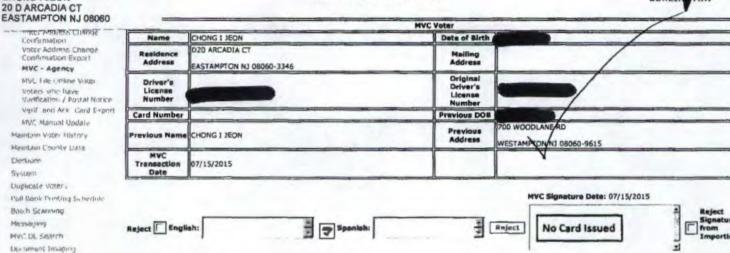
Pepurts

Legione

Help

Compare MVC - Agency





SVRS Matched Voters Driver's Status Status Confidence Select Voter Date of Birth Registration Date Residence Address License Factor 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.

Select Add Back No Action Required Duplicate Print List Display Signature

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) metched statewide.

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

COMMAND OF STREET

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

523190178 M-0311 W-00 D-03



CHONG I JEON 20 D ARCADIA CT EASTAMPTON NJ 08060

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 7/29/15 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

Activities Inquiries

Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Mail-In Change Audit

Voter Deletions

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Polling Place

Purged Voters

Voter DIA

MVC File

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Logout

Inquiry - Voter Election History

BUSOE1AD / BURLINGTON

Voter Name: 523190178-CHONG I JEON

Previous Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MunVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

El.Date=Election Date

El.Code=Election Code MunVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In

DistVotIn=District Voted In Bal.Status=Ballot Status

Display Signature

Previous



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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: YANJING CHEN Voter ID: 152753591

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/01/2014

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 04/11/2014

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: A12 Suffix A: Suffix B:

Street Number: 230 Street Name: N MAPLE AVE

Address Line 2: Address Line 3:

Mailing Address:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053

Unit:

Inactive Confirmation Address:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 03/21/2014

Last Action Taken Date: 04/01/2014

Registration Type: Agency with Identification

Party Information: Current Party: Unaffiliated

Party Privilege Date: 03/21/2014

Street Number: Street Number: Suffix A: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit: Address Line 2: Address Line 2:

Address Line 3: Address Line 3: City:

City: State: State: Zip Code: Zip Code: Country: Country:

Districts:

00 Ward District Congressional 03 Legislative 08 13 Special Fire Freeholder School

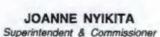
Previous Name:

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hosen Freeholders of Burlington ew Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

(YES)

ARE YOU A UNITED STATES CITIZEN

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

von

03/26/14.

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS

MANNE NYIKITA

Inquiry - Voter Election History

BUSDLOVE / BURLINGTON

Voter Name: YANJING CHEN

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUS

Date: 04/20

Voter Information:

Voter's Name: EMELITA D JORDAN

Voter ID:

151369673

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 369

Street Name: W BURLINGTON ST

Address Line 2: Address Line 3:

Municipality: BORDENTOWN CITY

Postal City: BORDENTOWN

State: N1

Status Information:

Voting Privilege Date: 07/28/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/10/2010

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Zip: 08505

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: 07/07/2010

Miscellaneous: Gender: Female

Absentee Ballot Type: None

Registration Date: 07/07/2010

Registration Type: Agency with Identifical

Last Action Taken Date: 08/10/2010

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 Freeholder 01

District School

01

Congressional

Special

03

Legislative 07

Fire

Previous Name:

No Records Found for the Previous Name

Print

Close

Reprint

Main Menu: Activitles

Voter Registrati

Add/Change V

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

Maintain Voter History Maintain County Data

Flactions

System

Duplicate Voters

Challenger

Batch Scanning

Messaging

Inquirles

Reports

Help

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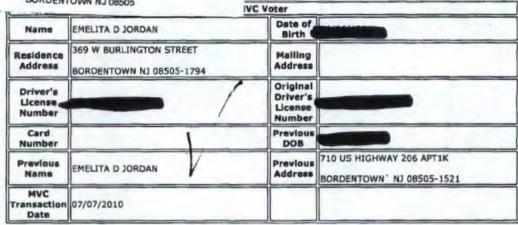




EMELITA D JORDAN 369 W BURLINGTON ST BORDENTOWN NJ 08505

INCOMPLETE Agent CITIZEN & SIGNATURE URLINGTON

BUSNCOSH /



Reject English:		Spanish:		Reject
-----------------	--	----------	--	--------

				S	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You c						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

	_			
Select	Add	Back	No Action Required	Print List
MARKET P.	Man	Parent.	140 Section trades as	

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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lhosen Freeholders of Burlington lew Jersey



COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA

Superintendent & Commissioner



3

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 7/29/0 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: EMELITA D JORDAN

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

Wemo User Date Date Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: ERIC K JACKSON Voter ID: 523991889

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 06
Suffix A:
Suffix B:

Street Number: 1701 Street Name: SALEM RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Gender: Male

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/12/2015

Absentee Ballot Type: None Registration Date: 09/21/2015

Registration Type: Mail-in with Identification

Last Action Taken Date: 10/07/2015

Status Information:

Voting Privilege Date: 10/12/2015

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/07/2015

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:

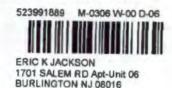
Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward 00 District 06 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:



Chosen Freeholders ity of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

523991889 M-0306 W-00 D-06

ERIC K JACKSON

1701 SALEM RD Apt-Unit 06

BURLINGTON NJ 08016

DEAR VOTER

THIS OFFICE IS IN RECEIPT OF YOUR VOTER REGISTRATION APPLICATION THAT YOU FILLED OUT REGARDING REGISTERING TO VOTE IN BURLINGTON COUNTY. THE CITIZEN AREA ON THE APPLICATION WAS NOT COMPLETED.

ARE YOU A UNITED STATES CITIZEN

(YES) (NO)

PLEASE CIRCLE YES OR NO WE ALSO NEED YOUR SIGNATURE IN INK

** VOTER SIGNATURE

*** 9/28 15 DATE

PLEASE PROVIDE THE INFORMATION AND SIGN THIS FORM IN THE SPACE ABOVE, AND RETURN TO THIS OFFICE IN THE POSTAGE PAID ENVELOPE.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

come nyfita

JOANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: ERIC K JACKSON

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: FAUSTINA A OXENDINE

Voter ID:

151105272

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/08/2009

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 02/25/2009

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 34

Street Name: PEARTREE LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

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: 02/04/2009

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 02/04/2009

Registration Type: Agency with

Identification

Last Action Taken Date: 04/08/2009

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:

Action

Ward 00 District 07 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:





INCOMPLETE CITIZEN & SIGNATURE

BUSDLOVE / BURLINGTON

		LLINGBORO NJ 08046		MVC Voter						
lame	FAUSTINA	A OXENDINE		Date Birt						
idence dress	34 PEART	REE LANE 30RO NJ 08046-271	.0	Maili Addre						
iver's ense mber	-			Origii Drive Licen Numb	r's se					
Card Imber			(Previo						
evious ame	FAUSTINA	A BALFOUR		Previo Addre	us	34 PEARTREE LANE WILLINGBORO NJ 08046-2710				
AVC saction ate	02/04/200	9	V							
	Reject 🗖	English:	SVI	Spani				Reject		
voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	
Match	ing reco	rds Found. You	can Add or Re	eject this Mot below.	or Voter	by clicking	on the re	spective bu	ttons	
		įs.	Se	lect Add Ba	k					

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

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

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

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

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

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

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hosen Freeholders inty of Burlington OLLY, NEW JERSEY 08060





SUPERINTENDENT OF ELECTIONS and

JOANNE NYIKITA Superintendent & Commissioner

COMMISSIONED OF DECISTRATIONS

151105272 M-0338 W-00 D-07
FAUSTINA A OXENDINE
34 PEARTREE LN
WILLINGBORO NJ 08046

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM. A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES) (NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

BUSSPAGA / BURLINGTON

Voter Name: FAUSTINA A OXENDINE

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOF1AD Date: 04/27/2017

Voter Information:

Voter's Name: LAURENCE C BRAMBLETTE

Voter ID:

151107597

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 03/31/2009

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 03/02/2009

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: M11 Suffix A: Suffix B:

Street Number: 870

Street Name: ROUTE 130 Address Line 2:

Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016

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:

Last Action Taken Date: 01/20/2011

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 02/09/2009

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 02/09/2009

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 03

District School

02

Congressional

Special

03

Legislative 07

Fire

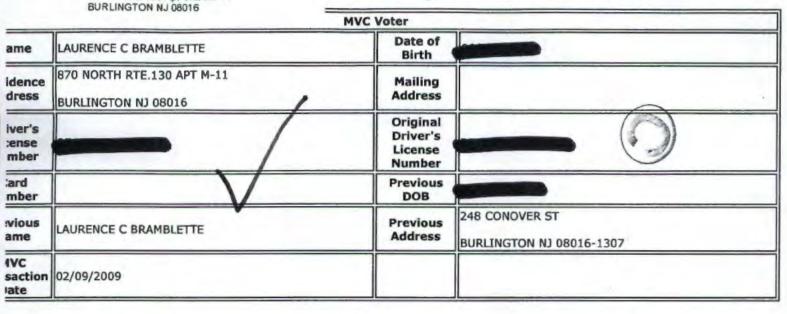
Previous Name:



Change Voter

"SNCOSH /

INCOMPLETE CITIZEN & SIGNATURE



Reject English:	Spanish	 Reject
_		

				SVE	S Matched Voters	s				
t	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status
	101047748	LAWRENCE L BROMFELD	01/01/1800	02/23/1962	40 WINGATE DR, LIVINGSTON, NJ 07039				25 %	Deleted

1



Select Add Back

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



Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

151 107597 M-0305 W-03 D-02

LAURENCE C BRAMBLETTE 870 ROUTE 130 Apt-Unit #M-11 **BURLINGTON NJ 08016**

DEAR VOTE

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

BUSOE1AD / BURLINGTON

Voter Name: LAURENCE C BRAMBLETTE

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

Name

Name

Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: HUNG T HUA Voter ID: 526276272

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 34

Street Name: CANIDAE ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Gender: Not Entered
Absentee Ballot Type:

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/25/2016

Absentee Ballot Type: None Registration Date: 03/04/2016

Registration Type: Agency with Identification

Last Action Taken Date: 01/06/2017

Status Information:

Voting Privilege Date: 03/25/2016

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/06/2017

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 Freeholder 00

District School 10

Congressional Special 03

Legislative 07

Fire

Previous Name:



34 CANIDAE ST BURLINGTON NJ 08016

Voter Address Change Confirmation Export MVC - Agency MVE File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export **HVC Manual Update** Naustain Voter History Maintain County Data Elections System Duplicate Voters Poll Book Printing Schedule

Batch Scanning Messaging

MVC DL Search Document Inveging Hendheld Scenning

Indianes

		MVC Voter	a series of
-	HUNG THUA	Date of Birth	
Residence Address	34 CANDIDAE ST BURLINGTON NJ 08016-3069	Hailing Address	
Driver's License Humber	TWP.	Original Oriver's License Number	A
Card Number	9999999	Previous DOS	TO BROWN
Party			
Previous Name		Previous Address	
MVC Transaction Date	03/04/2016		

MVC Signature Date: 03/04/2016 Reject Reject English:

56795272 New Jersey Voter Registration Application

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.

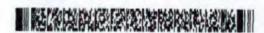
I reside at my DL/ID address displayed below.

- 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.
- * 1 am not on parole, probation or serving sentence due to a conviction for an indictable offense under any federal or state
- * 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:

Comm



DIGITIZED DRIVER LICENSE ISSUED

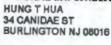


() No, I do not wish to be affiliated with any political party.



HUNG T HUA 34 CANDIDAE ST BURLINGTON NJ 08016-3069 C







JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders y of Burlington Nem Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS:

Hung T. Hua

THIS OFFICE IS IN RECEIPT OF YOUR VOTER REGISTRATION APPLICATION THAT YOU FILLED OUT REGARDING REGISTERING TO VOTE IN BURLINGTON COUNTY. THE CITIZEN AREA ON THE APPLICATION WAS NOT COMPLETED.

ARE YOU A UNITED STATES CITIZEN (YES) PLEASE CIRCLE YES OR NO WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE INFORMATION AND SIGN THIS FORM IN THE SPACE ABOVE, AND RETURN TO THIS OFFICE IN THE POSTAGE PAID ENVELOPE.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

D-10 HUNG THUA #526276272 DAUGHTER SAYS HE'S NOT A CITIZEN

BUSOE1AD / BURLINGTON

Voter Name: HUNG THUA

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: NAHEDA AKTER Voter ID: 152194013

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 611 Street Name: W 3RD ST

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ Zip: 08518

Status Information:

Voting Privilege Date: 03/15/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/14/2012

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: **Party Information:**

Current Party: Unaffiliated

Party Privilege Date: 02/23/2012

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None

Registration Date: 02/23/2012

Registration Type: Agency with Identification

Last Action Taken Date: 03/14/2012

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 Freeholder 03

District

School

02

Congressional

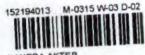
Special

03

Legislative 07

Fire

Previous Name:



NAHEDA AKTER 611 W 3RD ST FLORENCE NJ 08518

npare MVC - Agen

INCOMPLETE

BUSMLYNC / BURLINGTON

CITIZEN & SIGNATURE

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

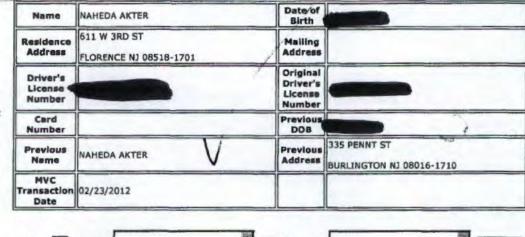
Document Imaging

Inquiries

Reports

Help

Logout



MVC Voter

Reject English:	and the state of the state of the		Spanish:		Reject
-----------------	-----------------------------------	--	----------	--	--------

				S	VRS Matche	ed Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address		License	SSN	Confidence Factor	Status	Status
No	Match			ound. You c						d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

-1	Select	Add	Back	No Action Required	Print List
- 1	Select	muu	mark	no Action Required	Little Pier

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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hosen Freeholders of Burlington ew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** \$ 3-12-2012 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: NAHEDA AKTER

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 07/06/2012

Last Action Taken Date: 07/16/2012

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 07/06/2012

Voter Information:

Voter's Name: EDWARD J BROOKS

Voter ID:

152280719

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Street Name: W 3RD ST

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ

Mailing Address:

Street Number:

Suffix A:

Street Name/P.O. Box:

Unit:

Deleted Reason: Administrative Action

Voting Privilege Date: 07/27/2012

Poll Worker Status:

Date Last Voted:

Status Information:

Current Status: Deleted

Deleted Date: 07/16/2012

Residence Address:

Unit: 36 Suffix A: Suffix B:

Street Number: 620

Address Line 2: Address Line 3:

Zip: 08518

Inactive Confirmation Address:

Street Number: Suffix A:

Suffix B: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Zip Code: Country: Country:

Districts:

03 Ward District 02 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

139614 EDWARD

EDWARD 01/01/1800 07/21/1952

01/01/1800 01/01/197



elections

Moved out

of County

through two

general elections

Deleted

25 %

NJ 07044

VERNON ST. NUTLEY, NJ 07110

242 FLORAL

LN. WOODRIDGE,

NJ 07075

66 MT

^{*} under Status Reason Indicates voter has multiple statue reasons.



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



152280719 M-0315 W-03 D-02

EDWARD J BROOKS 620 W 3RD ST Apt-Unit 36 FLORENCE NJ 08518

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

((NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

J

VOTER SIGNATURE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: EDWARD J BROOKS

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: PRITHIPAL S KAHLON

Voter ID:

152525454

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 01/02/2013

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 12/18/2012

Residence Address:

County: BURLINGTON

Unit: 2 Suffix A: Suffix B:

Street Number: 101

Street Name: MAIN ST Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: ROEBLING

State: N) Zip: 08554

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Deleted Reason: Administrative Action Address Line 2:

Address Line 3:

City: State: Zip Code:

Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/27/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 11/27/2012

Registration Type: Agency with Identification

Last Action Taken Date: 01/02/2013

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix R:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City:

State: Zip Code: Country:

Districts:

Ward Freeholder 02

District

School

01

Congressional Special

03

Legislative 07

Fire

Previous Name:

CITIZEN & SIGNATURE mpare MVC - Agency PRITHIPAL S KAHLON 101 MAIN ST Apt-Unit 2 MVC Voter ROEBLING NJ 08554 Date of Birth Lagout 101 MAIN STREET APT 2 Residence Address ROEBLING NJ 08554-1500 Original Driver's License Number Card Number Frevious DOB C PRITHIPAL S KAHLON ROEBLING NJ 08554-1500 V Electio Net MVC 11/27/2012 NVC Signature Date: 11/27/2012 Spanish Reject Reject English: No Card Issued SVRS Matched Voters Malling Date of Birth Registration Date No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the respective buttons. on Indicates voter has multiple status reasons. Select Add Back No Action Required Print List Display Signature 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 30 %, that implies Last Name, First Name, DOB (or)

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

2f Confidence Factor is 28 %, that implies Soundex of Last Name, Soundex of First Name, DOB (including 01/01/1800) matched statewide. Name matching process includes MYC previous names if there is a name change.

INCOMPLETE

152525454 M-0315 W-02 D-01

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey





PRITHIPAL S KAHLON 101 MAIN ST Apt-Unit 2 ROEBLING NJ 08554

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES) (NO.

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: PRITHIPAL S KAHLON

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: POONAM TALWAR

Voter ID:

152587814

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Name: N GARDEN BLVD

Address Line 2:

Municipality: EDGEWATER PARK

TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 04/26/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/17/2013

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 109

Address Line 3:

Postal City: BEVERLY

Zip: 08010

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/26/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 04/05/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 04/17/2013

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 Freeholder 00

District

School

03

Congressional

Special

03

Legislative 07

Fire

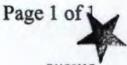
Previous Name:

Motor Voter - Agency 152587814 M-0312 W-00 D-03



POONAM TALWAR 109 N GARDEN BLVD BEVERLY NJ 08010

Compare MVC - Agency



BUSJMG BURLING

Voter Address Change Confirmation Export MVC - Agency Residence Address Residence Address D9 N GARDEN BLVD EDGEWATER PARK NJ 08010-2146 Meiling Address	
NVC Rie Online Voter Voters who have Verification / Postal Notice Number Original Driver's License Number Number	
Venif, and Ack. Card Export Card Number Previous DOS	
Maintain Voter History Elections Previous Name POONAM TALWAR Previous Address Bullington NJ 08016-4715	
Betch Scenning Dete 04/05/2013	
Handheld Scanning	
Inquires / HVC Signature Detail 04/05	2013
Help .	
Reject English: Spenish: Reject No Card Is	sued I
	100
V	
SVRS Matched Voters	
Select Voter Id Name Date of Birth Registration Date Residence Address Mailing Address Number SSN	Confidence Factor Sta
No Matching records Found. You can either choose to take No Action, Add or Voter by clicking on the respective buttons.	Reject this
Carrier and Information, Systems 9 under Status Reason Indicates voter has multiple status reasons.	
Select Add Sack No Action Required Print List Display Signature	

Note:
If status is blank, that implies the voter status is Active.
If Confidence Pactor is 100 %, that implies Driver's License Number is metched statewide.
If Confidence Pactor 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 Sounders of Last Name, Sounders of First Name, DOB (including 01/01/1800) matched statewide.
Name matching process includes NYC previous names if there is a name change.

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED-IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

TER SIGNATURE

MATE 4/15/2013

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: POONAM TALWAR

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

Voter Information:

Voter's Name: KANTY ROBERTS Voter ID: 151422072

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 52F Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Mailing Address:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zlp: 08075

Unit:

Inactive Confirmation Address:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 07/28/2010

Last Action Taken Date: 08/25/2010

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 07/28/2010

Street Number: Street Number:
Suffix A: Suffix A:
Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Zip Code: Country: Country:

Status Information:

Voting Privilege Date: 08/18/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/25/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Districts:

Ward 01 District 03 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:

M-0310 W-01 D-03

KANTY ROBERTS 3001 ROUTE 130 Apt-Unit 52F **DELRAN NJ 08075**

Voter Address Change

Confirmation Export

MVC Manual Update

Maintain Voter History

Maintain County Data

Elections

Messaging

Inoulries Reports Help

Logout

System **Duplicate Voters** Batch Scanning

Voters who have Verification / Postal Notice

Verif. and Ack. Card Export

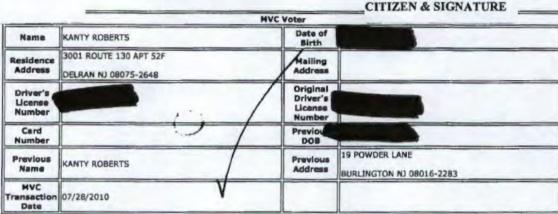
BleevoNe

Confirmation Voter Address Change

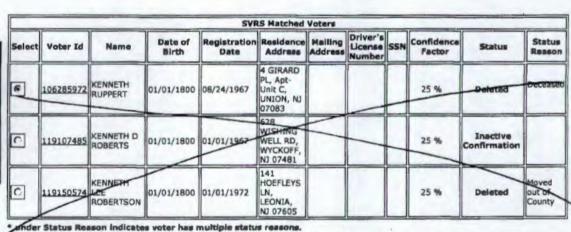
MVC - Agency MVC File Online Voter

Compare MVC - Agency

RUSMI YNC / TON INCOMPLETE



Spanish: Reject English: Reject



1 Go

Select Add Back Print List No Action Required

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.

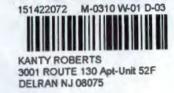
If Confidence Factor is 50 %, that implies Last Name, First Name, DOB (or)

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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JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders y of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE DATE

NOT A VOTER - KN

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: KANTY ROBERTS

Election History:

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

> Close **Print List**

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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1.9.1



38 WYNDHAM CT BORDENTOWN NJ 08505

oter Profile NOTA US Citize Printed: BUSJNYIK Date: 08/03/2010

Voter Information:

Voter's Name: MAUREEN H SOBERS

BOYD

Voter ID:

150695132

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Active

Poll Worker Status:

Voting Privilege Date: 10/03/2008

Date Last Voted: 11/04/2008

Residence Address:

County: BURLINGTON

Unit:

Suffix A:

Suffix B: Street Number: 38

Street Name: WYNDHAM CT

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/03/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/12/2008 Registration Type: Mail-in with

Identification

Last Action Taken Date: 12/18/2008

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Districts:

12.

Ward Freeholder 00

District

School

08

Congressional

Regional School

04

Legislative 30

Fire

04/27/2017

Voter

MAUREEN H SOBERS BOYD

Voter Election History

Voter 150695132

Page 1
Generated By:
BUSOE1AD

	Electio	n	Ballot Type			WdVotl	n DistVol	l Party		User Scanner	d Date		Ballot
Election Date Name	Type	Election Code		CtyVotIn	MunVotin		n	Aff.	Memo		Scanned	Date	Status
11/04/2008 GENERAL ELECTION	GEN	00004	Machine	BURLINGTO	BORDENTO WN TOWNSHIP	00	08			BUSDWARD	12/18/2008	11/04/2008	

User Printed: BUSOFIAD Date: 04/27/2017

Voter Information:

Voter's Name: MAUREEN H SOBERS

BOYD

Voter ID: 150695132

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 38

Street Name: WYNDHAM CT

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

Status Information:

Voting Privilege Date: 10/03/2008

Current Status: Deleted Date Last Voted: 11/04/2008 Deleted Date: 08/03/2010

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/03/2008

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 09/12/2008

Registration Type: Mail-in with

Identification

Last Action Taken Date: 08/03/2010

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 Freeholder 00

District

School

08

Congressional

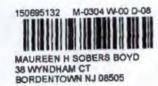
Special

03

Legislative 07

Fire

Previous Name:



Application

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

'ete this form) NO complete este formulario)

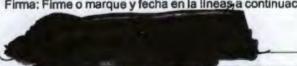


☐ No (If No, DO NOT complete this form) TENUE LO BROS DE ECAD DATA LA DIÓXIMA ELECCIÓN? O SI O NO (Si no lo es NO complete este formulario)

Creation to date part in province and the feet in the set, in some	Total Colo (Critical Co)
Meiling Address MAUREEN H SOBERS-BOYD 38 WYNDHAM CT BORDENTOWN NJ 08505-3182	*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
SAME as ABove	partido político?(Opcional) QSI, el nombre del partido es
Date of Birth Fecha de nacimiento	partido político.
**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	EIVED 2 P II
Day Phone Number (Optional) Número de teléfono durante el día (Opcional)	8
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 conviction for an interpretable in understand that a me to a fine of up to pursuant to R.S. 19	, probation or serving a sentence due to a ndictable offense under any federal or state laws any false or fraudulent registration may subject to \$15,000, imprisonment up to 5 years, or both 9:34-1
Declaración* - Juro y afirmo que: Soy ciudadano de los Estados Unidos Habré residido en el Estado y condado	al Entiendo que cualquier inscrioción
 Vivo en la dirección indicada Tendré por lo menos 18 años de edad para la próxima elección o antes menos 30 días antes de la próxima ele No estoy bajo fianza ni cumpliendo una sentencia debido a una condena por un penado por ninguna ley federal ni estat 	falsa o fraudulenta puede someterme a una multa de hasta n delito \$15,000, pena de cárcel hasta 5

Signature: Sign or mark and date on lines below

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



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.

NJDOE-1v-8.28.08

BUR-4288(

JOANNE NYIKITA
BURLINGTON COUNTY
SUPERINTENDENT OF ELECTIONS
755 EAYRESTOWN RD.
LUMBERTON NJ 08048
PHONE: 609-265-5111

FAX: 609-265-5990



09/22/2008

Voter ID# 150695132



MAUREEN H SOBERS BOYD 38 WYNDHAM CT BORDENTOWN NJ 08505

Dear Maureen,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

· Check off box for U.S. citizens is not completed

9/29/08.

Voter Signature

Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

JOANNE NYIKITA

User Printed: BUSOE1AD

Date: 04/27/2017

Voter Information:

Voter's Name: COLEEN O GLENN Voter ID: 151997356

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 226

Street Name: BRITTANY CT

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/16/2011

Gender: Female

Absentee Ballot Type: None Registration Date: 09/16/2011

Registration Type: Agency with Identification

Last Action Taken Date: 09/11/2013

Status Information:

Voting Privilege Date: 10/07/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/11/2013

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

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:

03

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

District School

04

Congressional

Special

Legislative 07

Fire

Previous Name:

Date Changed 09/05/2013 09/16/2011

Last Name

HUGGINS DANIEL HUGGINS-DANIEL **First Name** COLEEN

COLEEN

Middle Name

0

Suffix

Main M 151997	356 M-0306 V	V-00 D-04									
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Vote									CITIZEN	& SIC	NATUR
	N O HUGGINS (NNES CT	DANIEL									
	NGTON NJ 0801	8			MVC Voter						
Voter Address Change Confirmation	Name	COLEEN	O HUGGIN	S-DANIEL		Date of Birth	-				
Voter Address Change Confirmation Export MVC - Agency	Residence Address		NES COUR	RT 8016-2214		Mailing Address					
MVC File Online Voter Voters who have Verification / Postal Notice	Driver's License Number	1	wp.	•		Original Driver's License Number					
Verif. and Ack Card Export MVC Manual Update	Card Number					Previous DOB	05/01/4				
Maintain Voter History Maintain County Data	Previous Name	COLEEN	O HUGGIN	S-DANIEL		Previous Address	102 AND		OURT NJ 08016-22	11	
Elections System	MVC Transaction Date	09/16/20	111	1/							
Poil Book Printing Schedule Batch Scanning Messaging Document Imaging	Reject 🗀	English:			* 7	Spanish					Reject
Induiries		_	_	S	VRS Match	ed Voters	_	_			
Reports							Driver's				
Help	Select Vote	Name	Date of Birth	Registration Date		Address	License		Confidence Factor	Status	Status Reason
Logout	No Matc			ound. You cor Voter by			to take			id or F	Reject
	* under Stat	us Reaso	n Indicate	es voter has r	nultiple sta	tus reaso	ne.				
and the second			Select	Add Back	No Act	ion Requi	red	Prie	nt List		
Electionet Service and Information Reformed	If Confident Last Nem If Confident Last Nem (Including Office Confident Last Nem	ence Fact ence Fact ence Fact L/O1/180 etching pr	or is 100 for is 50 s lame, First for is 25 s (0) match	lies the voter %, that impliest Letter of M %, that impliest Letter of M %, that implied statewide cludes MVC pr	les Driver's s Last Name ddle Name s Soundex	License ne, First N and DOB of Last N	lame, DO (01/01/ ame, Sou	B (or 1800 index)) matched : of First Na	statewi	





JOANNE NYIKITA Superintendent & Commissioner

Board of Charter reeholders

County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NOT

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

X VOTER SIGNATURE

Y 9/9/13

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: COLEEN O GLENN

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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1.9.1

User Printed: BUSOF1AD

Date: 04/27/2017

Voter Information:

Voter's Name: SISENANDO U

GUTIERREZ

Voter ID:

152654070

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 13

Street Name: STIRRUP WAY

Address Line 2: Address Line 3:

Municipality: BURLINGTON

TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

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: 07/09/2013

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 07/09/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 09/09/2013

Status Information:

Voting Privilege Date: 07/30/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/09/2013

Deleted Reason: Administrative Action

Poll Worker Status:

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 Freeholder 00

District

School

17

Congressional

Special

03

Legislative 07

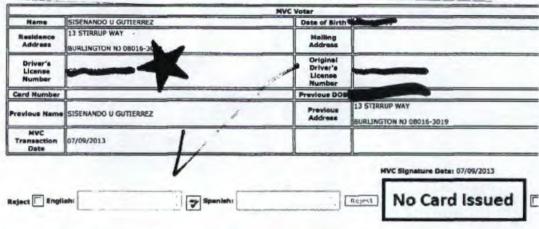
Fire

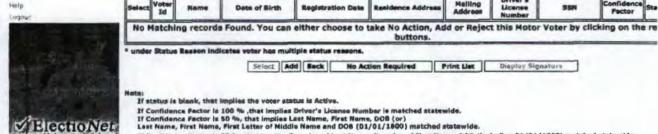
Previous Name:

Mussaging Document Imaging Handheki Scanning Incurrent Heports

C - Agency

INCOMPLETE CITIZEN & SIGNATURE BURLINGT





If Confidence Factor is 25 % , that implies Soundex of Last Name, Soundex of First Name, DOS (including 01/01/1800) matched statewide. Name matching process includes MVC provious names if there is a name change.

buttons.

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SISENANDO U GUTIERREZ
13 STIRRUP WAY
BURLINGTON NJ 08016

posen Freeholders of Burlington w Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

152654070 M-0306 W-00 D-17

SISENANDO U GUTIERREZ 13 STIRRUP WAY BURLINGTON NJ 08016



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK.



*** 8 28 /13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: SISENANDO U GUTIERREZ

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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1.9.1

User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: HERNAN FERNANDEZ-

MORALES

Voter ID: 152

152715577

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 21 Street Name: LARKIN RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON

TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

Status Information:

Voting Privilege Date: 12/26/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 12/18/2013

Deleted Reason: Administrative Action

Poll Worker Status:

ess Line 2: Gender: Not Entered

Absentee Ballot Type: None
Registration Date: 12/05/2013
Registration Type: Agency with

Party Information:

Miscellaneous:

Current Party: Unaffiliated

Party Privilege Date: 12/05/2013

Identification

Last Action Taken Date: 12/18/2013

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 11 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:

152715577 M-0306 W-00 D-11 INCOMPLETE Compare MVC - Agency SUSJPEW / BURLINGTON CITIZEN & SIGNATURE HERNAN FERNANDEZ-MORALES 21 LARKIN RD MVC Voter BURLINGTON NJ 08016 HERNAN FERNANDEZ-MORALES 21 LARKIN ROAD Voter Address crange .. Residence Address **Mailing**Address Confirmation Voter Address Change Confirmation Export URLINGTON NJ 08016-2927 14. Driver's **MVC** - Agency Driver's License Number License MVC File Online Voter Voters who have Verification / Postal Notice Card Number Previous DOB Verlf. and Ack. Card Export Previous Name HERNAN FERNANDEZMORALESS MVC Manual Update URLINGTON NJ 08016-2927 Maintain Voter History MVC Transacti Date 12/05/2013 ction Maintain County Data System MVC Signature Date: 12/05/2013 Poll Book Printing Schedule **Duplicate Voters** Spanish: No Card Issued Reject English: Reject Batch Scanning Messaging Document Imaging Handheld Scanning **SVRS Matched Voters** Inquiries Driver's License Number Reports Date of Birth Registration Date Residence Address Help Logout 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. Select Add Back Ho Action Required Print List Display Signature ote: If statue is blank, that implies the voter statue 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, DOS (or)

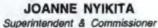
Last Name, First Name, First Latter of Middle Name and DOS (01/01/1800) matched statewide.

If Confidence Factor is 25 %, that implies Soundex of Last Name, Soundex of First Name, DOS (including 01/01/1800) matched statewide. Name matching process includes MYC previous names if there is a name change. ©2004 - 2005 PCC Technology Group. All rights reserved.



Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152715577 M-0306 W-00 D-11

HERNAN FERNANDEZ-MORALE 21 LARKIN RD BURLINGTON NJ 08016



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



... 12/12/13

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: HERNAN FERNANDEZ-MORALES

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo User Date Date Scanned Counted

Close **Print List**

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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1.9.1

4/27/2017

User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: CASSIE L ELLERBE

Voter ID:

520477673

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 44

Address Line 2:

Address Line 3:

State: NJ

Status Information:

Voting Privilege Date: 10/14/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/20/2014

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Name: AMHERST DR

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

Zip: 08016

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: 09/23/2014

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 09/23/2014

Registration Type: Agency with Identification

Last Action Taken Date: 10/20/2014

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:

Legislative 07 Ward 00 District 19 Congressional 03 School Special Fire Freeholder

Previous Name:

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

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

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thosen Freeholders of Burlington ew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

10/15/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: CASSIE L ELLERBE

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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1.9.1

User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: WEI CHEN Voter ID: 152529087

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Street Number: 1108 Street Name: NECK RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

State: NJ Zip: 08016

Status Information:

Voting Privilege Date: 01/07/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/06/2013

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

Unit: Suffix A: Suffix B:

Postal City: BURLINGTON

Mailing Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/17/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 12/17/2012

Registration Type: Agency with Identification

Last Action Taken Date: 02/06/2013

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 Freeholder 00

District School

13

Congressional

Special

03

Legislative 07

Fire

Previous Name:

152529087 M-0306 W-00 D-13 INCOMPLETE Compare MVC - Agency _ CITIZEN & SIGNATURE USJPEW / BURLINGTON WEI CHEN 1108 NECK RD **BURLINGTON NJ 08016** WEI CHEN Date of Birth voter appress Change Confirmation Voter Address Change Confirmation Export 1108 NECK ROAD Residence Address BURLINGTON NJ 08016-3908 1000 Driver's License Number MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Card Number Previous DOS Varif. and Ack. Card Export VEI CHEN revious Na MVC Manual Update AMILTON NJ 08690-1721 Mainteln Voter History Maintain County Data 12/17/2012 Beccions System MVC Signature Date: 12/17/2012 Poll Book Printing Schedule Duplicate Voters Spanish: Reject Batch Scanning Reject English: No Card Issued Meseaging Document Imeging Haridheld Scanning SVRS Hatched Voters Inquiries Reports Voter 1d Date of Birth Help Logout 119017538 W ANNE CONWAY 01/01/1800 525 5TH AVE, RIVER 25 % EDGE, NJ 07661 1 Go Select Add Back No Action Required Print List Display Signature Bleenover Note:
If status is blank, that implies the voter status is Active.
If Confidence Factor is 100 %, that implies Driver's License Number is metched 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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Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



WEI CHEN 1108 NECK RD BURLINGTON NJ 08016 5

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES) (NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

--- 0//03/20B

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: WEI CHEN

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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1.9.1

User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: OLEKSANDR A KONSHYNA

Voter ID: 151470613

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 09/07/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 09/09/2010

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 4201

Street Name: VESPER CR

Address Line 2: Address Line 3:

Municipality: PALMYRA BORO

Postal City: PALMYRA

State: NJ Zip: 08065

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: 08/19/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 08/19/2010

Registration Type: Agency with Identification

Last Action Taken Date: 09/07/2010

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

01

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

O Di

District

School

09

Congressional Special

Legislative 07

Fire

Previous Name:



OLEKSANDR A KONSHYNA 4201 VESPER CR PALMYRA NJ 08065

Compare MVC - Agency INCOMPLETE

INCOMPLETE CITIZEN & SIGNATURE

SDCRAW / RLINGTON

Reject

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

Duplicate Voters

Batch Scanning

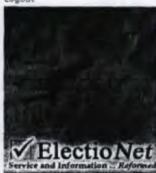
Messaging

Inquiries

Reports

Help

Logout



	MVC	Voter	
Name	OLEKSANDR A KONSHYNA	Date of Birth	
Residence Address	4201 VESPER CIRCLE PALMYRA NJ 08065-2138	Mailing Address	
Driver's License Number	- /	Original Driver's License Number	
Card Number	· .	Previous DOB	
Previous Name	OLEKSANDR A KONSHYNA	Previous Address	4201 VESPER CIRCLE PALMYRA NJ 08065-2138
MVC Fransaction Date	08/19/2010		

				S	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address		License	SSN	Confidence Factor	Status	Statu
No I	Match			ound. You c						d or R	eject

Spanish:

^{*} under Status Reason indicates voter has multiple status reasons.

Select	Add Back	No Action Required	Print List
Seieer	Luca mace	110 Metron redunes	L Little mine

Note:

Reject Figlish:

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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Chosen Freeholders Y lounty of Burlington Y rholly, NEW JERSEY

08060



SUPERINTENDENT OF ELECTIONS and



JOANNE NYIKITA Superintendent & Commissioner

COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

IN October

WE ALSO NEED YOUR SIGNATURE IN INK

*VOTER SIGNATURE

*** 08/30/10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

nysteta

BUSSPAGA / BURLINGTON

Voter Name: OLEKSANDR A KONSHYNA

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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1.9.1

User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: SALLY ANDERSON Voter ID: 120244507

Legacy ID: 0511883 Archived Legacy ID:

Status Information:

Current Status: Deleted

Poll Worker Status:

Date Last Voted: 11/02/2004

Deleted Date: 03/13/2009

Voting Privilege Date: 10/20/2004

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 27 Street Name: GLOVER LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ ZID: 08046

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: 09/21/2004

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 09/21/2004

Registration Type: Mail-in without

Identification

Last Action Taken Date: 03/13/2009

Inactive Confirmation Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

03

City: State: Zip Code: Country:

Districts:

Action

Ward Freeholder 00

District School

22

Congressional

Special

Legislative 07

Fire

Previous Name:

.1883 09/21/2004 38-0-36 IDERSON, SALLY 3 TRESCOTT LN LLINGBORD NJ 08046

State of New Jersey **County Commissioners of Registration**

511883

76

Qualifications of an Eligible Applicant

must be a citizen of the ed States and, by the date of next election, at least 18 's old and a resident of New ey and your county for at t 30 days.

Commissioner of Registration notify you upon receipt of this

Registration deadline to at the next election is 29 prior to election day.

ck if you wish to be pard worker/poll clerk uture elections.

sk if you are permanently bled, unable to go to the ; to vote, and wish to ive information on an intee Ballot.

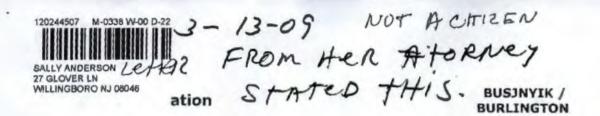
n or Mark

olicant is unable to complete orm, print name and address ndividual who completed this form.

Address

Voter	Registration	Application

	Votel Registration Appl	ioution	
1	Check one: New Registration Address Change	☐ Name C	hange
2	Last Name First Name Anderson Sally	Middle Initial	II III
3	Street Address Where You Live	ill	Apt. #
4	City or Town County NCILLING HOSE NOT	Zip Code	
5	Address Where You Get Your Mail (if different from above)		
6		Number (options	al)
8	Name And Address Of Your Last Voter Registration	County	
9	Declaration - I swear or affirm that: PRI SEP 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 rederal 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.	For Office Use Only Clerk Registration No. Office Time St	
	Name		



Previous Name

Voter Information:

Voter's Name: SALLY ANDERSON

Date of Birth:

Voter ID:

1

120244507

NJ Driver's License / State ID:

Legacy ID: 0511883 Archived Legacy ID:

Telephone #: 600

Fax #:

Previous Address

Residence Address:

County: BURLINGTON

Unit:

Suffix A: Suffix B:

Street Number: 27

Street Name: GLOVER LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zlp: 08046

Previous Party

Party Information:

Current Party: Unaffillated Party Privilege Date:

09/21/2004

Joanne has letter from lawyer.

Status Information:

Voting Privilege Date: 10/20/2004

Current Status: Active

Date Last Voted: 11/02/2004

Poll Worker Status:

Miscellaneous:

Gender: Not Entered

Military/Overseas Status: None Registration Date: 09/21/2004

Registration Type: Mall-In without

Identification

Last Action Taken Date: 08/07/2006

Memo

Print Voter Profile

Date of Birth

Previous Address

Previous Party

Election History

Previous Name

Registration History

Polling Place

Display Signature

Signature History

Poll Worker History

Absentee Ballots

Audit History

Deleted History

Election History

BUSSPAGA / BURLINGTON

Voter Name: SALLY ANDERSON

Election History:

El. Type El. Code Bal. Type Bal. Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted

11/02/2004-

GENERAL General 00040 Machine BURLINGTON UNKNOWN CONV 11/02/2004 11/02/2004

11/02/2004

Close Print List

El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type

Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: GMATEN E BEFOH Voter ID: 151092841

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 7N Suffix A: Suffix B:

Street Number: 1130 Street Name: SUNSET RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffillated

Party Privilege Date: 12/23/2008

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 12/23/2008

Registration Type: Agency with Identification

Last Action Taken Date: 01/20/2011

Status Information:

Voting Privilege Date: 01/13/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/20/2009

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 Freeholder 00

District School 04

Congressional

Special

03

Legislative 07

Fire

Previous Name:

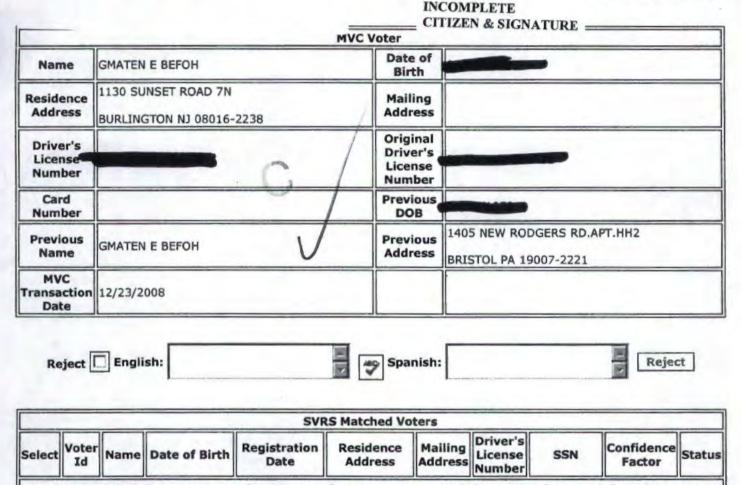
SIL



GMATEN E BEFOH 1130 SUNSET RD Apt-Unit #7-N BURLINGTON NJ 08016

hange Voter

BUSDLOVE / BURLINGTON



No Matching records Found. You can Add or Reject this Motor Voter by clicking on the respective buttons below.

Select Add Back

Note:



Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

1130 SUNSET RD Apt-Unit #7-N BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN. (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

BUSOE1AD /
BURLINGTON

Voter Name: GMATEN E BEFOH

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Date

Date

Date

Date

Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: CHITTA KALAYAN

Voter ID:

151090988

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 34

Street Name: CYPRESS POINT RD

Address Line 2: Address Line 3:

Municipality: WESTAMPTON TOWNSHIP

Postal City: WESTAMPTON

State: N1 Zip: 08060

Mailing Address:

Suffix A:

Street Name/P.O. Box:

Unit:

Deleted Reason: Administrative Action

Poll Worker Status:

Date Last Voted:

Status Information:

Current Status: Deleted

Deleted Date: 02/24/2009

Voting Privilege Date: 12/29/2008

Street Number: Suffix B:

Address Line 2:

Address Line 3:

State: Zip Code: Country:

City:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/08/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 12/08/2008

Registration Type: Agency with Identification

Last Action Taken Date: 02/24/2009

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 Freeholder 00

District School

05

Congressional

Special

03

Legislative 08

Fire

Previous Name:

,11 S

151090988 M-0337 W-00 D-05
CHITTA KALAYAN

CHITTA KALAYAN 34 CYPRESS POINT RD WESTAMPTON NJ 08060

nange Voter

BUSDLOVE /
RETE RLINGTON

INCOMPLETE CITIZEN & SIGNATURE

	INFSTAMPTON N LOROGO		
	WESTAMPTON NJ 08060	Voter	
Name	CHITTA KALAYAN	Date of Birth	
Residence Address	34 CYPRESS POINT ROAD WESTAMPTON NJ 08060-4742	Mailing Address	
Driver's License Number	S. C.	Original Driver's License Number	
Card Number		Previous	
Previous Name	CHITTA KALAYAN	Previous Address	1 LAKE AVE EAST BRUNSWICK NJ 08816-1803
MVC Fransaction Date	12/08/2008		

Reject English:	₩ ₩	Spanish:		Reject
-----------------	--------	----------	--	--------

				SVR	S Matched Vo	ters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Address	Driver's License Number	SSN	Confidence Factor	Status
N	o Mat	ching	records Fou	nd. You can respect	Add or Rejeive buttons		Motor Vol	ter by c	licking on t	he

Select Add Back

Note:

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



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

151090988 M-0337 W-00 D-05

34 CYPRESS POINT RD

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

2/21/09 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: CHITTA KALAYAN

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Poll Worker Status:

Date Last Voted: 11/02/2004

Deleted Date: 11/18/2011

Voting Privilege Date: 10/09/2004

Deleted Reason: Administrative

Voter's Name: LUIS M BONILLA Voter ID: 120227817 Legacy ID: 0509581

Residence Address: County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 15

Street Name: SPIRALWOOD LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

Mailing Address:

Street Number: Suffix A:

Street Name/P.O. Box:

Unit:

Suffix B:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/10/2004

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 09/10/2004 Registration Type: Mail-in without

Identification

Last Action Taken Date: 11/18/2011

Inactive Confirmation Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Action

Ward 00 District 02 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

Date Changed 01/01/1800 LUIS

Last Name

First Name BONILLA

Middle Name

Suffix

1 ADDLICAS	NT INFORMATION (See Instruction 1.)	ENTEE BALLOTS FOR ALL E			PARTY AFFILIATION	ERT LLA
	RINTED NAME (Last, First, Middle Initial)		b. SEX c. RACE	most states to s	end you a ballot for primary	electic DO 4
BONI	LLA LUIS M		MH	7. REMARKS	Provide additional information	
d. DATE OF BIR		f. OTHER IDENTIFICATION NO.	passport, ID card)	bigpimp	nining your eligibility to regist	C YKE
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NITED STATES DISTRICT COURT DISTRICT OF NEW JERSEY





Martin Luther King Jr. Federal Bldg & U.S. Courthouse 50 Walnut Street, Room 4015 Newark, New Jersey 07101

October 19, 2011

Joanne Nyikita Superintendent of Elections 755 Eayrestown Road P.O. Box 6000

Mount Holly, NJ 08060

CAMDEN OFFICE Mitchell H. Cohen U.S. Courthouse One John F. Gerry PLAZA Fourth & Cooper Streets, Room 1050 Camden, New Jersey 08101

TRENTON OFFICE Clarkson S. Fisher U.S. Courthouse 402 East State Street, Room 2020 Treaton, NJ 08608

REPLY TO: TRENTON

Dear Mrs. Nyikita:

The Government Accountability Office (GAO) report (GAO-05-478) identified the federal judiciary as a potential data source for notifying state election officials of individuals who claim to be non-citizens for verifying voter registration eligibility. GAO recommended that the federal courts assist state election officials to assure that voter lists are accurate.

Pursuant to that recommendation, and in accordance with provisions in our jury plan, I am enclosing a list of persons who have identified themselves to us as non-citizens through our juror qualification process. The list provides the names of those potential jurors who have responded negatively to the question on citizenship status on our qualification questionnaire.

If you have any questions or concerns, you may contact me at the number below.

Sincerely.

WILLIAM J. HOLLAND, JR.

Director of Court Services

609-989-2328

101095253 LUIS BONILLA

114 GRANT ST MOUNT HOLLY NJ 08060-1311 RC4 2004

Enclosure

BUSSPAGA / BURLINGTON

Voter Name: LUIS M BONILLA

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Scanned Scanned Counted Name

11/02/2004-

GENERAL General 00040 Mail-In ACCEPTED BURLINGTON UNKNOWN 11/02/2004

CONV 11/02/2004 11/02/2004

Print List Close

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type

Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: WILLIAM F YAWORSKI

Voter ID: 152359096

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 09/27/2012

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 10/03/2012

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 501

Street Name: HAMILTON AVE
Address Line 2:
Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: ROEBLING

State: NJ Zip: 08554

And the second of the second of the second of

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

03

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code:

Country:

Inactive Confirmation Address:

Last Action Taken Date: 09/27/2012

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 09/12/2012

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 09/12/2012

Unit:

Address Line 2: Address Line 3:

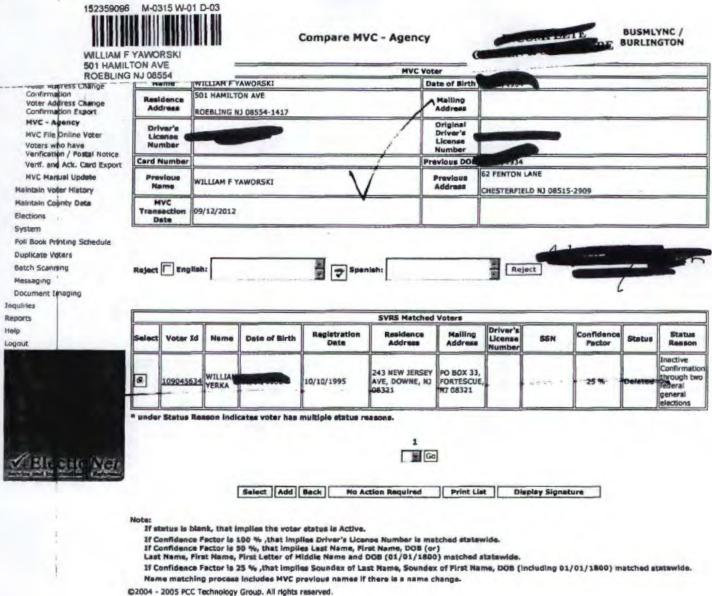
City: State: Zip Code: Country:

Districts:

Ward 01 District Freeholder School Congressional Special 03 Legislative 07

Fire

Previous Name:





Chosen Freeholders g of Burlington Tew Jersey



SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS**

JOANNE NYIKITA

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

OTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: WILLIAM F YAWORSKI

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: HREPSIK SAMVELYAN

Voter ID: 151151848

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Name: BARTON RUN BLVD

Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 05/27/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/29/2009

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 359

Postal City: MARLTON

Zip: 08053

Suffix A: Suffix B:

Unit:

Address Line 2:

City:

State:

Mailing Address:

Street Number:

Street Name/P.O. Box:

Address Line 3:

Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 05/06/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 05/06/2009

Registration Type: Agency with Identification

Last Action Taken Date: 05/29/2009

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 Freeholder 00

District School

18

Congressional

Special

03

Legislative 08

Fire

Previous Name:

359 BARTON RUN BLVD

- Change Voter

BUSDLOVE / BURLINGTON

INCOMPLETE CITIZEN & SIGNATURE

MARLTON NJ 08053 **MVC Voter** Date of Name HREPSIK SAMVELYAN Birth 359 BARTON RUN BLVD. Residence Mailing Address Address MARLTON NJ 08053-2739 Original Driver's Driver's License License Number Number Previous Card Number DOB 220 LENOLA RD APT C409 Previous Previous HREPSIK SAMVELYAN Address Name MAPLE SHADE NJ 08052-1538 MVC Transaction 05/06/2009 Date Spanish: Reject English: Reject

			SV	RS Matched Vot	ers		-		-
elect Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License	SSN	Confidence Factor	Stati

No Matching records Found. You can Add or Reject this Motor Voter by clicking on the respective buttons below.

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 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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WE ALSO NEED YOUR SIGNATURE IN INK

*** 5/19/09

BUSDLOVE /

00)

M-0313 W-00 D-18

151151848

status is blank, 'Confidence Fac Confidence Fac ast Name, First

'Confidence Fac

hed statewide. ame matching ; 1 - 2005 PCC Tec VOTER SIGNATURE

BUSDLOVE / BURLINGTON

Voter Name: HREPSIK SAMVELYAN

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUST Date: 05/04/;

Voter Information:

Voter's Name: HAYDEN O OTTO

Voter ID:

152396447

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 09/10/2015

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 10/22/2012

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 31

Street Name: GALLAWAY LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

Address Line 3

City: State: Zip Code: Country: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/22/2012

Miscellaneous:

Gender: Male

Absentee Ballot Type: None Registration Date: 10/01/2012 Registration Type: Mail-in without

Identification

Last Action Taken Date: 09/10/2015

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:

Action

Ward 00 District 22 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:





Voter's Name: HAYDEN O OTTO Voter ID: 152396447

Status Information:

Voting Privilege Date: 10/22/2012

Current Status: Active Need ID

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Unit: Suffix A:

Suffix B: Street Number: 31

Street Name: GALLAWAY LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO TOWNSHIP

Postal City: WILLINGBORO

State: N) Zlp: 08046

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

State: Zip Code: Country:

19,00 Date: 09

Party Information:

Current Party: Unaffillated

Party Privilege Date: 10/22/2012

Miscellaneous:

Gender: Male

Absentee Ballot Type: None Registration Date: 10/01/2012

Registration Type: Mail-In without Identification

Last Action Taken Date: 10/03/2012

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:

Date Last Voted:

LL park Tim

A SIVEGE

Poll Worker Status:

Freeholder

Sta Votin W 00

District School

22

Congressional Special

03

Legislative 07

Fire

Burney S. 1312" " 140 Part seconds

Previous Name:

No Records Found for the Previous Name

Distra 11:11 ricen who -3 6 1 MA 70,58

20 650 6



HAYDEN O OTTO 31 GALLAWAY LN WILLINGBORO NJ 08046

COPY tion Application

in is required unless marked optional.

xes New Registration Name Change						FOR OFFICIAL USE ONLY	
.S. Citizen? ☑Yes ☐ No NOT complete this form)		Will you be 18 years of age by the next election? ☐ Yes ☐ No (If No, DO NOT complete this form)					
е		- 1	Middle Name or Ir	or Initial Suffix (Jr., Sr., III)		Registration #	
0017						Office Firme Stamp	
		ID, provide the la	st 4 digits of your Social Secur	ty Number.	£		
		_					
Allow my la	ne	1 1 11 12		701 6	Zip Code		
fress if different from above	re Apt.	Municipality	County	State	Zip Code		
Registered to Vote (DO NOT use	POBox) Apt.	Municipality	County	State	Zip Code	□ by mail □ in person	
me if Making Name Chan	a. L	1				*	
h to declare a political pa	rty affiliation?			ated with a	ny political j	party.	
I am a U.S. Citizen I live at the above address I will be at least 18 years	s old	at least 30 days I am not on parole sentence due to a	before the next election be, probation or serving a a conviction for an indicate	table i	raudulent regi me to a fine of mpgsonment	stration may subject up to \$15,000,	
n or mark and date on line		nte 9/8/2				impleted this form.	
	In Name Change S. Citizen? Yes No NOT complete this form) Registered to NoT use PO Box) A Complete this form) Registered to Vote (DONOT use) The in Making Name Change The in Making Name Change The in Note and it is to declare a political part of the above address I will be at least 18 years on or before the next election.	S. Citizen? Tyes No Willy NOT complete this form) Be First Name A. Complete this form) First Name A. Complete this form) First Name A. Complete this form) First Name A. Complete this form Apt Apt Apt Apt Registered to NoT use PO Box) Apt Registered to Vote (DONOT use POBox) Apt Be the declare a political party affiliation? 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 In or mark and date on lines below	Signature Update S. Citizen? Lives \(\text{No} \) No NOT complete this form) Will you be 18 years of a (If No, DO NOT condition) First Name First Name Live Do NoT have a NJ Driver's License, MVC Non-drivers (DO NOT use PO Box) Apt. Municipality Apt. M	Signature Update or Non-affiliation. S. Citizen? Yes No (If No, DO NOT complete this form) Will you be 18 years of age by the next election (If No, DO NOT complete this form) First, Name Middle Name or In Middle Name or In (If No, DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security of the last 4 digits of your Social Security of your Social Security of y	Signature Update or Non-affiliation Change S. Citizen? Yes \(\text{No} \) No \(\text{Mon DO NOT complete this form} \) Will you be 18 years of age by the next election? \(\text{Yes} \) \(\text{If No, DO NOT complete this form} \) Expression of the provided the last 4 digits of your Social Security Number. If you DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number. If you DO NOT use PO Box) Apt	Signature Update or Non-affiliation Change S. Citizen? Ves \(\text{No} \) No (If No, DO NOT complete this form) Will you be 18 years of age by the next election? \(\text{I yes} \) No (If No, DO NOT complete this form) Be First, Name Middle Name or Initial Suffix (it., sr., iii) Middle Name or Initial	

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.

- ☐ voting by mail
- Decoming a poll worker

- opolling place accessibility
- voting if you have a disability, including visual impairment
- available election materials in this alternative language:

BUSSPAGA / BURLINGTON

Voter Name: HAYDEN O OTTO

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: YULIYA PARFIANOVICH

Voter ID: 152772265

Legacy ID:

Archived Legacy ID:

Residence Address:

Address Line 2:

Municipality: MOUNT LAUREL

TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 05/17/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/13/2014

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 3603

Street Name: CHADBURY RD

Address Line 3:

Postal City: MOUNT LAUREL

Zip: 08054

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/26/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 04/26/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 05/13/2014

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:

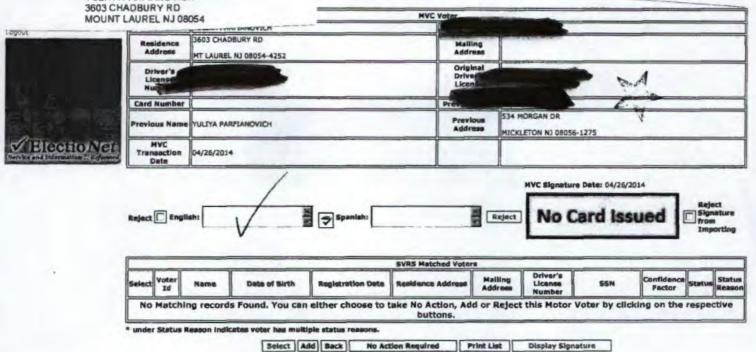
Districts:

Legislative 07 District Congressional 03 Ward 00 26 Freeholder Special Fire School

Previous Name:

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE



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 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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JOANNE NYIKITA SuperIntendent & Commissioner

Board of Chosen Freeholders County of Burlington

New Jersey



3603 CHADBURY RD MOUNT LAUREL NJ 08054

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: YULIYA PARFIANOVICH

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: CARLOS W BOLANOS

Voter ID:

152699894

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit:

Suffix B:

Street Number: 4252A

Street Name: EAST GEORGE ST

Address Line 2:

Municipality: NORTH HANOVER

TOWNSHIP

Postal City: MCGUIRE AFB

State: NJ Zip: 08641

Status Information:

Voting Privilege Date: 11/07/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/04/2013

Deleted Reason: Administrative

Action

Poll Worker Status:

Suffix A:

Address Line 3:

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: 10/17/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/17/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 11/04/2013

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 Freeholder 00

District School

02

Congressional

Special

03

Legislative 12

Fire

Previous Name:

Motor Voter - Agency

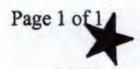
152699894 M-0326 W-00 D-02



CARLOS W BOLANOS 4252A EAST GEORGE ST MCGUIRE AFB NJ 08641

INCOMPLETE CITIZEN & SIGNATURE

Compare MVC - Agency



BUSJMG BURLING

Voter Address Change Confirmation	Non	ne I	CARLOS W BOL	ANOS	_	MVC	Detail				-	
Voter Address Change Confirmation Export MVC - Agency	Reside Addr	ence	4252A EAST GE TRENTON N) 08		HANDVE	e	Hall Addr					
MVC File Online Vater Voters who have Verification / Postal Notice	Drive Liquid Num						Origi Drive List	inel				
Vertil, and Ack. Card Export	Card No	ımber					1					
Maintain Voter History Elections System	Previous	Nama	CARLOS W BOLA	WOS		A	Previ Addr	-	VRENCEVILLE N			
Betch Scanning Document Integing	Trense Dat	ction	10/17/2013									
Handheid Scanning Inquires Help Logout	Rejact	Englisi	he	Tê	Spankh:	SVRS Hatch	ned Vote	Reja		Card	0/17/2013 Issued	
	Select 1	oter Id	Koms	Date of Birth	Registration Data	Residence A	ddress	Halling Address	Driver's License Number	SSN	Confidence Factor	Statu
81		00000334	CHARLES A			1072 CAMBR	IDGE				75.04	Datas
Williamovia.		-	BULLWINKEL	0390171800	02/09/1954	07666	1,11					
ICAMPIOCHIOTACE	S e		sees ladientes		de status secondo							

1 . 60

Select Add Back No Action Required Print List Display Signature

tal
If status is blank, that implies the votar status is Active.
If confidence Pector is 100 %, that implies Driver's License Number is metched statewide.
If Confidence Pector is 50 %, that implies Last Name, First Name, DOS (or).
Last Name, First Name, First Letter of Middle Name and DOS (01/01/1800) matched statewide.
If Confidence Fector is 25 %, that implies Soundex of Last Name, Soundex of First Name, DOS (including G1/01/1800) metched statewide.
Name matching process includes MVC provious names if there is a name change.

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JOANNE NYIKITA
SuperIntendent & Commissioner

NOT A U.S. Citizen
Board of Chosen Freeholders
County of Burlington

Nem Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



Z 10-28-13

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: CARLOS W BOLANOS

Election History:

El.Date
& El.Type El.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/28/2017

Voter Information:

Voter's Name: JORA SINGH Voter ID: 152772366

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1009 Street Name: GARNET DR

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

Status Information:

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/12/2014

Voting Privilege Date: 05/17/2014

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/26/2014

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 04/26/2014

Registration Type: Agency with Identification

Last Action Taken Date: 05/12/2014

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 Freeholder 00

District School

08

Congressional

Special

03

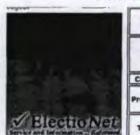
Legislative 07

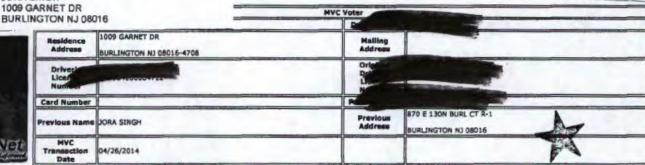
Fire

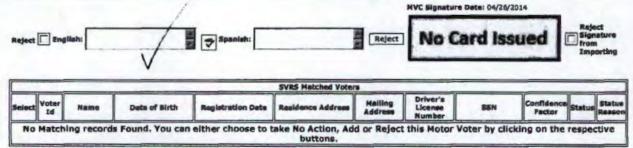
Previous Name:

mpare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE







* under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

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 Lust 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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Board of Chosen Freeholders County of Burlington New Jersey



JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK





--- 05/06/14

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: JORA SINGH

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

Name

El.Date

Date

Date

Date

Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOF1AD Date: 04/28/2017

Voter Information:

Voter's Name: BALDEV SINGH 152359028

Voter ID: Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 360 Suffix A:

Street Number: 1210

Address Line 2:

Municipality: BURLINGTON TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 10/05/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/26/2012

Deleted Reason: Administrative Action

Poll Worker Status:

Suffix B:

Street Name: ROUTE 130

Address Line 3:

Postal City: BURLINGTON

Zip: 08016

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: 09/14/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 09/14/2012

Registration Type: Agency with Identification

Last Action Taken Date: 09/26/2012

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 Freeholder 00

District

School

11

Congressional

Special

03

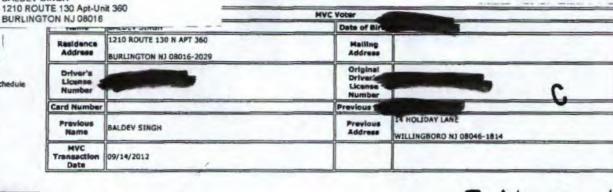
Legislative 07

Fire

Previous Name:

ompare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE





1

Elections

System

Show Re

Batch Scanning

Document Imaging

Messaging

Inquines

Reports

Help

My Homepage Poll Book Printing Schedule Duplicate Voters

> Baldy Singh Spanish: Reject English: **SVRS Matched Voters** Residence Address Driver's License Number Status Status Confidence Factor Registration Date Date of Birth Id No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the

" under Status Reason Indicates voter has multiple status rea

Select Add Back No Action Required Print List Display Signature

respective buttons.

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

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

If Confidence Pactor 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) metched statewide.

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



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



152359028 M-0308 W-00 D-11

BALDEV SINGH 1210 ROUTE 130 Apt-Unit 360 BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY.—WE NEED -IMPORTANT-INFORMATION IN ORDER TO PROCESS-YOUR VOTER-REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTENSIGNATURE

9-22-12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NVIKITA

SUPERINTENDENT OF ELECTIONS

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990

Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

BUSOE1AD / BURLINGTON

Voter Name: BALDEV SINGH

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn
Affn

Pty
Affn

Memo User Date Date
Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: JOSE R BASTO-MESA

Voter ID: 15

152086620

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 12/12/2011

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 12/03/2011

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 5504

Street Name: BALTIMORE DR Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053

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: 11/12/2011

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 11/12/2011

Registration Type: Agency with Identification

Last Action Taken Date: 12/12/2011

Inactive Confirmation Address:

Street Number: Suffix A:

Street Name/P.O. Box:

Unit:

Suffix B:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward 00 District 24 Congressional 03 Legislative 08 Freeholder School Special Fire

Previous Name:



JOSE R BASTO-MESA 5504 BALTIMORE DR MARLTON N

MVC Manual Update Maintain Voter History Maintain County Data

Pall Book Printing Schedule

Elections System **Duplicate Voters**

Inquiries Reports Help Logaut

Batch Scanning Messaging Document Imaging

mpare MVC - Agency

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ILINGTON

INCOMPLETE

WARLTON NJ 08	053	_	MVC	Voter CIT	IZEN & SIGNATURE	
Voter Address Change Confirmation	Name	JOSE R BASTO-MESA		Da Birt		
Voter Address Change Confirmation Export MVC - Agency	Residence Address	5504 BALTIMORE DRIV MARLTON NJ 08053-8		Mailing Address		
MVC File Online Voter Voters who have Verification / Postal Notice	Driver Licen Number			Ofiginal Driv Licens Number		
Verif, and Ack. Card Export MVC Manual Update	Card Number			Pre		
intain Voter History Intain County Data	Previous Name	JOSE R BASTO	/	Previous	5504 BALTIMORE DRIVE MARLTON NJ 08053-8532	
ections stem	MVC Transaction Date	11/12/2011	V			

Reject English:	E	Spanish:	12	Reject

				S	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match	-		ound. You c						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select Add Back Print List No Action Required

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.





Chosen Freeholders y of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 12/6/211 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

ann nybita

BUSDLOVE / BURLINGTON

Voter Name: JOSE R BASTO-MESA

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: ANA BEZA-DUARTE

Voter ID:

152731127

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Name: DUKE AVE

Address Line 2:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ

Status Information:

Voting Privilege Date: 02/06/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/04/2014

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 7

Address Line 3:

Zip: 08053

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: 01/16/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/16/2014

Registration Type: Agency with Identification

Last Action Taken Date: 02/04/2014

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 Freeholder 00

District

School

05

Congressional

Special

03

Legislative 08

Fire

Previous Name:

No Card Issued

7 DUKE AVE MARLTON NJ 08053

Compare MVC - Agency

BUSKFRAZ /

ACTIVITIES Voter Registration Add/Change Voter Voter With No DOB Voter Address Change Voter Address Change Confirmation Export **HVC** - Agency MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export MVC Manual Update Maintain Voter History Maintain County Date Elections System Poli Book Printing Schedule **Duplicate Voters** Batch Scanning Nessaging Document Imaging Handheld Scanning Reports Help Logout



SVRS Natched Voters Date of Birth Inactive 122 E MAIN ST, Apt. 612, Unit 702, MILLVILLE, NJ 08332 through two **(** 109032956 BAXTER 01/01/1800 06/08/19 elections Inactive Confirmation through two 992 WEST SIDE AVE JERSEY CITY, NJ 07306 1 0441622 BAXTER C 21/01/180 03/29/1949 25 %

Raject

* under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

1 . Go

Electio Net

Reject English:

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

Spa Spa

If Confidence Factor is 25 %, that implies Soundex of Last Name, Soundex of First Name, DOS (including 01/01/1800) metched etatewide.

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



Chosen Freeholders by of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



1-29-14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: ANA BEZA-DUARTE

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: ABEL MARTINEZ-CRUZ

Voter ID: 152615847

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 06/17/2013

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 06/10/2013

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 209

Street Name: BUDDTOWN RD

Address Line 2: Address Line 3:

Municipality: SOUTHAMPTON

TOWNSHIP

Postal City: SOUTHAMPTON

State: NJ Zip: 08088

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Deleted Reason: Administrative Address Line 2:

Address Line 3:

ZIp Code:

Country:

City: State: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 05/20/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 05/20/2013

Registration Type: Agency with

Identification

Last Action Taken Date: 06/17/2013

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

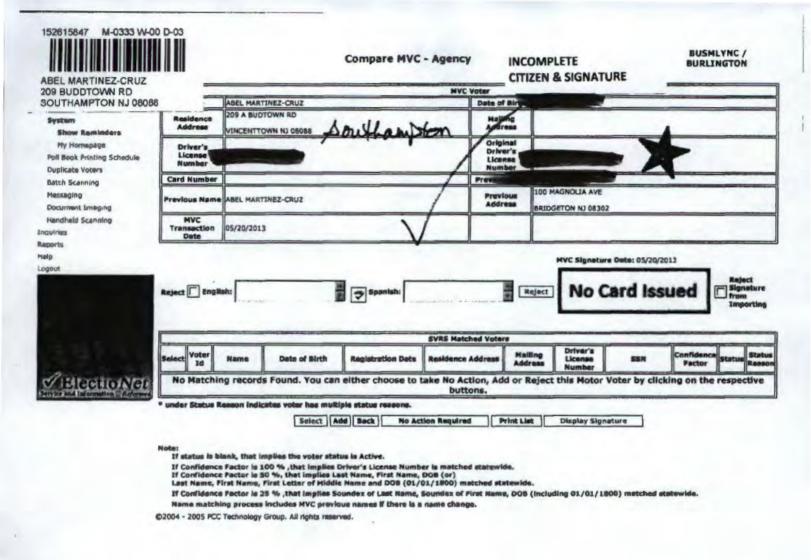
City: State: Zip Code: Country:

Districts:

Action

District Congressional 03 Legislative 08 Ward 00 03 Freeholder School Special Fire

Previous Name:





Ihosen Freeholders 1 of Burlington Jew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE - 13

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: ABEL MARTINEZ-CRUZ

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: KIL D KIM Voter ID: 521200839

Legacy ID:

Archived Legacy ID:

Street Number: 13

Street Name: PARKERS MILL BLVD

Address Line 2: Address Line 3:

Municipality: MOUNT HOLLY

TOWNSHIP

Postal City: MOUNT HOLLY

State: NJ

Status Information:

Voting Privilege Date: 12/27/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 12/17/2014

Deleted Reason: Administrative

Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Zip: 08060

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: 12/06/2014

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 12/06/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 12/17/2014

Inactive Confirmation Address:

Street Number: Suffix A:

Street Name/P.O. Box:

Unit:

Suffix B:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

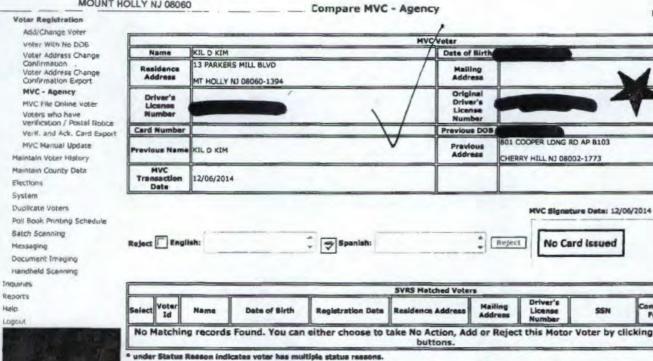
Districts:

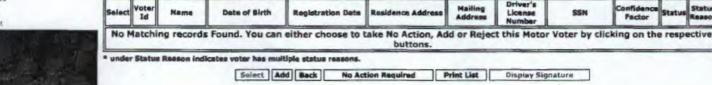
Ward 00 District 01 Congressional 03 Legislative 08 School Fire Freeholder Special

Previous Name:

KIL D KIM 13 PARKERS MILL BLVD MOUNT HOLLY NJ 08060

BUSKERAZ / BURLINGTON





ElectioNet

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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Chosen Freeholders y of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

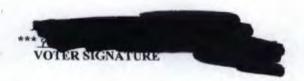
THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED-IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER-REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 12/15/2014 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: KIL D KIM

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: KARLA N ESPINOZA

Voter ID:

152152125

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Suffix B:

Street Number: 28

Street Name: ROBIN RD

Municipality: EASTAMPTON TOWNSHIP

Postal City: EASTAMPTON

State: NJ

Current Status: Deleted

Date Last Voted:

Poll Worker Status:

Suffix A:

Address Line 2: Address Line 3:

Zip: 08060

Suffix B:

Unit:

Party Information: Current Party: Unaffiliated

Party Privilege Date: 12/07/2011

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 12/07/2011 Registration Type: Agency with Identification

Last Action Taken Date: 12/21/2011

Status Information:

Voting Privilege Date: 12/28/2011

Deleted Date: 12/21/2011

Deleted Reason: Administrative Action

Mailing Address:

Street Number: Suffix A:

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 Freeholder 00

District School

03

Congressional

Special

03

Legislative 08

Fire

Previous Name:

Main Menu: Activities

Voter Regi

152152125 M-0311 W-00 D-03

KARLA N ESPINOZA 28 ROBIN RD

VC - Agency

BUSSPAGA / BURLINGTON

EASTAMPTON NJ 08060

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******	-	CY	ANT		-	m

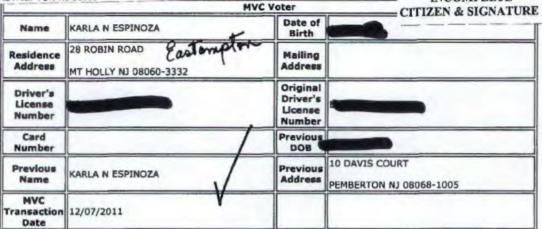
Add/Char Voter With No DOB Voter Address Change Confirmation Voter Address Change Confirmation Export MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Verif, and Ack. Card Export MVC Manual Update Maintain Voter History Maintain County Data Elections System

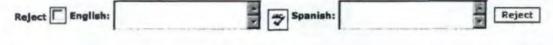
Poll Book Printing Schedule **Duplicate Voters** Batch Scanning Messaging

Document Imaging

Inquiries Reports

Help Logout





				S	VRS Matche	ed Voters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	 Confidence Factor	Status	Status Reason
No I	Match			ound. You co or Voter by					ld or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required **Print List**

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.





Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

12/16/11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: KARLA N ESPINOZA

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date El.Code≈Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: REWAL KAUR Voter ID: 152178923

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Name: MELODY CT

Address Line 3:

State: NJ Zip: 08060

Status Information:

Voting Privilege Date: 02/23/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/28/2012

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 2

Address Line 2:

Municipality: EASTAMPTON TOWNSHIP

Postal City: EASTAMPTON

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: 02/23/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 02/02/2012

Registration Type: Agency with Identification

Last Action Taken Date: 02/28/2012

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 Freeholder 00

District School

03

Congressional

Special

03

Legislative 08

Fire

Previous Name:



REWAL KAUR 2 MELODY CT EASTAMPTON NJ 08060

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

Poli Book Printing Schedule

Duplicate Voters

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help

Logout



INCOMPLETE CITIZEN & SIGNATURE

Compare MVC - Agency

REWAL KAUR

REWAL KAUR

02/02/2012

2 MELODY COURT

EASTAMPTON NJ 08060-4709

Name

Residence

Address

Driver's

License

Number

Card

Number

Previous

Name

MVC

ansaction Date

BUSDSHUL / BURLINGTON Date of Birth Malling Address Original Driver's License Number Previous DOB E 24 ARCADIA CT Previous Address

EASTAMPTON NJ 08060-3347

Reject English:	-	Spanish:	- E	Reject

MVC Voter

				S	VRS Matche	ed 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	Match			ound. You c						d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

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.



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152178923 M-0311 W-00 D-03

REWAL KAUR 2 MELODY CT EASTAMPTON NJ 08060



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

(NO)

WE ALSO NEED YOUR SIGNATURE IN INK



*** 02/09/12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: REWAL KAUR

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Party Information:

Miscellaneous:

Identification

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 12/07/2011

Registration Type: Agency with

Last Action Taken Date: 12/28/2011

Current Party: Unaffiliated

Party Privilege Date: 12/07/2011

Voter Information:

Voter's Name: SETTY A VERADEESPINOZA

Voter ID: 152151632

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 12/28/2011

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 12/28/2011

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 28 Street Name: ROBIN RD

Address Line 2: Address Line 3:

Municipality: EASTAMPTON

TOWNSHIP

Postal City: EASTAMPTON

State: NJ Zip: 08060

Mailing Address: Inactive Confirmation Address:

Street Number: Street Number: Suffix A: Suffix A: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 2: Address Line 3:

City: Clty:
State: State:
Zip Code: Zip Code:
Country: Country:

Districts:

Ward 00 District 03 Congressional 03 Legislative 08 Freeholder School Special Fire

Previous Name:

Mai 152151632				ipare MV	/C - Age	псу		C	INCOM		
SETTY A V	ERADEESPING RD	ZA									
Prantition County Date	ON NJ 08060			-	MVC V	oter					
Elections	Name	SETTY	A VERADE	ESPINOZA		Date of Birth					
System		28 ROE	BIN ROAD		_						
Show Reminders	Residence	e		60 2222		Mailing Address	1				
My Homepage		MIHO	LLY NJ 080	60-3332		Original	-			_	
Poll Book Printing Schedule	Driver's					Original Driver's					
Duplicate Voters	Number Number					License			-		
Batch Scanning	Card		_			Previous	-			_	_
Messaging	Number					DOB					
Document Imaging	Previous					Previous	10 DAVI	s cou	JRT		
Inquiries	Name	SETTY	A VERADE	ESPINOZA		Address	PEMBER	TON N	U 08068-100	5	
Reports	MVC										
Help	Transactio	n 12/07/	2011								
Logout	Date				_						_
	Reject 🗀	English:		V	7	Spanish				<u></u>	Reject
Mile Continue				S	VRS Match	ed Voters					
建筑工程	Select Vo	PM 13 PY 3 43	Date of Birth	Registration Date		Mailing Address	Driver's License Number		Confidence Factor	Status	Status Reason
V Electioner	No Mat			ound. You o						ld or F	Reject
Service and Information Reformed	* under Sta	tus Reas	on indicat	tes voter has i	nultiple sta	tus reaso	ns.				
			Select	Add Back	No Act	ion Regui	red	Pri	nt List		
		- 9	Select	AUU BECK	NO ACC	ion Requi	i eu	7111	ne case		
	Note: If statu	s is blank	c, that imp	olies the voter	status is A	ctive.					
	If Confi	dence Fa	ctor is 50	0 % ,that impl %, that impli est Letter of M	es Last Nan	ne, First N	lame, DO	B (or)		de.

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.



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

C



12/17/11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: SETTY A VERADEESPINOZA

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: ASIYE AYGUN Voter ID: 152792893

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 120

Address Line 2:

Municipality: EDGEWATER PARK

TOWNSHIP

State: NJ Zip: 08010

Status Information:

Voting Privilege Date: 07/08/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 07/08/2014

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Unit: K6 Suffix A: Suffix B:

Street Name: ELM ST

Address Line 3:

Postal City: BEVERLY

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/17/2014

Miscellaneous:

Gender: Female

Absentee Ballot Type: None Registration Date: 06/17/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 07/08/2014

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:

District 07 Ward 00 Freeholder School

Congressional Special

03 Legislative 07

Fire

Previous Name:

Compare MVC - Agency

INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

BUSRMCGU / BURLINGTON

Signa

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

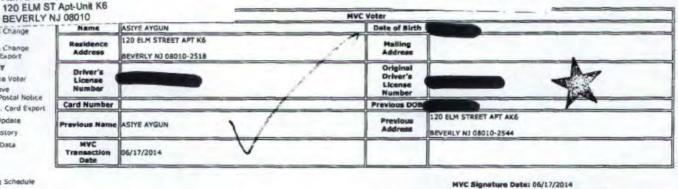
Messaging Document Imaging

Handheld Scanning

Inquiries Reports

Help Lagout





SVRS Matched Voters Driver's License Number Vote **Mailing**Address onfidenc Date of Birth Residence Addr Factor No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the respective

Reject

No Card Issued

under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

Reject English:

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 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, DOS (including 01/01/1800) matched statewide.

Spanish:

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



Chosen Freeholders dy of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(No)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

NATURE

*** (0, 30, 204)

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: ASIYE AYGUN

Election History:

El.Date
& El.Type El.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Type El.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: GISSELLE M COMISO

Voter ID: 152098531

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 120

Street Name: ELM ST

Municipality: EDGEWATER PARK

TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 12/16/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 12/12/2011

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Unit: T2 Suffix A: Suffix B:

Address Line 2: Address Line 3:

Postal City: BEVERLY

Zip: 08010

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code:

Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/25/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 11/25/2011

Registration Type: Agency with Identification

Last Action Taken Date: 12/12/2011

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward 00 Freeholder

District School

07

Congressional Special

03

Legislative 07

Fire

Previous Name:

Main Menu Activities

Elections System **Duplicate Voters**

Inquiries Reports Help Logout

Batch Scanning Messaging Document Imaging

Voter Re Add/C

MVC Manual Update Maintain Voter History Maintain County Data

Poll Book Printing Schedule

M-0312 W-00 D-07 152098531

120 ELM ST Apt-Unit T2 BEVERLY NJ 08010

MVC - Agency

BUSSPAGA / BURLINGTON

DUKE	11401014	
INCOM	IPLETE	

Voter With No DOB			MVC	Voter	CITIZEN & SIGNATUR
Voter Address Change Confirmation	Name	GISSELLE M COMISO		Date of Birth	
Voter Address Change Confirmation Export MVC - Agency	Residence Address	120 ELM ST APT T-2 EDGEWATER PARK NJ 08010-2	2527	Mailing Address	
MVC File Online Voter Voters who have Verification / Postal Notice	Driver's License Number		1	Original Driver's License Number	
Verif. and Ack. Card Export MVC Manual Update	Card Number			Previous	
aintain Voter History Aintain County Data	Previous Name	GISSELLE M COMISCO		Previous Address	120 ELM ST APT T-2 EDGEWATER PARK NJ 08010-2527
ections stem	MVC Transaction	11/25/2011	•		

Reject English:	X V	Spanish:	1 P	Reject
-----------------	-----	----------	-----	--------

				S	VRS Matche	ed Voters					-
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You cor or Voter by						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

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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Chosen Freeholders 7 of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOT MIURE

--- 12/4/H

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990

Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

Scan Corr.

BUSDLOVE / BURLINGTON

Voter Name: GISSELLE M COMISO

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: NILUFER GOCMEN

Voter ID:

151321588

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Address Line 2:

Municipality: EDGEWATER PARK

TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 04/20/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/27/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: 6Q Suffix A: Suffix B:

Street Number: 120 Street Name: FLM ST

Address Line 3:

Postal City: BEVERLY

Zip: 08010

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City:

State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/30/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/30/2010

Registration Type: Agency with

Identification

Last Action Taken Date: 04/27/2010

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 Freeholder 00

District

School

07

Congressional Special

03

Legislative 07

Fire

Previous Name:

pare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

Reject

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

William Control

Maintain Voter History

Maintain County Data

System

Duplicate Voters

Batch Scanning

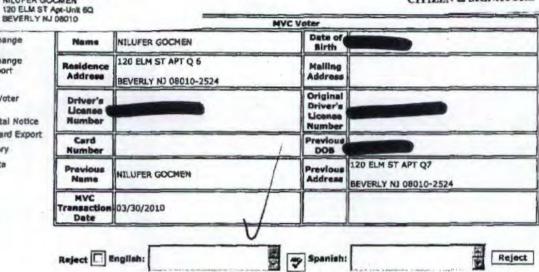
Messaging

Inquirtes

Reports

Help

Logout



	-			S	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status

this Motor Voter by clicking on the respective buttons.

Select Add Back No Action Required Print List

Note:

Reject English:

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 Soundax of Last Name, Soundax 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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

151321588 M-0312 W-00 D-07

NILUFER GOCMEN 120 ELM ST Apt-Unit 6Q BEVERLY NJ 08010

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

S



*** 04/15/10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: NILUFER GOCMEN

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: KIRSIS D ORTIZ-

SANCHEZ

Voter ID: 152766017

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Suffix A: Suffix B:

Street Number: 907

Street Name: WOODLANE RD

Address Line 2: Address Line 3:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ Zip: 08010

Status Information:

Voting Privilege Date: 05/08/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/28/2014

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: 16A

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code:

Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/17/2014

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 04/17/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 04/28/2014

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 03 Legislative 07 Freeholder School Special Fire

Previous Name:

If Confidence Factor is 25 %, that implies Soundax of Last Name, Soundax 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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JOANNE NYIKITA Superintendent & Commissioner

ard of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152766017 M-0312 W-00 D-06

KIRSIS D ORTIZ-SANCHEZ 907 WOODLANE RD Apt-Unit 16A BEVERLY NJ 08010

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 4/25/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

Deleted Office: 75

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990

Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

BUSDLOVE / BURLINGTON

Voter Name: KIRSIS D ORTIZ-SANCHEZ

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close | Print List

EI.Date=Election Date
Ei.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: LUCKY G OSIUGHWU

Voter ID: 520942089

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: AB6 Suffix A:

Suffix B:

Street Number: 120 Street Name: ELM ST

Address Line 2: Address Line 3:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ Zip: 08010

Inactive Confirmation Address:

Street Number: Suffix A: Suffix B:

Identification

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 10/27/2014

Registration Type: Agency with

Last Action Taken Date: 11/14/2014

Current Party: Unaffiliated

Party Privilege Date: 10/27/2014

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Status Information:

Voting Privilege Date: 11/17/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/14/2014

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:

Districts:

Ward 00 District 07 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

520942089 M-0312 W-00 D-07

LUCKY G OSIUGHWU
120 ELM ST Apt-Unit AB6
BEVERLY NJ 08010

hosen Freeholders of Burlington w Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

NATURE

*** 1/-07-14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: LUCKY G OSIUGHWU

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

> Close **Print List**

El.Date=Election Date

El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: NELLY E REYES Voter ID: 152589807

Voting Privilege Date: 05/03/2013

Deleted Reason: Administrative

Current Status: Deleted

Deleted Date: 04/24/2013

Date Last Voted:

Poll Worker Status:

Action

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 204

Street Name: COLONIAL RD

Address Line 2: Address Line 3:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ ZIp: 08010

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3: City:

State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 05/03/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 04/12/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 04/24/2013

Mailing Address: **Inactive Confirmation Address:** Status Information:

> Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Districts:

Legislative 07 Ward District 05 Congressional 03 00 Freeholder School Special Fire

Previous Name:

365 N 10TH ST, NEWARK, NJ 07107 C 101009244 NELLIE ROSSI 01/01/1800

116321066 NEIL R

121007680 NELLIE



Select Add Back No Action Required Print List Display Signature



Deleted

25 %

25 %

25 %

through two federal general

srough two

0

C

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

09/17/1992

9/26/1945

09/28/1944

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

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

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

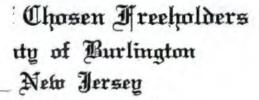
If Confidence Factor is 25 %, that Implies Soundex of Last Name, Soundex of First Name, DOS (including 01/01/1800) matched statewide. Name matching process includes MVC previous names if there is a name change.

BRIDGES RD, WASHINGTON TOWNSHIP, NI 07853

26 ELLISON ST, Apt-Unit 7-M, PATERSON, NJ 07501

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JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152589807 M-0312 W-00 D-05

NELLY E REYES 204 COLONIAL RD BEVERLY NJ 08010

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY, WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER-REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

¥

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

4/19/13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: NELLY E REYES

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: CAROL G EVANS Voter ID: 151416411

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Municipality: EVESHAM TOWNSHIP

State: NJ Zip: 08053

Status Information:

Voting Privilege Date: 08/18/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/27/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 203

Street Name: BROOK VIEW CR.

Address Line 2: Address Line 3:

Postal City: MARLTON

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: 07/28/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 07/28/2010

Registration Type: Agency with Identification

Last Action Taken Date: 08/27/2010

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 Freeholder 00

District School

04

Congressional

Special

03

Legislative 08

Fire

Previous Name:

CAROL G EVANS 203 BROOK VIEW CR MARLTON NJ 08053

ompare MVC - Agency

INCOMPLETE

BUSMLYNC / BURLINGTON

CITIZEN & SIGNATURE

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

Duplicate Voters

Batch Scanning

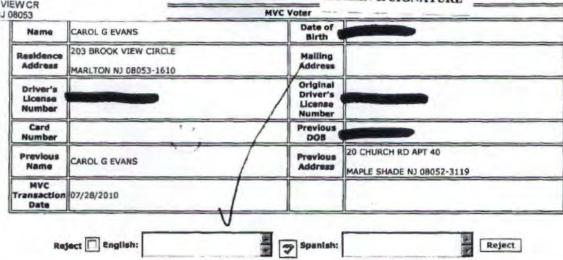
Messaging

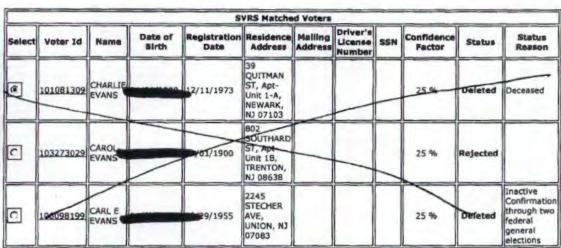
Inquiries

Reports

Help







* under Status Reason indicates voter has multiple status reasons.

Go

Select Add Back No Action Required Print List

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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JOANNE NYIKITA Superintendent & Commissioner

Ihosen Freeholders 1 of Burlington Jew Jersey

SOLUTION OF STREET

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

0

DEAR VOTER,

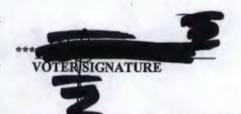
THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: CAROL G EVANS

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: ROGER I HOLDER

Voter ID: 151524182 Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 336

Street Name: GAINESBORO RD

Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053

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: 10/01/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/01/2010

Registration Type: Agency with Identification

Last Action Taken Date: 10/15/2010

Status Information:

Voting Privilege Date: 10/22/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/15/2010

Deleted Reason: Administrative Action

Poll Worker Status:

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 Freeholder 00

District School

26

Congressional

Special

03

Legislative 08

Fire

Previous Name:

INCOMPLETE BUSDJEFF / mpare MVC - Agency CITIZEN & SIGNATURE URLINGTON

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

Duplicate Voters

Batch Scanning

Messaging

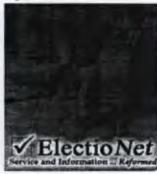
Document Imaging

Inquiries

Reports

Help

Logout



Name	ROGER I HOLDER	Date of Birth	
Residence Address	336 GAINSBORO RD MARLTON NJ 08053-2445	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	ROGER I HOLDER	Previous	31 A SUNFLOWER ROAD MAPLE SHADE NJ 08052-8447
MVC Transactio Date	10/01/2010		

				S	VRS Match	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address		License	SSN	Confidence Factor	Status	Status Reason
No I	Match			ound. You o						d or R	eject

^{*} under Status Reason indicates voter has multiple status reasons.

T-1	-	. 44	Dani.	No Astley Desident	Print List
Sell	ect	Add	Back	No Action Required	Print List

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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Thosen Freeholders g of Burlington Tew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS





JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

PLEASE CIRCLE YES OR NO



WE ALSO NEED YOUR SIGNATURE IN INK

VOTER-SIGNATURE

*** 10/13/2010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: ROGER I HOLDER

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: XIOMARA E

JEREZANO

Voter ID: 151291270

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

Status Information:

Voting Privilege Date: 02/13/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/03/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: 265 Suffix A: Suffix B:

Street Number: 1020

Street Name: WOODLANE RD

Address Line 2: Address Line 3:

State: NJ Zip: 08010

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 01/23/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/23/2010

Registration Type: Agency with

Identification

Last Action Taken Date: 02/01/2011

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 03 Legislative 07 Fire Freeholder School Special

Previous Name:

XIOMARA E JEREZANO 1020 WOOD LN Apt-Unit #265 BEVERLY NJ 08010

re MVC File - ChangCITIZEN & SIGNATURE

BUSDJEFF / BURLINGTON

Voter With No DOB Voter Address Change Confirmation Voter Address Change Confirmation Export MVC File New Voter

MVC File Change Voter

MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export

Maintain Voter History Maintain County Data

Elections System

Duplicate Voters

Batch Scanning

Messaging

Inquiries

Reports Help

Logout

Electio Net

	MVC	Voter
Name	XIOMARA E JEREZANO	Date of Birth
Residence Address	1020 WOODLANE RD.APT. 265 EDGEWATER PARK NJ 08010-3214	Mailing Address
Driver's Licens Number		Original Driver's License Number
Card Number		Previous
Previous Name	XIOMARA E JEREZANO	Previous 320 CONROW ST APT A143 Address BURLINGTON NJ 08016-1401
MVC Transaction Date	01/23/2010	

Reject English:	- T	Spanish:	1	Reject
-----------------	-----	----------	---	--------

				SVR	S Matched V	oters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address		Driver's License Number	SSN	Confidence Factor	Status
No M	atchi	ng reco	ords Fou	nd. You can	Add or Rej	The state of the state of		oter b	y clicking o	n the

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 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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

151291270 M-0312 W-00 D-05

XIOMARA E JEREZANO 1020 WOOD LN Apt-Unit #265 BEVERLY NJ 08010

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



2-26-2010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: XIOMARA E JEREZANO

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted Name

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: SANDEEP KAUR Voter ID: 151817160

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 7

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: N)

Status Information:

Voting Privilege Date: 05/14/2011

Current Status: Deleted Date Last Voted:

Deleted Date: 06/02/2011

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: A Suffix A: Suffix B:

Street Name: MARIGOLD DR Address Line 2:

Address Line 3:

Zip: 08052

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/23/2011

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 04/23/2011

Registration Type: Agency with Identification

Last Action Taken Date: 09/13/2011

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 Freeholder 00

District School

19

Congressional Special

01

Legislative 6

Fire

Previous Name:

SANDEEP KAUR 7 A MARIGOLD DR MAPLE SHADE NJ 08052

ipare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

Maintain County Data	L NO COCCE				MVC	/oter						
Bections	Name	SANDE	EP KAUR			Date of Birth			-			
Show Reminders My Homepage	Residence Address	7A MARIGOLD DRIVE MAPLE SHADE NJ 08052-8474				Mailing Address	C					
Duplicate Voters Poll Book Printing Schedule	Driver's License Number					Original Driver's License Number						
Batch Scanning Messaging	Card Number	Number				Previous						
Document Imaging inquiries	Previous Name					Previous Address	139 LAUREBA AVE STRATFORD NJ 08084-1407					
Reports Help Logout	MVC Transaction Date	04/23/2	2011									
	Reject 🗔	English:	V		2	Spanish		* * - +			Reject	
		SVRS Matched Voters										
	Select Vote	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason	
√ BleenoNe	No Matc			ound. You o						ld or R	eject	
Service and Information . Reformed	A under Stat	us Dane	an indicat	es voter has s	wultinia ets	tue reaso	ne.					

Note:

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

Select Add Back

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.

No Action Required

Print List

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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



151817160 M-0319 W-00 D-19

SANDEEP KAUR
7 A MARIGOLD DR
MAPLE SHADE NJ 08052

5

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

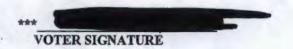
ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK





*** OS 13 11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: SANDEEP KAUR

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: KRZYSZTOF BOROWIK

151507959 Voter ID:

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 56

Street Name: QUAKER ST

Address Line 2: Address Line 3:

State: NJ

Status Information:

Voting Privilege Date: 10/12/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/05/2010

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

Zip: 08053

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: 09/21/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/21/2010

Registration Type: Agency with Identification

Last Action Taken Date: 10/05/2010

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 Freeholder 00

District School

14

Congressional

Special

03

Legislative 08

Fire

Previous Name:

151507959 M-0313 W-00 D-14 Main M INCOMPLETE Activitie ire MVC - Agency CITIZEN & SIGNATURE Inquirie 56 QUAKER ST Reports MARLTON NJ 08053 **MVC Voter** Help Date of Logout Name KRZYSZTOF BOROWIK Birth **56 QUAKER STREET** Residence Mailing Address Address MARLTON NJ 08053-4137 Original Driver's Driver's License License Number Number Card Previous Number DOB 13 KING AVE Previous Previous KRZYSZTOF BOROWIK Address Name MARLTON NJ 08053-1313 MVC Transaction 09/21/2010 Date Spanish: Reject | English: Reject **SVRS Matched Voters** Date of Birth Date Residence Address Address Number SSN Confidence Factor Voter Status Name 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. Select Add Back No Action Required **Print List** 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.



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



151507959 M-0313 W-00 D-14

MARLTON NJ 08053

S



DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: KRZYSZTOF BOROWIK

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: ASHU N BANDLAMUDI

Voter ID:

151608186

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 12/15/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 11/25/2010

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 146

Street Name: ROSEWOOD DR

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

Registration Date: 11/04/2010 Registration Type: Agency with Identification

Mailing Address: **Inactive Confirmation Address:**

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Last Action Taken Date: 12/15/2010

Current Party: Unaffiliated

Party Privilege Date: 11/04/2010

Street Number: Street Number:

Suffix A: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit: Unit: Address Line 2: Address Line 2:

Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Zip Code: Country: Country:

Districts:

Ward District 01 01 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:



ASHU N BANDLAMUDI 146 ROSEWOOD DR BORDENTOWN NJ 08505

Compare MVC - Agen CITIZEN & SIGNATURE

BUSDJEFF / BURLINGTON

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

Duplicate Voters

Poli Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports



		IVC Voter	
Name	ASHU N BANDLAMUDI	Date of Birth	
Residence Address	146 ROSEWOOD DR BORDENTOWN NJ 08505-4805	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous	
Previous Name	ASHU N BANDLAMUD	Previous Address	146 ROSEWOOD DR BORDENTOWN NJ 08505-4805
MVC Transaction Date	11/04/2010		

				5	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	55N	Confidence Factor	Status	Status Reason
No	Match			ound. You cor Voter by						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select	Add Back	No Action Required	Print List

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.



Board of Chosen Freeholders County of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,



ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO



WE ALSO NEED YOUR SIGNATURE IN INK



*** U 28 10
DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

COPY

BUSDLOVE / BURLINGTON

Voter Name: ASHU N BANDLAMUDI

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: GOPI C BHUSAL Voter ID: 151345838

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 06/08/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 06/03/2010

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 5136 Street Name: CHURCH RD

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ Zip: 08054

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: 05/13/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/13/2010

Registration Type: Agency with

Identification

Last Action Taken Date: 05/18/2010

Inactive Confirmation Address:

Street Number: Suffix A:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Action

Ward 00 District 16 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:



5136 CHURCH RD MOUNT LAUREL NJ 08054

Maintain Voter History Maintain County Data

Elections System **Duplicate Voters** Batch Scanning Messaging

Inquiries

Reports Help Logout

Compare MVC - Agency

BUSJPEW / IRLINGTON

INCOMPLETE

Value With No DOG			м	VC Voter	IZEN & SIGNATURE	-
Voter With No DOB Voter Address Change Confirmation	Name	GOPI C BHUSAL		Date of Birth		
Voter Address Change Confirmation Export MVC - Agency	Residence Address	5136 CHURCH ROAD MT LAUREL NJ 08054-96	06	Mailing Address		
MVC File Online Voter Voters who have Verification / Postal Notice	Driver's License Number			Original Driver's License Number		
Verif. and Ack. Card Export sintain Voter History	Card Number			Previous		
intain County Data ections	Previous Name	GOPI C BHUSAL	/	Previous	195 FRIES MILL RD APT 1503 BLACKWOOD NJ 08012-2042	
stem plicate Voters	MVC Transaction Date	05/13/2010				

Spanish: Reject English: Reject

				S	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address		Driver's License Number	SSN	Confidence Factor	Status	Statu
No I	Match			ound. You c						d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

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.

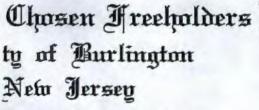
If Confidence Factor is 50 %, that implies Last Name, First Name, DOB (or)

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.

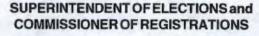
Name matching process includes MVC previous names if there is a name change.







JOANNE NYIKITA Superintendent & Commissione







DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO



WE ALSO NEED YOUR SIGNATURE IN INK



*** 06- 04- 010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

7900

BUSDLOVE / BURLINGTON

Voter Name: GOPI C BHUSAL

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: FATMA CAKIR Voter ID: 151350354

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Number: 120

Address Line 2:

Address Line 3:

TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 06/11/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/03/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: T3 Suffix A: Suffix B:

Street Name: ELM ST

Municipality: EDGEWATER PARK

Postal City: BEVERLY

Zip: 08010

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code:

Country:

Last Action Taken Date: 01/26/2011

Inactive Confirmation Address:

Street Number: Suffix A:

Identification

Suffix B:

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 05/21/2010

Registration Type: Agency with

Current Party: Unaffiliated

Party Privilege Date: 05/21/2010

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

District School

07

Congressional

Special

03

Legislative 07

Fire

Previous Name:



FATMA CAKIR 120 ELM ST Apt-Unit T3 BEVERLY NJ 08010

Voter With No DOB

Confirmation

MVC - Agency

Voters who have

Maintain Voter History

System

Inquiries

Help

Batch Scanning

Voter Address Change

Voter Address Change

Confirmation Export

MVC File Online Voter

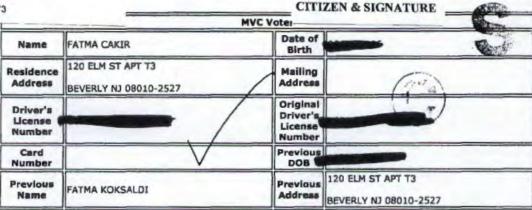
Verification / Postal Notice

Verif. and Ack. Card Export

Compare MVC - Agency

BUSRMCGU / BURLINGTON

INCOMPLETE



✓ Electio Net

Reject English: Spanish: Reject

				S	VRS Matche	ed Voters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	Driver's License Number	 Confidence Factor	Status	Status Reason
No I	Match	-		ound. You c					d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

Note:

MVC

Transaction Date

05/21/2010

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.



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



151350354 M-0312 W-00 D-07

FATMA CAKIR 120 ELM ST Apt-Unit T3 BEVERLY NJ 08010



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO



WE ALSO NEED YOUR SIGNATURE IN INK



*** 05/28/10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

Joann 11 grace

JUANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

COPY

BUSDLOVE / BURLINGTON

Voter Name: FATMA CAKIR

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: RUKHIBAHE P DARJI

Voter ID: 151783726

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/15/2011

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 04/19/2011

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 438

Street Name: S ARTHUR DR

Address Line 2: Address Line 3:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ Zip: 08010

Unit:

Inactive Confirmation Address:

Party Information:

Miscellaneous:

Identification

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 03/29/2011

Registration Type: Agency with

Last Action Taken Date: 04/15/2011

Current Party: Unaffiliated

Party Privilege Date: 04/19/2011

Mailing Address: Inactive Confirm
Street Number: Street Number:
Suffix A: Suffix A:
Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Country: Country:

Districts:

Action

Ward 00 District 04 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

RUKHIBAHE P DARJI 438 S ARTHUR DR BEVERLY NJ 08010

Compare MVC - Agency

BUSKFRAZ / BURLINGTON

Reject

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

Duplicate Voters

Poil Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help

Logout.



	HVC	/oter	
Name	RUKHIBAHE P DARJI	Date of Birth	
Residence Address	438 S ARTHUR DRIVE EDGEWATER PK NJ 08010-2165	Mailing Addgess	
Driver's License Number		Original Driver's License Number	ANALYSE ANALYS
Card Number		Previous	
Previous Name	RUKHIBAHE P DAGII	Previous Address	438 S ARTHUR DRIVE BEVERLY NJ 08010-2165
NVC Transaction Date	03/29/2011		

	45 =			1	-			-	
		3	VRS Matche	ed Voters		_			
Select Voter Name	Date of	Registration	Residence	Mailing	Driver's	CN.	Confidence	Status	Status

Spanish:

Date Address Address Number 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.

Select Add Back No Action Required

Note:

Reject Figlish:

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

If Confidence Pactor 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.



Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO



WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 4.12-11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

some nyspeta

COPY

BUSDLOVE / BURLINGTON

Voter Name: RUKHIBAHE P DARJI

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close **Print List**

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: MANPREET SINGH

Voter ID: 151541091

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 10/28/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 10/26/2010

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 2 Street Name: FAWN CT

Address Line 2: Address Line 3:

Municipality: LUMBERTON TOWNSHIP

Postal City: LUMBERTON

State: NJ Zip: 08048

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: 10/05/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/05/2010

Registration Type: Agency with Identification

Last Action Taken Date: 10/28/2010

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 Freeholder 00

District School

80

Congressional

Special

03

Legislative 08

Fire

Previous Name:



MANPREET SINGH 2 FAWN CT LUMBERTON NJ 08048

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

JSRMCGU / IRLINGTON

MVC Voter Voter With No DOB Date of Voter Address Change MANPREET SINGH Name Birth Confirmation Voter Address Change 2 FAWN COURT Residence Mailing Confirmation Export Address Address LUMBERTON NJ 08048-4258 MVC - Agency Original MVC File Online Voter Driver's Driver's Voters who have License License Verification / Postal Notice Number Number Verif. and Ack. Card Export Card Previous Maintain Voter History Number DOB 2 FAWN CT Elections **Previous** Previous MANPREET SINGH System Name Address LUMBERTON NJ 08048-4258 Batch Scanning MVC ransaction 10/05/2010 Document Imaging Date

Logout

Inquiries Help

Reject English:	N N	Spanish:		Reject
-----------------	-----	----------	--	--------

Select Voter Name Date of Birth Date Registration Residence Address Address Number SSN Confidence Status Reason					S	VRS Matche	ed Voters					
	Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status

* under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List

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.





JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: MANPREET SINGH

Election History:

El.Date
& El.Type El.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: MUSTAFA SISLI

Voter ID: 151290671 Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 02/18/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 02/09/2010

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: 194 Suffix A: Suffix B:

Street Number: 1020

Street Name: WOODLANE RD

Address Line 2: Address Line 3:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ Zip: 08010

Inactive Confirmation Address:

Mailing Address: Street Number: Street Number: Suffix A: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Suffix B:

Identification

Street Name/P.O. Box:

Party Information: Current Party: Unaffiliated

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 01/19/2010

Registration Type: Agency with

Last Action Taken Date: 02/01/2011

Party Privilege Date: 01/19/2010

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Action

District Congressional Legislative 07 Ward 00 05 03 Fire Freeholder School Special

Previous Name:



Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

1020 WOOD LN Apt-Unit #194 BEVERLY NJ 08010

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS



MUSTAFA SISLI 1020 WOOD LN Apt-Unit #194 BEVERLY NJ 08010

INCOMPLETE CITIZEN & SIGNATURE

MVC File - Change

BUSDJEFF / BURLINGTON

Add/Change Voter

Voter With No DOB Voter Address Change Confirmation Voter Address Change

Confirmation Export

MVC File New Voter

MVC File Change Voter

MVC File Online Voter Voters who have

Verification / Postal Notice Verif, and Ack. Card Export

Maintain Voter History

Maintain County Data

Elections

System

Duplicate Voters

Batch Scanning

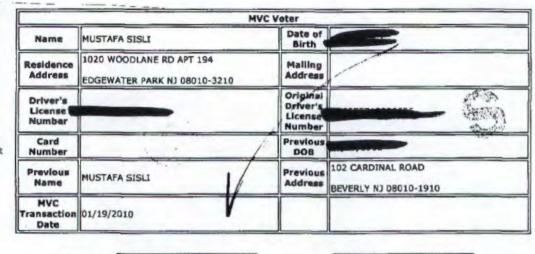
Messaging

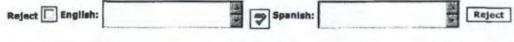
Inquiries

Reports

Help

Logout





				SVR	S Matched V	oters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Malling Address	Driver's License Number	SSN	Confidence Factor	Status
No M	atchi	ng rec	ords Fou	nd. You can respect	Add or Rej			oter b	y clicking o	n the

Select Add Back

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.

BUSDLOVE / BURLINGTON

Voter Name: MUSTAFA SISLI

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: XIOMARA SOUTHARD

Voter ID: 151494818

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Street Name: WILLOWBROOK WAY

Municipality: EASTAMPTON TOWNSHIP

Postal City: EASTAMPTON

State: NJ

Status Information:

Voting Privilege Date: 09/28/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/27/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

Unit: Suffix A: Suffix B:

Street Number: 2

Address Line 2: Address Line 3:

Zip: 08060

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: 09/07/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/07/2010

Registration Type: Agency with Identification

Last Action Taken Date: 09/27/2010

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

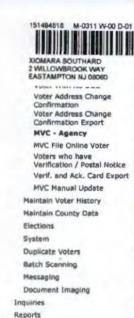
Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

03 Legislative 08 Ward 00 District 01 Congressional Special Fire Freeholder School

Previous Name:



Help

Logout

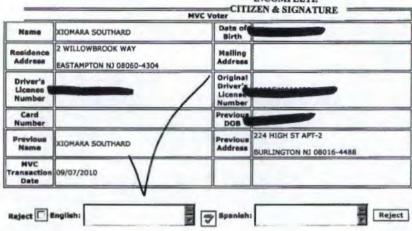
VISITED TO VIEW

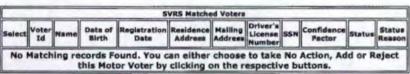
Compare MVC - Agency

BUSJPEW / -URLINGTON

Reject

INCOMPLETE





on indicates voter has multiple status reasons.

Select Add Back No Action Required

- 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 metching process includes MVC previous names if there is a name change.



Chosen Freeholders County of Burlington ITHOLLY, NEW JERSEY

08060







JOANNE NYIKITA Superintendent & Commissioner

COMMISSIONER OF REGISTRATIONS

151494818 M-0311 W-00 D-0

XIOMARA SOUTHARD 2 WILLOWBROOK WAY EASTAMPTON NJ 08060

DEAR VOTER,

THIS OFFICE IS IN RECEIFT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: XIOMARA SOUTHARD

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: ANNE M SOMDA PODA

Voter ID: 151768191

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 17

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ

Status Information:

Voting Privilege Date: 04/15/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/06/2011

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Name: SUNFLOWER RD

Zip: 08052

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: 03/25/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/25/2011

Registration Type: Agency with Identification

Last Action Taken Date: 04/06/2011

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 Freeholder 00

District

School

19

Congressional

Special

01

Legislative 6

Fire

Previous Name:

151768191 M-0319 W-00 D-19 BUSJPEW / Compare MVC - Agency BURLINGTON INCOMPLETE ANNE M SOMDA-PODA MISSING SIGNATURE 17 SUNFLOWER RD **MVC Voter** MAPLE SHADE NJ 08052 Date of ANNE M SOMDA-PODA Birth Confirmation Voter Address Change 17 SUNFLOWER RD Mailing Confirmation Export Addre Address MAPLE SHADE NJ 08052-8437 MVC - Agency MVC File Online Voter Original Driver's Voters who have License (License Verification / Postal Notice Number Verif. and Ack. Card Export MVC Manual Update Number DOB Maintain Voter History 2 CLOVER PATH APT 2C **Previous** Previous ANNE M SOMDA-PODA Maintain County Data Address Name MAPLE SHADE NJ 08052-8449 Elections MVC 03/25/2011 System insactio Date **Duplicate Voters** Pall Book Printing Schedule **Batch Scanning** Spanish: Reject English: Reject Messaging Document Imaging Inquiries **SVRS Matched Voters** Reports Driver's Mailing Date of Registratio Residence Confidenc Status License Voter Id Name Status Help Address Birth Date Addres Reason Factor Numbe Logout 1465 COLORADO . 25 % 105053340 MARGARET 09/22/1971 DR, TOMS SANTAPAOLA RIVER, NJ 08753 82 CARLTON Moved ANN E SANDFORD AVE, HO HO 0 119142105 01/01/1972 25 % out of County 07423 7048 COLLINS AVE, PENNSAUKEN, 112381917 ANN M SCHMIDBAUER C 08/19/1960 25 % Deleted S PAGGEONG NJ 08109 3 REDMOND DR, MADISON BOROUGH, NJ ANN N out of O 5/03/1978 25 % SANDBERG state 07940 * under Status Reason Indicates voter has multiple status reasons.



Select Add Back No Action Required Print List

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.





JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



ANNE M SOMDA-PODA 17 SUNFLOWER RD MAPLE SHADE NJ 08052

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

EN (YES) (NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** <u>04-02-2011</u>
DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: ANNE M SOMDA PODA

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn

Name

User Date Date Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: CHRISTINE S

SOULIMAN

Voter ID: 151768473

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/12/2011

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 04/14/2011

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit:

Suffix A: D

Suffix B:

Street Number: 38

Street Name: MAPLEWOOD DR

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE

TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052

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: 03/24/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/24/2011

Registration Type: Agency with

Identification

Last Action Taken Date: 04/12/2011

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 14 Congressional 01 Legislative 6
Freeholder School Special Fire

Previous Name:

CHRISTINE S SOULIMAN 38 D MAPLEWOOD DR MAPLE SHADE N

Compare MVC - Agenc INCOMPLETE CITIZEN & SIGNATURE

BUSDCRAW / BURLINGTON

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

Ouplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help Logout



J 08052	M	/C Voter	
Name	CHRISTINE S SOULIMAN	Date of Birth	
Residence Address	38D MAPLEWOOD DR MAPLE SHADE NJ 08052-1989	Mailing Address	
Driver's License Number	/	Original Driver's License Number	
Card Number		Previous DOB	
Previous . Name	CHRISTINE S SOULIMAN	Previous Address	3633 STATE RT.33 APT.230 NEPTUNE NJ 07753-3118
MVC Transaction Date	03/24/2011		

Reject English:		Spanish:	als:	Reject
-----------------	--	----------	------	--------

				SVR	S Matched Vo	ters					
Select	Voter Id	Name	Date of Birth	Registration Date		Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
8		CHRISTINE SCHULMAN	01/01/1800	08/19/1993	3 BENNINGTON DR, MOUNT OLIVE TOWNSHIP, NJ 07836				25 %	Deleted	Inactive Confirmation through two federal general elections
C	116336732	CHRISTOPHER P SALAMON	01/01/1800	10/07/1993	5 STONY BROOK RD, WASHINGTON TOWNSHIP, NJ 07863				25 %	Deleted	Inactive Confirmation through two federal general elections
0	116337388	CHRISTOPHER P SALOMON	01/01/1800		7 MERRIE TRL, DENVILLE TOWNSHIP, NJ 07834				25 %	Deleted	Moved out of County

^{*} under Status Reason indicates voter has multiple status reasons

1 Go

Select Add Back No Action Required Print List

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

If Confidence Pactor is 100 %, that implies Driver's License Number is matched statewide. If Confidence Pactor 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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JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS





S

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 4-5-2011 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: CHRISTINE S SOULIMAN

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted
Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: OVIDIU C GARCEA

Voter ID:

152578112

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: K4 Suffix A: Suffix B:

Street Number: 870

Street Name: ROUTE 130 Address Line 2:

Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information: Current Party: Unaffiliated

Gender: Not Entered Absentee Ballot Type: None Registration Date: 03/11/2013

Party Privilege Date: 03/11/2013

Registration Type: Agency with Identification

Last Action Taken Date: 06/03/2013

Status Information:

Voting Privilege Date: 04/01/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/03/2013

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 Freeholder 03

District

School

02

Congressional

Special

03

Legislative 07

Fire

Previous Name:

152578112 M-0305 W-03 D-02 INCOMPLETE BUSDCRAW / Compare MVC - Agency CITIZEN & SIGNATURE BURLINGTON OVIDIU C GARCEA 870 ROUTE 130 Apt-Unit K4 **MVC Voter BURLINGTON NJ 08016** OVIDIU C GARCEA ame Date of Birth Voter Address Change Confirmation Export 870 EAST RT 130 N APT K4 URLINGTON NJ 08015-2876 MVC - Agency Original Driver's License Number MVC File Online Voter Voters who have Verification / Postal Notice Card Number 9999999 Previous DOB Venf. and Ack. Card Export 241 S PROSPECT ST. MVC Manual Update Previous Name OVIDIU C GARCEA Maintain Voter History HAGERSTOWN MD 21740-5411 Maintain County Data MAC 03/11/2013 Elections Date System Poll Book Printing Schedule **HVC Signature Date: Duplicate Voters** Betch Scenning Reject No Signature Insporting Spenish: Reject English: Messaging Document Imaging Handheld Scanning Inquirtes **SVRS Matched Voters** Reports Driver's License Number Vote Mailing Confidence Statu Help Date of Birth Registration Data Residence Address Factor Lagous No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the respective buttons.

Electio Net

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 80 %, 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 Fector is 25 %, that implies Sounday of Last Name, Sounday of First Name, DOB (Including 01/01/1800) matched statewide.

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

Select Add Back No Action Required Print List Display Signature

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Chosen Freeholders ty of Burlington New Jersey







JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152578112 M-0305 W-03 D-02

OVIDIU C GARCEA 870 ROUTE 130 Apt-Unit K4 BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

I'M U.S. RESIDENT

WE ALSO NEED YOUR SIGNATURE IN INK



05-30-2013

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: OVIDIU C GARCEA

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: HALUK KILIC Voter ID: 152556445

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 527

Street Name: BRADFORD CT

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

Status Information:

Voting Privilege Date: 02/20/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/20/2013

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 01/30/2013

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/30/2013 Registration Type: Agency with

Identification

Last Action Taken Date: 02/20/2013

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 Freeholder 00

District

School

01

Congressional

Special

03

Legislative 07

Fire

Previous Name:



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

()-Osted

SUPERINTENDENT OF ELECTIONS and

152556445 M-0304 W-00 D-01

527 BRADFORD CT BORDENTOWN NJ 08505

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

* FOTER SIGNATURE

... 2/1/20/3

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

HALUK KILIC 527 BRADFORD CT **BORDENTOWN NJ 08505**

INCOMPLETE CITIZEN & SIGNATURE

BUSNOS BURLINGT

MVC Voter Yotar With No DOS HALUK KILIC Date of Birth Voter Address Change Name Confirmation 527 BRADFORD CT Voter Address Change Confirmation Export BORDENTOWN NJ 08505-1160 MVC - Agency Original Driver's License Number MVC File Online Voter Votors who have Venficulion / Postal Notice Prepartus DOS Card Number Yenl, and Ack. Card Export MVC Menisal Update HALUK KILIC FLORENCE NJ 08518-1915 Maincain Votor History Maintain County Date 01/30/2013 Elections System Duplicate Voters MVC Signature Date: 01/30/2013 Poll Book Printing Schedule Batch Scannerg Reject English No Card Issued 7 5 Massaging Document Imaging Handheld Scanning Inquirles **SVRS Matched Voters** Reports Vote Help Date of Birth Registration Date Factor Logout No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the re buttons. Select Add Back No Action Required Print List Display Signature If status is blank, that implies the voter status is Active. If Confidence Pactor is 100 %, that implies Driver's License Number is matched statewide.

If Confidence Pactor is 50 %, that implies Last Name, First Name, DOS (or)

Last Name, First Name, First Letter of Middle Name and DOS (01/01/1500) matched statewide. Electio Net 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. ©2004 - 2005 PCC Technology Group. All rights reserved.

ompare MVC - Agency

BUSOE1AD / BURLINGTON

Voter Name: HALUK KILIC

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/26/2017

Voter Information:

Voter's Name: EMIGDIO J LOPEZ

Voter ID:

151997518

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 363

Street Name: PRINCE ST

Address Line 2: Address Line 3:

Municipality: BORDENTOWN CITY

Postal City: BORDENTOWN

State: NJ Zip: 08505 Gender: Not Entered

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/12/2011

Absentee Ballot Type: None Registration Date: 09/12/2011

Registration Type: Agency with Identification

Last Action Taken Date: 09/26/2011

Status Information:

Voting Privilege Date: 10/03/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/26/2011

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 Freeholder 01

District

School

03

Congressional

Special

03

Legislative 07

Previous Name:

Name

EMIGDIO J LOPEZ

EMIGDIO J LOPEZ 363 PRINCE ST BORDENTOWN NJ 08505

Compare MVC - /

INCOMPLETE CITIZEN & SIGNATURE

MVC Voter

Date of

BUSDCRAW / BURLINGTON

Reject

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

Duplicate Voters

Poll Book Printing Schedule

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Batch Scanning

Messaging

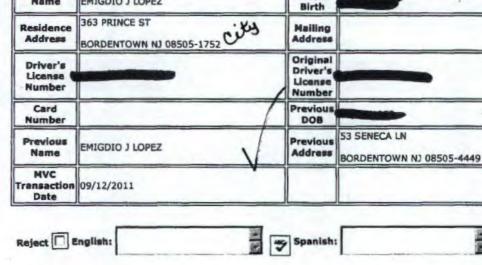
Document Imaging

Inquiries

Reports

Help

Logout



				S	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address		License	SSN	Confidence Factor	Status	Status
No 1	Match			ound. You c						d or R	eject

^{*} under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

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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Chosen Freeholders y of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER S/GNATURE

9 22/11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: EMIGDIO J LOPEZ

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/26/2017

Voter Information:

Voter's Name: FREDERICK ADOMAKO

Voter ID: 523739349

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 35

Street Name: TANTUM CT

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

Status Information:

Voting Privilege Date: 09/19/2015

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/28/2015

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/29/2015

Miscellaneous:

Gender: Male

Absentee Ballot Type: None Registration Date: 08/29/2015 Registration Type: Agency with

Identification

Last Action Taken Date: 09/28/2015

Inactive Confirmation Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

03

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

District School

01

Congressional

Special

Legislative 07

Fire

Previous Name:

INCOMPLETE FOR MISSING ompare MVC - Agency SIGNATURE & CITIZENSHIP

BUSNCOSI BURLINGT



MVC File Unline Votes Voters who have Vertication / Probabilishing Verit and Ack Card Export MVC H House Up-1ster

Maintaki trates History Maurigin County Deta

FACTION

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Countries Visitory

Poll Book Printing Schedule Nuch Scanney

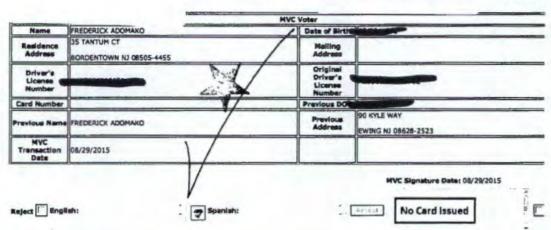
Меканувіпа

MVC DE SHAPA Document Imaging

Handheid Scanning

Inquisies Rapons





				SVRS Hatched Vote	rs			
Select Voter	Name	Date of Birth	Registration Data	Residence Address	Mailing Address	Driver's License Number	MZZ	Confidence Factor Stat
No Matchir	g records	Found. You can	either choose to t	take No Action, Ad buttons.	d or Rejec	t this Motor	Voter by c	licking on the rea

dicates voter has multiple status re

Add Back No Action Required Duplicate Print List Display Segnature

Note:

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

If Confidence Pector is 100 %, that implies Driver's License Number is metched statewide.

If Confidence Pector is 90 %, that implies Driver's License Number is metched statewide.

If Confidence Pector is 90 %, that implies Isat Name, First Name, DOS (or)

Lest Name, First Name, First Letter of Niddle Name and DOS (01/01/1800) metched statewide.

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

Name metching process includes MYC previous names if there is a name change.

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hosen Freeholders of Burlington w Jersey





SUPERINTENDENT OF ELECTIONS and

JOANNE NYIKITA Superintendent & Commissioner



FREDERICK ADOMAKO 35 TANTUM CT BORDENTOWN NJ 08505

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 9/9/15 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: FREDERICK ADOMAKO

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOF1AD

Date: 04/26/2017

Voter Information:

Voter's Name: HARUN BEKTAS Voter ID: 152167114

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 711

Street Name: BRADFORD CT

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

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: 01/11/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/11/2012 Registration Type: Agency with

Identification

Last Action Taken Date: 01/25/2012

Status Information:

Voting Privilege Date: 02/01/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/25/2012

Deleted Reason: Administrative Action

Poll Worker Status:

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 Freeholder 00

District School

01

Congressional

Special

03

Legislative 07

Fire

Previous Name:

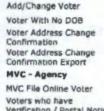
711 BRADFORD CT BORDENTOWN NJ 08505

INCOMPLETE CITIZEN & SIGNATURE

BUSKFRAZ / BURLINGTON

Reject

Compare MVC - Agency



Verification / Postal Notice Verif. and Ack. Card Export MVC Manual Update Maintain Voter History

Maintain County Data Elections

Poll Book Printing Schedule **Duplicate Voters**

Batch Scanning Messaging

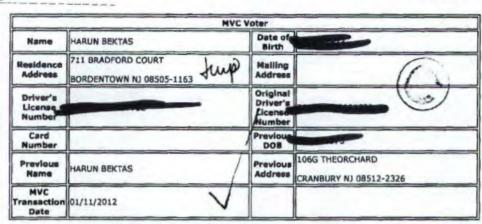
Document Imaging

laquiries Reports Help

Logout



Electio Net



				5	VRS Match	ed Voters		_			
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License	SSN	Confidence Factor	Status	Status

Spanish:

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.

Select Add Back No Action Required Print List

Reject | English:

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 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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Chosen Freeholders ty of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(Ng)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

-- 1/20/12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: HARUN BEKTAS

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/27/2017

Voter Information:

Voter's Name: FURKAN GUNGOR

Voter ID:

521744996

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/16/2015

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 03/03/2015

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 326

Street Name: BRADFORD CT

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

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: 02/10/2015

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 02/10/2015 Registration Type: Agency with

Identification

Last Action Taken Date: 04/16/2015

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:

Action

Ward Freeholder 00

District School

01

Congressional Special

03

Legislative 07

Fire

Previous Name:

521744996 M-0304 W-00 D-01 INCOMPLETE FOR MISSING Compare MVC - Agency SIGNATURE & CITIZENSHIP FURKAN GUNGOR 326 BRADFORD CT BORDENTOWN NJ 08505 **MVC Voter** FURKAN GUNGOR Date of Birth Mame Voter Address Change 326 BRADFORD COURT Confirmation Residence Address Mailing Address Voter Address Change Confirmation Export BORDENTOWN NJ 08505-1156 Original Driver's License Number MVC - Agency Driver's License Number MVC File Online Voter Voters who have Ventication / Postal Notice **Card Number** Previous DOB Verif. and Ack. Card Export 412 BRADFORD ST Maintain Voter History Previous Nam FURKAN GUNGOR ORDENTOWN NJ 08505-1157 Elections System MVC 02/10/2015 Batch Scanning Date Document Imaging Handheld Scanning MVC Signature Data: 02/10/2015 Inquirtes Help Spenish: Reject Reject English: No Card Issued SVRS Matched Voters elect Vote Date of Birth Registration Data Factor 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 reas / Electione | Select | A | Back | No Action Required | Print List | Display Signature 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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Chosen Freeholders by of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

521744996 M-0304 W-00 D-01



FURKAN GUNGOR 326 BRADFORD CT BORDENTOWN NJ 08505

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (Y

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



-- 03/18/2015

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

Delete

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990

Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

BUSOE1AD / BURLINGTON

Voter Name: FURKAN GUNGOR

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: SAVITHA NARASIMHAMURTHY

Voter ID:

151314901

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 37

Street Name: CAYUGA RD

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

Status Information:

Voting Privilege Date: 04/09/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/09/2010

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: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/19/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/19/2010

Registration Type: Agency with

Identification

Last Action Taken Date: 04/09/2010

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 Freeholder 00

0

District School 01

Congressional

Special

03

Legislative 07

Fire

Previous Name:

151314901 M-0304 W-00 D-01

SAVITHA NARASIMHAMURTHY 37 CAYUGA RD

Compare MVC - Agency

BUSJPEW / RLINGTON

INCOMPLETE CITIZEN & SIGNATURE

BORDENTOWN NJ 08505

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

Maintain Voter History

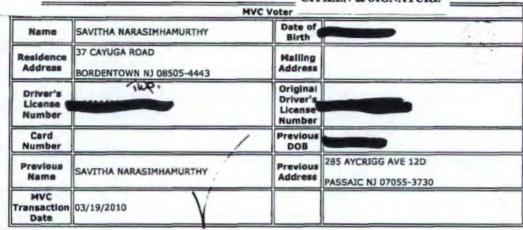
System

Batch Scanning

Inquiries

Help

Logout





Reject English:		Spanish:	E E	Reject
-----------------	--	----------	-----	--------

					VRS Matche						
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match	_		ound. You c						d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

-					
T	Select	Add	Back	No Action Required	Print List
Α.	mainer.		- man	ing section traduction	L. Litter State

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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Chosen Freeholders ounty of Burlington HOLLY, NEW JERSEY

08060





SUPERINTENDENT OF ELECTIONS and

JOANNE NYIKITA Superintendent & Commissioner

COMMISSIONER OF REGISTRATIONS

151314901 M-0304 W-00 D-01

SAVITHA NARASIMHAMURTHY 37 CAYUGA RD BORDENTOWN NJ 08505

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK





*** 04/05/2018 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: SAVITHA NARASIMHAMURTHY

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

Pty
Affn

Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/28/2017

Voter Information:

Voter's Name: LOAN T NGUYEN

Voter ID:

151736855

Legacy ID:

Archived Legacy ID:

Residence Address:

Unit:

Street Number: 47

Street Name: LANGDON RD

Address Line 2: Address Line 3:

State: NJ Zip: 08016

Status Information:

Voting Privilege Date: 03/24/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/17/2011

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Suffix A: Suffix B:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

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: 03/24/2011

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 03/03/2011

Registration Type: Agency with Identification

Last Action Taken Date: 03/17/2011

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 Freeholder 00

District

School

12

Congressional

Special

03

Legislative 07

Fire

Previous Name:



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS**

151736855 M-0306 W-00 D-12

47 LANGDON RD **BURLINGTON NJ 08016**

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

(NO)

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATION

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

nyspeta



Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

BURLINGTON



Voter Address Change Confirmation Export

MVC - Agency

47 LANGDON RD BURLINGTON NJ 08018

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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help

Logout



		MVC Voter	
- 1	LOAN T NGUYEN	Date of Birth	
Residence Address	47 LANGDON ROAD BURLINGTON NJ 08016-2946	Mailing Address	
Driver's License Number	- /	Original Driver's License Number	
Card Number		Previous	
Previous Name	LOAN T NGUYEN	Previous Address	602 BROMELIA CT JACKSON NJ 08527-4128
MVC Transaction Date	03/03/2011		

Reject English:	100	Spanish:		Reject
	The second secon	-	THE RESIDENCE OF PERSONS ASSESSED.	

					SVRS Matched V	oters	300				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
•	116277982	LEN T NGUYEN	01/01/1800	10/05/1992	350 BERNARDSVILLE RD, MENDHAM BORO, NJ 07945				25 %	Deleted	Inactive Confirmation through two federal general elections
C	116278076	LIEN NGUYEN	01/01/1800	10/07/1985	7 SANDERS PL, PEQUANNOCK TOWNSHIP, NJ 07444				25 %	Deleted	Moved out of state
0	116277993	LOAN NGUYEN	01/01/1800	04/03/1981	3 CINDY LA, WASHINGTON TOWNSHIP, NJ 07853	3 CINDY LN, LONG VALLEY, NJ 07853			25 %	Deleted	Inactive Confirmation through two federal general elections

[&]quot; under Status Reason indicates voter has multiple status reasons.



Select	Add	Back	No Action Required	Print List
	-	-	The first control of the first	

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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BUSOE1AD /
BURLINGTON

Voter Name: LOAN T NGUYEN

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: MANJIT SINGH

Voter ID:

151875751

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 8

Street Name: RIDGEWOOD DR

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

Status Information: Mailing Address:

Voting Privilege Date: 06/15/2011 Current Status: Deleted

Date Last Voted:

Deleted Date: 06/22/2011

Deleted Reason:

Administrative

Action

Poll Worker Status:

Malling 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: 05/25/2011

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/25/2011
Registration Type: Agency with

Identification

Last Action Taken Date: 06/22/2011

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 Freeholder 00

District

School

01

Congressional

Special

03

Legislative 07

Fire

Previous Name:



MANJIT SINGH 8 RIDGEWOOD DR BORDENTOWN NJ 08505

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

> BUSKFRAZ / BURLINGTON

MVC Voter Maintain County Data Date of MANJIT SINGH Name Elections 8 RIDGEWOOD DRIVE Residence Mailing **Show Reminders** Address Address BORDENTOWN NJ 08505-4738 My Homepage Original Duplicate Voters Driver's Driver's License Pall Book Printing Schedule License Number Number Barch Scanning Card Previous 9999999 Messaging DOB Document Imaging Previous Previous Inquiries Reports Help 05/25/2011 Date Reject | English: Reject **SVRS Matched Voters** Driver's License Registration Residence Mailing Address Date of Birth Voter Confidence Status Factor Id Number No Matching records Found. You can either choose to take No Action, Add or Reject lectio Net this Motor Voter by clicking on the respective buttons.

under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required Print List

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 Fector is 50 %, that implies Last Name, First Name, DOB (or)
Last Name, First Name, First Letter of Middle Name and DOB (01/01/1600) 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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Chosen Freeholders ty of Burlington New Jersey



JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

COPY

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES) (NO

PLEASE CIRCLE YES OR NO



WE ALSO NEED YOUR SIGNATURE IN INK



June 16,2011

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: MANJIT SINGH

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/28/2017

Voter Information:

Voter's Name: HAMIYET DEMIRASLAN

Voter ID:

151689452

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/07/2011

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 02/15/2011

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 35

Street Name: LEHIGH DR

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

Zip: 08075

State: NJ

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: 01/25/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/25/2011

Registration Type: Agency with Identification

Last Action Taken Date: 04/07/2011

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 Freeholder 02

District

School

05

Congressional

Special

03

Legislative 07

Fire

Previous Name:

Voter Registration

Voter Mall-In Ballot

Voter Change Audit

Voter Deletions

County Data

Polling Place

Voter DIA

MVC File

Help

Logout

Purged Voters

Mail-In Change Audit

Voter Election History

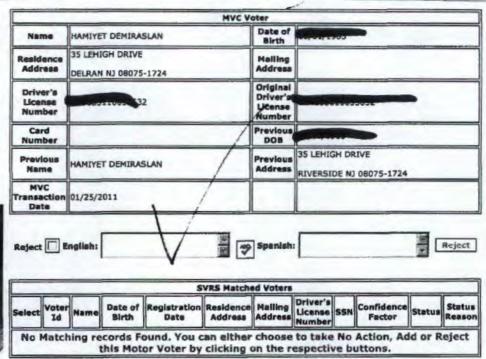
Voter Mail-In Bailot Request

Electio Net

HAMIYET DEMIRASLAN 35 LEHIGH DR DELRAN NJ 08075

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE



on indicates voter has multiple status re

Select Add Back No Action Required Print List

- 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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JOANNE NYIKITA
Superintendent & Commissioner

Deletel rd of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

(NO)

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 3(2S/11

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

nyspeta

BUSOE1AD / BURLINGTON

Voter Name: HAMIYET DEMIRASLAN

Election History:

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Name

Close | Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOFIAD

Date: 04/27/2017

Voter Information:

Voter's Name: MADEA JUNIUS Voter ID: 152624657

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: D6 Suffix A: Suffix B:

Street Number: 870

Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/18/2013

Gender: Female

Absentee Ballot Type: None Registration Date: 06/18/2013

Registration Type: Mail-in with Identification

Last Action Taken Date: 07/01/2013

Status Information:

Voting Privilege Date: 06/18/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 07/01/2013

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:

Freeholder

Ward

03

District

School

02

Congressional

Special

03

Legislative 07

Fire

Previous Name:

Important Instructions for sections 5, 6 and 10

5) Registrants who are submitting this form by mall and are registering to vote for the first time: If you do not have ally of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a CORY 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 egency. Any person who uses such numbers illegally shall be subject to criminal penalties.

Name

Address

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.

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



Chosen Freeholders ty of Burlington New Jersey



JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

BURLINGTON NJ 08016

152624657 M-0305 W-03 D-02 MADEA JUNIUS 870 ROUTE 130 Apt-Unit D6

DEAR VOTER

THIS OFFICE IS IN RECEIPT OF YOUR VOTER REGISTRATION APPLICATION THAT YOU FILLED OUT REGARDING REGISTERING TO VOTE IN BURLINGTON COUNTY. THE CITIZEN AREA ON THE APPLICATION WAS NOT COMPLETED.

ARE YOU A UNITED STATES CITIZEN (YES) (NO)
PLEASE CIRCLE YES OR NO
WE ALSO NEED YOUR SIGNATURE IN INK

*** I'm not a citizen
VOTER SIGNATURE

*** 6 22-13 DATE

PLEASE PROVIDE THE INFORMATION AND SIGN THIS FORM IN THE SPACE ABOVE, AND RETURN TO THIS OFFICE IN THE POSTAGE PAID ENVELOPE.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: MADEA JUNIUS

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: JOYCE P HANSON Voter ID: 152577304

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 520 Suffix A: Suffix B:

Street Number: 255 Street Name: E PEARL ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/11/2013

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/11/2013

Registration Type: Agency with Identification

Last Action Taken Date: 04/02/2013

Status Information:

Voting Privilege Date: 04/01/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/02/2013

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 Freeholder 01

District School 01

Congressional Special 03

Legislative 07

Fire

Previous Name:

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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152577304 M-0305 W-01 D-01



JOYCE P HANSON 255 E PEARL ST Apt-Unit 520 BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 3/28/13

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

-nyspita

BUSOE1AD / BURLINGTON

Voter Name: JOYCE P HANSON

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: MUHAMMAD A TAREEN

Voter ID:

151332613

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 32C Suffix A: Suffix B:

Street Number: 533 Street Name: GARDEN ST

Address Line 2: Address Line 3:

Municipality: MOUNT HOLLY

TOWNSHIP

Postal City: MOUNT HOLLY

State: NJ Zip: 08060

Status Information:

Voting Privilege Date: 05/10/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/10/2010

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/19/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 04/19/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 01/04/2011

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

District

School

03

Congressional Special

03

Legislative 08

Fire

Previous Name:

DAGGE
Main
Activ
Vo



MUHAMMAD A TAREEN 533 GARDEN ST Apt-Unit #32-C MOUNT HOLLY NJ 08060

pare MVC - Agency

INCOMPLETE INGTON

CITIZEN & SIGNATURE

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

Maintain Voter History

Maintain County Data

Elections

System

Duplicate Voters

Batch Scanning

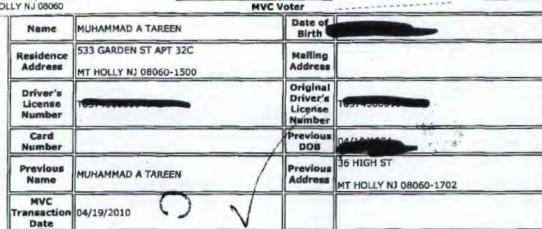
Messaging

Inquiries

Reports

Help

Logout



Reject English:	ě	Spanish:	Reject
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Election	pormod

Select Voter Name Date of Registration Residence Address Address Number SSN Confidence Status Reason					S	VRS Matche	ed Voters		_			
	Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status

* under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required Print List

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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Chasen Freeholders Lounty of Burlington THOLLY, NEW JERSEY





Superintendent & Commissioner

SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS



MUHAMMAD A TAREEN 533 GARDEN ST Apt-Unit #32-C MOUNT HOLLY NJ 08060

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)





PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: MUHAMMAD A TAREEN

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: ANETA TKHAYTSUKHOVA

Voter ID: 151297440

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 03/04/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 03/01/2010

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: 138 Suffix A: Suffix B:

Street Number: 37

Street Name: N MAPLE AVE

Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053

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: 02/08/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None

Registration Date: 02/08/2010
Registration Type: Agency with Identification

Last Action Taken Date: 08/18/2010

Inactive Confirmation Address:

Street Number: Suffix A:

Street Name/P.O. Box:

Unit:

Suffix B:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward 00 District 06 Congressional 03 Legislative 08
Freeholder School Special Fire

Previous Name:



pare MVC File - Change Voter

BUSRMCGU / LINGTON

INCOMPLETE

Voter With No DOB Voter Address Change Confirmation Voter Address Change Confirmation Export MVC File New Voter

MVC File Change Voter

MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export

Maintain Voter History

System

Batch Scanning

Inquiries

Help

Logout



MARLTON NJ 08053	n-Onit J-138	22 May 17 F	MVC Voter	CITIZEN & SIGNATURE
dress Change	Name	ANETA TKHAYTSUKHOVA	Date of Birth	700
dress Change Ition Export New Voter	Residence Address	37 N MAPLE ST APT J138 MARLTON N) 08053-1765	Mailing Address	
Online Voter	Driver's License Number		Original Driver's License Number	T48640
on / Postal Notice d Ack. Card Export	Card Number		Previous DOB	
ter History	Previous Name	ANETA TKHAYTSUKHOVA	Previous Address	122 EAAST MAPLE AVE, WILDWOOD NJ 08260-4929
ning	MVC Transaction Date	02/08/2010		

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

No Matching records Found. You can Add or Reject this Motor Voter by clicking on the respective buttons below.

Select Add Back

Refect T English:

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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Thosen Freeholders unty of Burlington IOLLY, NEW JERSEY





JOANNE NYIKITA Superintendent & Commissioner

SUPERINTENDENT OF ELECTIONS and

COMMISSIONER OF REGISTRATIONS

ANETA TKHAYTSUKHOVA 37 N MAPLE AVE Apt-Unit J-138 MARLTON NJ 08053





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FURING A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: ANETA TKHAYTSUKHOVA

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: MICHAEL P WALSH

Voter ID:

151787334

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 339

Street Name: S MAPLE AVE

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052

Mailing Address:

Suffix B:

Street Name/P.O. Box:

State: Zip Code:

Party Information: Current Party: Unaffiliated

Party Privilege Date: 03/31/2011

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 03/31/2011

Registration Type: Agency with Identification

Last Action Taken Date: 06/03/2011

Status Information:

Voting Privilege Date: 04/21/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/03/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Street Number: Suffix A:

Unit:

Address Line 2: Address Line 3:

City: 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 Freeholder 00

District School

05

Congressional Special

01

Legislative 6

Fire

Previous Name:

MVC File - Online Voter

INCOMPLETE CITIZEN & SIGNATURE

Logout

IADE NJ 080	52	MVC Voter	
Name	MICHAEL P WALSH	Date of Birth	***************
Residenc		Mailing Address	C.
Driver's License Number	W-00-45-11-3701-574	Original Driver's License Number	_
Card Number		Previous	
Previous Name	MICHAEL P WALSH	Previous Address	404 EVANS CT MOUNT LAUREL NJ 08054-4205
MVC Transaction Date	03/31/2011		

				5	VRS Matched	Voters					
Select	Voter Id	Name	Date of Birth	Registration Date		Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Resson
		MICHAEL			14 VILLAGE						Moved out
	116404952	P WALSH	01/01/1800		PEQUANNOCK TOWNSHIP, NJ 07444				50 %	Deleted	of state
		MICHAEL			208 MORRIS						Inactive Confirmation
0	116404750		01/01/1800	05/22/1987	MOUNTAIN LAKES, NJ 07046				50 %	Deleted	federal general elections

^{*} under Status Reason Indicates voter has multiple status reasons.

Go

Select Add Back No Action Required Print List

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, DOS (Including 01/01/1800) matched statewide.

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey





MICHAEL P WALSH 339 S MAPLE AVE MAPLE SHADE NJ 08052



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

*** VOTER SIG ATURE

*** 4/15/11 DATE

6

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: MICHAEL P WALSH

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Affn Memo Scanned Scanned Counted

Close **Print List**

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: KATARZYNA I

WOJCIECHOWSKA

Voter ID: 151850558

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 06/03/2011

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 05/31/2011

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 62

Street Name: DORSET CT Address Line 2:

Address Line 3:

Municipality: EVESHAM

TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053

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: 05/31/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 05/10/2011

Registration Type: Agency with

Identification

Last Action Taken Date: 06/03/2011

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 03 Legislative 08 Freeholder School Special Fire

Previous Name:

62 DORSET CT MARLTON N.

Inquiries Reports

Help

Longith

Compare MVC - AgenING

BUSDCRAW / BURLINGTON

1		1	
	M	VC Voter	
Name	KATARZYNA I WOJCIECHOWSKA	Date of Birth	
Residence	62 DORSET COURT	Mailing	
Audress	MARLTON NJ 08053-2866	Address	
Driver's		Original	
License Number		License	N2344200353300
Card			
Number	9999999	DOB	02/09/1968
Dravious		Drawleus	62 DORSET COURT
Name	KATARZYNA I HOLOWNIA	Address	MARLTON NJ 08053-2866
MVC			FARETON 15 00033-2000
E 4.4	05/10/2011		
Date	1/		1
	V		
notes D	English:	Canalah	Reject
Keject [English.	Spanish	Reject
	SVRS M	atched Voters	
			Driver's Canfidona Status
	Residence Address Driver's License Number Card Number Previous Name MVC Transaction Date	Name KATARZYNA I WOJCIECHOWSKA Residence Address MARLTON NJ 08053-2866 Driver's License Number 9999999 Previous Name KATARZYNA I HOLOWNIA MVC Transaction Date 05/10/2011 Reject English:	Name KATARZYNA I WOJCIECHOWSKA Date of Birth Residence Address MARLTON NJ 08053-2866 Driver's License Number Card Number Previous Name KATARZYNA I HOLOWNIA Previous Address MVC Transaction Date Reject English: SVRS Matched Voters

Registration Residence Mailing

Date

Address

12042107 New Jersey Voter Registration Application

Voter

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

Date of

Birth

- 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
- 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 :

02-09-1968 W6188 42669 52682 KATARZYNA I WOJCIECHOWSKA 62 DORSET COURT MARLTON NJ 08053-2866 C

License

Address

Motor Vehicle

Commission

Confidence

Factor

Reason

DIGITIZED DRIVER LICENSE ISSUED

LD ME201113000000644

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





KATARZYNA I WOJCIECHOWSKA 62 DORSET CT MARLTON NJ 08053

Compare MVC - AgenING

BUSDCRAW / BURLINGTON

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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries Reports Help

Logout

	MV	C Voter	
Name	KATARZYNA I WOJCIECHOWSKA	Date of Birth	
Residence Address	62 DORSET COURT MARLTON NJ 08053-2866	Mailing Address	
Driver's License Number	W6190	Original Driver's License Number	
Card Number	9999999	Previous DOB	
Previous Name	KATARZYNA I HOLOWNIA	Previous Address	62 DORSET COURT MARLTON NJ 08053-2866
MVC Transaction Date	05/10/2011		

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

12642467 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
- 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.

W6188 42669 52682 02-09-1968 KATARZYNA I WOJCIECHOWSKA 62 DORSET COURT MARLTON NJ 08053-2866 C

LD ME201113000000644

DIGITIZED DRIVER LICENSE **ISSUED**

Motor Vehicle Commission



NEW JERSEY





JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 5-30-2011 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

ZOIL JUN -3 A 10: 47
SUPERINTENDENTY
SUPERINTENDENTY

BUSDLOVE / BURLINGTON

Voter Name: KATARZYNA I WOJCIECHOWSKA

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 05/02/2017

Voter Information:

Voter's Name: SENEM YILMAZ 151664892 Voter ID:

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 55F Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ ZIp: 08075 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/31/2010

Gender: Not Entered Absentee Ballot Type: None Registration Date: 12/31/2010

Registration Type: Agency with Identification

Last Action Taken Date: 03/07/2011

Status Information:

Voting Privilege Date: 01/21/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/07/2011

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 Freeholder 01

District

School

03

Congressional

Special

03

Legislative 07

Fire

Previous Name:

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE CGU / GTON

SENEM YILMAZ 3001 ROUTE 130 Apt-Unit 55F DELRAN NJ 08075

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

Maintain Voter History

Elections

System

Batch Scanning

Document Imaging

Inquiries

Help



	MVC	Voter	
Name	SENEM YILMAZ	Date of Birth	00/25/25/5
Address	3001 ROUTE 130 SOUTH APT55F DELRAN NJ 08075-2651	Mailing Address	xi f
Driver's License Number	1.00.303	Original Driver's License Number	
Card Number	V	Previous DOB	
Previous Name	SENEM YILMAZ	Previous Address	APT 46 WOODLANE CROSSING EDGEWATER PARK NJ 08010
MVC Transaction Date	12/31/2010		

Reject English:	7	Spanish:	Reject
-----------------	---	----------	--------

				S	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You c						d or R	eject

· under Status Reason Indicates voter has multiple status reasons.

	_			
Select	Add	Back	No Action Required	Print List

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.

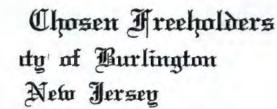
If Confidence Factor is 50 %, that implies Last Name, First Name, DOB (or)
Last Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

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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JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



5

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 02 - 28-2011

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: SENEM YILMAZ

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: NELLA STOJCEVOVA

Voter ID: Legacy ID: 152196685

Archived Legacy ID:

Street Number: 56

Street Name: S TERRACE AVE

Address Line 2:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

Status Information:

Voting Privilege Date: 03/27/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/21/2012

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Address Line 3:

State: NJ

Zip: 08052

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: 03/27/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 03/06/2012

Registration Type: Mail-in with Identification

Last Action Taken Date: 06/21/2012

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 Freeholder 00

District School

18

Congressional Special

01

Legislative 6

Fire

Previous Name:

NELLA STOJCEV		egi	str	atior	A	pplica	tic	on	76
56 S TERRACE AN MAPLE SHADE N	J 08052 1t clearly in in			ation is require	ПР	s marked option olitical Party Affi	liation	DOB	FOR OFFICIA
	S. Citizen? Yes No	-	Willyo		age by the	Non-affiliation Conext election?	hange Yes []	Signature No	USE ONLY Clerk
3 Last Name	NOT complete this form) EVOVA	First	Name	, DO NOT co	-	Name or Initial	Suffix	(Jr., Sr., III)	Registration #
4 Date of Birth		INC	EEA /						Office Time Stam
	icense Number or MVC Non-dr			ID, provide the li	ast 4 digits of	er'erLicense or MVC Non-C your Social Security Numi	ber.		
6 Home Add	rest (DO NOT use PO Box) Prace Ave	NJ Drive	Apt.	Municipality Maple S		County Burlington	State Zip Code		
7 Mailing Add	iress if different from above	9	Apt.	Municipality		County	State	Zip Code	0
8 Last Address	Registered to Vote (DO NOT use P	O Bax)	Apt.	Municipality	County		State	Zip Code	□by mail □in person
9 Former Nar	me if Making Name Chang	10		ay Phone Nur -Mail Address					
10 Do you wis (Optional)	h to declare a political par	ty affil	lation?	☐Yes, the ☐ No, I do		me is to be affiliated	with ar	ny political p	party.
11 Gender ☐ Fernale ☐ Male	Declaration - I swear or aff I am a U.S. Citizen I live at the above address I will be at least 18 years on or before the next elect	old	0	am not on parol	before the e, probatio a convictio	on or serving a	tr rr ir	raudulent regi ne to a fine of mprisonment	hat any false or stration may subject up to \$15,000, up to 5 years, nt to R.S. 19:34-1
Signature: Sign	n or mark and date on line	s belo	w V			applicant is unable me and address			
					Na Da	me		250	- 14
					De	10			

Address

. 1,1



DETACH RETURN ENVELOPE HERE. ▼ MOISTEN AND FOLD OVER FLAP TO SEAL RETURN ENVELOPE. ▼ DETACH RETURN ENVELOPE HERE.

BUSSPAGA / BURLINGTON

Voter Name: NELLA STOJCEVOVA

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: YUBELKIS A

FERNANDEZ

Voter ID:

151622434

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 12/02/2010

Date Last Voted:

Deleted Reason:

Poll Worker Status:

Voting Privilege Date: 12/09/2010

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 856

Street Name: WOODLANE RD

Address Line 2:

Municipality: MOUNT HOLLY

TOWNSHIP

Postal City: MOUNT HOLLY

State: NJ Zip: 08060

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Administrative Action

Address Line 2: Address Line 3:

City: State: Zip Code: Country: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/18/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None

Registration Date: 11/18/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 12/02/2010

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 03 Legislative 08
Freeholder School Special Fire

Previous Name:

YUBELKIS A FERNANDEZ

mpare MVC - Agency

PUSMLYNC / RLINGTON INCOMPLETE

CITIZEN & SIGNATURE

56 ELSIN LANE

WILLINGBORO NJ 08046-2254

000 WOODLAN			
WOUNT HOLLY	NJ 08060	MVC	Voter -
Voter Address Change Confirmation	Name	YUBELKIS A FERNANDEZ	Date of Birth
Voter Address Change Confirmation Export MVC - Agency	Residence Address	856 WOODLANE ROAD MOUNT HOLLY NJ 08060-1065	Mailing Address
MVC File Online Voter Voters who have Verification / Postal Notice	Driver's License Number	/	Original Driver's License Number
Verif. and Ack. Card Export MVC Manual Update	Card Number		Previous
Maintain Voter History	Previous		Previous

Name

MVC ransaction

Date

YUBELKIS A FERNANDEZ

11/18/2010

Reject English:	E .	Spanish:	W 197	Reject
Keject E angus		7	E	

Address

				S	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address		Driver's License Number	SSN	Confidence Factor	Status	Status
No I	Match			ound. You o						d or R	eject

^{*} under Status Reason Indicates voter has multiple status reasons.

Select	Add Back	No Action Required	Print List

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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Maintain County Data

Poll Book Printing Schedule

Duplicate Voters

Batch Scanning Messaging **Document Imaging**

Elections

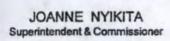
System

Inquiries Reports Help Logout



Thosen Freeholders unty of Burlington IOLLY, NEW JERSEY 08060





SUPERINTENDENT OF ELECTIONS and

COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

(NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 11 30 10

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: YUBELKIS A FERNANDEZ

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

Voter Information:

Voter's Name: EINER Y RUBILAR Voter ID: 151379874

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 28G Suffix A: Suffix B:

Street Number: 193

Street Name: TENBY CHASE DR

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075 Gender: Not Entered

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/17/2010

Absentee Ballot Type: None Registration Date: 07/17/2010

Registration Type: Agency with Identification

Last Action Taken Date: 08/17/2010

Status Information:

Voting Privilege Date: 08/07/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/17/2010

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 Freeholder 03

District School

06

Congressional

Special

03

Legislative 07

Fire

Previous Name:



DELRAN NJ 08075 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

Maintain Voter History Maintain County Data

Elections System

Inquiries Reports Help Logout

Duplicate Voters Challenger Batch Scanning Messaging

Compare MVC - Agency

BUSJPEW / IURLINGTON

Reject

INCOMPLETE

-	MVC	Voter	ZEN & SIGNATURE
Name	EINER Y RUBILAR	Date of Birth	
Residence Address	193 TENBY CHASE DR G28 DELRAN NJ 08075-2526	Mailing Address	
Driver's License Number	B00252008901602	Original Driver's License Number	RS
Card Number		Previous DOB	Caraminanto
Previous Name	EINER Y RUBILAR	Previous Address	3001 RTE 130 APT 3L DELRAN NJ 08075-2614
MVC Transaction Date	07/17/2010		

				S	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason

Spanish:

* under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required **Print List**

this Motor Voter by clicking on the respective buttons.

Note:

Reject English:

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

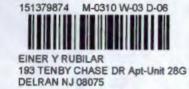
If Confidence Factor is 100 %, that implies Driver's License Number is matched statewide.

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.

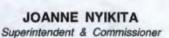
Name matching process includes MVC previous names if there is a name change.

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Uhosen Freeholders y of Burlington Sew Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



EINER Y RUBILAR 193 TENBY CHASE DR Apt-Unit G28 DELRAN NJ 08075

(NO)

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

DulduS

WE ALSO NEED YOUR SIGNATURE IN INK

*** 08-02-10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

ann nysteta

BUSOE1AD / BURLINGTON

Voter Name: EINER Y RUBILAR

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close | Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: RENE R SCOTT Voter ID: 151310217

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Number: 69

Street Name: REGENCY DR

Address Line 2: Address Line 3:

Municipality: MOUNT HOLLY

Postal City: MOUNT HOLLY

State: NJ

Status Information:

Voting Privilege Date: 03/29/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/05/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

TOWNSHIP

Zip: 08060

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: 03/08/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/08/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 04/05/2010

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:

District Congressional 03 Legislative 08 Ward 00 01 Fire School Special Freeholder

Previous Name:

ntain Voter History	69 REGENC	Y DR LLY NJ 08060	MVC Voter	
how Reminders	100 - 111	RENE R SCOTT	Date di Birth	
ty Homepage ch Scanning es	Residence Address	69 REGENCY DRIVE MOUNT HOLLY NJ 08050-1382	Mailing Address	
	Driver's License Number	517200477500772	Original Driver's License Number	
	Card Number		Previous	
	Previous Name	RENE R SCOTT	Previous Address	215 MILLBROOK DR WILLINGBORD NJ 08046-2818
	MVC Transaction Date	03/08/2010		

				S	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
	106297893	RENEE	01/01/1000	04/09/1996	316 LOCUST ST, ROSELLE, NJ 07203				25 %	Deleted	Inactive Confirmation through two federal general elections
	103009476	RENE A	01/01/1000	10/04/1944	15 ALBANS AVE, EWING, NJ 08618				25 %		
9	121097560	RON B SETHI	01/01/1800	05/01/1981	44 YELLOW BRICK RD, WAYNE, NJ 07470				25 %		
<u></u>	101141793	RENEE C SCOTT	01/01/1800	08/18/1992	287 LINCOLN ST, EAST ORANGE, NJ 07017				25 %	Deleted	Inactive Confirmation through two federal general elections
<u> </u>	106321217	RONNIE K SWEED	01/01/1800	03/01/1982	BRANKO KD, BERKELEY HTS, NJ 07922				25 %	Deleted	Moved out
c	110150646	RAM SARAN SETIA	01/01/1800	01/01/1975	141 FAIRWAY IER, PARAMUS, NJ 07652				25 %		

* under Status Reason indicates voter has multiple status reasons.





Select Add Back No Action Required Print List

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 Soundez 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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Board of Chosen Freeholders Of The County of Burlington

MOUNT HOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and







RENE R SCOTT 69 REGENCY DR MOUNT HOLLY NJ 08060

S

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

LE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



3-23-10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

E.R.

BUSDLOVE / BURLINGTON

Voter Name: RENE R SCOTT

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: ROCIO P SERVIN

Voter ID: 151665678

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Number: 1

Street Name: KIRKWOOD DR

Address Line 2:

Municipality: MOUNT LAUREL

Postal City: MOUNT LAUREL

Zip: 08054

Status Information: Mailing Address:

Voting Privilege Date: 01/20/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/13/2011

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Address Line 3:

TOWNSHIP

State: NJ

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: 12/30/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 12/30/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 01/13/2011

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 Freeholder 00

District School

21

Congressional

Special

03

Legislative 07

Fire

Previous Name:



1 KIRKWOOD DR MOUNT LAUREL NJ 08054

Duplicate Voters Poll Book Printing Schedule

Batch Scanning

& Bleeto Net

Messaging Document Imaging

Inquiries Reports

Logout

Compare MVC - Agency

INCOMPLETE

BUSJPEW / BURLINGTON

CITIZEN & SIGNATURE

MVC Voter VOCEL MICH NO DOB Date of Birth Voter Address Change ROCIO P SERVIN Confirmation Voter Address Change 1 KIRKWOOD DR Residence Malling Confirmation Export MT LAUREL NJ 08054-4717 MVC - Agency Original MVC File Online Voter Driver's Driver's License Number Voters who have Verification / Postal Notice License Verif. and Ack. Card Export Card Previous DOB 02/25/1974 MVC Manual Update Number Maintain Voter History I KIRKWOOD DR Previous Previous Address ROCIO SERVIN Maintain County Data Name MT LAUREL NJ 08054-4717 Flortions MVC 12/30/2010 System nsactio

> Spanish: Reject Reject [English:

				SVI	RS Matched	Voters					
Select	Voter Id	Name	Date of Birth	Registration Date		Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
	106298226	ROCCO SCROFANI	01/01/1800	07/31/1935	Z15 S SEVENTH ST,				25 %	Deleted	Inactive Confirmation through two federal
-					NJ 07202						elections

^{*} under Status Reason Indicates voter has multiple status reasons.

Go

Select Add Back No Action Required Print List

Date

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, DOS (including 01/01/1800) matched statewide.

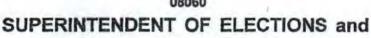
Name matching process includes MVC previous names if there is a name change.

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Chosen Freeholders lounty of Burlington rholly, NEW JERSEY

08060







COMMISSIONER OF REGISTRATIONS

151665678 M-0324 W-00 D-21

ROCIO P SERVIN 1 KIRKWOOD DR MOUNT LAUREL NJ 08054

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

*** /VOTER SIGNATURE

*** <u>1/11/11</u>
/DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: ROCIO P SERVIN

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Counted Scanned Scan

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: AKM N CHOWDHURY

Voter ID:

151091966

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 205 Street Name: PINE ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/19/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 12/19/2008

Registration Type: Agency with Identification

Last Action Taken Date: 02/20/2009

Status Information:

Voting Privilege Date: 01/09/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/20/2009

Poll Worker Status:

Deleted Reason: Administrative Action

City:

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

03

City: State: Zip Code: Country:

Districts:

Ward Freeholder

03

District

School

01

Congressional

Special

Legislative 07

Fire

Previous Name:







hange Voter

BUSDLOVE / BIID' INGTON

INCOMPLETE CITIZEN & SIGNATURE **MVC Voter** Date of AKM N CHOWDHURY Name Birth 205 PINE STREET Mailing Residence Address Address **BURLINGTON NJ 08016-2827** Original Driver's Driver's License License Number Number Card **Previous** DOB Number 870 E. 130 N APT.J2 Previous Previous AKM N CHOWDHURY Address Name **BURLINGTON NJ 08016** MVC ransaction | 12/19/2008 Date Spanish: Reject English: Reject **SVRS Matched Voters** Driver's Confidence Status Residence Mailing Registration Voter Name Date of Birth License SSN elect Address Address Factor Date Number No Matching records Found. You can Add or Reject this Motor Voter by clicking on the respective buttons below.

Select Add Back

ite:



Board of Chosen Freeholders Of The County of Burlington MOUNTHOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

151091966 M-0305 W-03 (

AKM N CHOWDHURY 205 PINE ST BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS -

BUSOE1AD / BURLINGTON

Voter Name: AKM N CHOWDHURY

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

Name

El.Date

Date

Date

Date

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: ESTHER O BANKOLE

Voter ID: 151099259

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 520 Street Name: ETOILE CT

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 01/17/2009

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 01/17/2009

Registration Type: Agency with Identification

Last Action Taken Date: 01/03/2012

Status Information:

Voting Privilege Date: 02/07/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/03/2012

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 Freeholder 00

District School 04

Congressional Special 03

Legislative 07

Fire

Previous Name:

151099259	M-0306 W-00 D-04
11 11 11 11 11	14 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ESTHER O	

520 ETOILE CT

:hange Voter

BUSDLOVE / BURLINGTON

	BU	RLINGTON NJ 08016				INCOMPLE					
				MVC Voter	CITI	ZEN & SIGN	ATURE				
Name	ESTHER C	BANKOLE		Date Birtl							
Residence Address	520 ETOI	LE CT TON NJ 08016-2219		Mailir Addre							
Driver's Licenser Number	DONLENG	100 N 100 10 121		Origin Drive Licen Numb	r's						
Card Number				Previo							
Previous Name	ESTHER C	BANKOLE	C	Previo Addre	es	8 BABBITT LANE WILLINGBORO NJ 08046-1502					
MVC ransaction Date	01/17/20	09									
	Reject 🗆	English:	SV	Spani			P	Reject			
elect Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status		
No Match	ing reco	rds Found. You	can Add or R	eject this Mot below.	or Voter I	by clicking	on the re	spective bu	ttons		
			Se	elect Add Bac	ck						

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) atched statewide.

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

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: Chosen Freeholders ity of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. PREVIOUSLY YOU STATED YOU WERE NOT A UNITED STATE CITIZEN. HAS YOUR CITIZENSPHIP STATUS CHANGED?

ARE YOU A UNITED STATES CITIZEN (YES

(YES) (NO

PLEASE CIRCLE YES OR NO

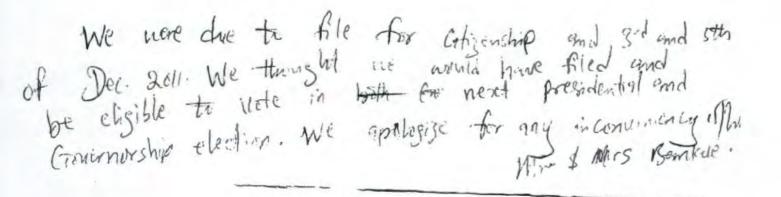
WE ALSO NEED YOUR SIGNATURE IN INK



DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.



BUSOE1AD / BURLINGTON

Voter Name: ESTHER O BANKOLE

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: MICHAEL Y LAU Voter ID: 151489254

Legacy ID:

Archived Legacy ID:

Status Information:

Voting Privilege Date: 09/23/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/23/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 9

Street Name: WINDING WAY

Address Line 2: Address Line 3:

Municipality: SOUTHAMPTON

TOWNSHIP

Postal City: SOUTHAMPTON

State: NJ Zip: 08088

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: 09/02/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/02/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 09/23/2010

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

Address Line

City: State: Zip Code:

Country:

Districts:

Ward Freeholder 00

District School 01

Congressional

Special

03

Legislative 08

Fire

Previous Name:

pare MVC - Agency

Voter Address Change Confirmation Voter Address Change Confirmation Export MYC - Agency

MVC File Online Voter Voters who have Verification / Postal Notice Verif, and Ack. Card Export

MVC Manual Update Maintain Voter History

Maintain County Dato

Elections

System

Duplicate Voters

Batch Scanning

Messaging

Document Irnaging

Inquiries

Paports Help

Logout



MICHAE					CITIZEN & SIGNATURE
9 WNDI SOUTHA	NG YVAY UMPTON NJ 01	8088		IVC Voter	
ange	Name	MICHAEL Y LAU	1	Date of Birth	
ange	Residence Address	9 WINDING WAY SOUTHAMPTON NJ 08088-1622	1	Hailing Address	
oter al Notice	Driver's License Number	100		Original Driver's License Number	
rd Export te	Card Number			Previous DOB	
Y	Previous Name	MICHAEL Y LAU	1	Previous Address	2 HARROGATE DR LUMBERTON NJ 08048-5000
	MVC Transaction Date	09/02/2010			

Reject English		Spanish		Reject
----------------	--	---------	--	--------

	SVRS Matched Voters										
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Malling Address	Driver's License Number	SEN	Confidence Pactor	Status	Status Reason
0	103102415	MICHELE LEEWAYE	01/01/1800	09/03/1969	12 HOLT CIR, HAMILTON, NJ 08619		,		25 %		
	119459406	MICHAEL	01/01/1800	10/05/1992	45 LACKAWANNA AVE, Apt-Unit 220, WALLINGTON, NJ 07057				25 %	Deleted	Inactive Confirmation through two federal general elections
	116228703	MICHAEL LOWE	01/01/1900	06/11/1986	5 ROXBURY DR, ROXBURY TOWNSHIP, NJ 07847			/	25 %	Deleted	Inactive Confirmation through two federal general elections
0	116217373	MICHELE A LEE	01/01/1800	04/01/1992	38 LEGION RD, JEFFERSON, ND-07438- 9329	1			25 %	Deleted	Inactive Confirmation through two federal general elections
	119613899	MICHAEL B LEE	01/01/1800	01/08/1999	452 B BROAD AVE, Apt-UNE 1, PALISADES PARK, NJ 07650				25 %	Inactive Confirmation	
	119460643	MICHEAL B LEE	01/01/1800	a0/05/1992	311 CHASE CT, EDGEWATER, NJ 07020				25 %	Deleted	Inactive Confirmation through two federal general elections
	116217632	MICHAEL C LEE	01/01/1800	10/11/1994	11 TRACY CT, MORRIS TOWNSHIP, NJ 07960			1	25 %	Deleted	Inactive Confirmation through two federal general elections
	102007962	MICHAEL D LEE	01/01/1800	08/28/1968	127 BLUE HERON DR, WEST DEPTFORD, NJ 08086				25 %		
	106180837	MICHAEL LAHEY	01/01/1800	08/30/1992	5 WINFIELD PL, FANWOOD, N3 07023				25 %	Inactive Confirmation	
	119746245	MICHAEL S LEE	01/01/1800	07/27/2004	1350 15TH ST, Apt-Unit 4S, FDRT LEE, NJ 07024				25 %	Deleted	Inactive Confirmation through two federal general elections

[&]quot; under Status Reason Indicates voter has multiple status reasons.



Uhosen Freeholders y of Burlington New Jersey



FENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



COPY

Deleted

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 9-19-2010.

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

DANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: MICHAEL Y LAU

Election History:

El. Date
& El. Type El. Code Bal. Type Bal. Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: SURYANI MANJAJI

Voter ID: 1513

151354795

Legacy ID: Archived Legacy ID:

*

Status Information:

Voting Privilege Date: 06/29/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/25/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 35

Street Name: EDGEWOOD PL

Address Line 2: Address Line 3:

Municipality: SOUTHAMPTON

TOWNSHIP

Postal City: SOUTHAMPTON

State: NJ Zip: 08088

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: 06/08/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/08/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 06/25/2010

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 Freeholder 00

District

01

Congressional

Special

03

Legislative 08

Fire

Previous Name:

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE RMCGU / INGTON

Reject

SOUTHAMPTO	88080 LN N		MVC Voter				
Voter Address Change Cordirmation Voter Address Change Confirmation Export MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice	Name	SURYANI MANJAJI	Date of Birth				
	Residence Address	3S EDGEWOOD PLACE SOUTHAMPTON NJ 08088-1625	Mailing Address	Maril 1884			
	Driver's License Number	License Programme					
Verif. and Ack. Card Export Maintain Voter History	Card Number	1/	Previous DOB				
System Batch Scanning	Previous Name	SURYANI MANJAJI	Previous Address	2 FAWN PLACE WHITING NJ 08759-3610			
quiries	MVC Transaction	06/08/2010					



65 Inqui Help

	_			SVRS	Matched V	oters			-	
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	SSN	Confidence Factor	Status	Status Reason
Q	1011/2410	SHARON MANCHESTER	01/0 1/1800	08/27/1981	46 SUNRISE TER, CEDAR GROVE, NJ 07009			25 %	Detetes	Inactive Confirmation through two federal general elections

Spanish:

Reject English:

1 Go

Select Add Back No Action Required

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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voter has multiple status reasons.



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

151354795 M-0333 W-00 D-01



SURYANI MANJAJI 35 EDGEWOOD PL SOUTHAMPTON NJ 08088 S

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZES

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER STONATURE

*** 4/22/10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: SURYANI MANJAJI

Election History:

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: GURMEET S KHAIRA

Voter ID: 152026501

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Name: MORRIS CT

Address Line 2:

Municipality: FLORENCE TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 10/24/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/20/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 710

Address Line 3:

Postal City: FLORENCE

Zip: 08518

Mailing Address:

Street Number: Suffix A:

Street Name/P.O. Box:

Unit:

Suffix B:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/03/2011

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 10/03/2011

Registration Type: Agency with Identification

Last Action Taken Date: 10/20/2011

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 Freeholder 03

District School

01

Congressional

Special

03

Legislative 07

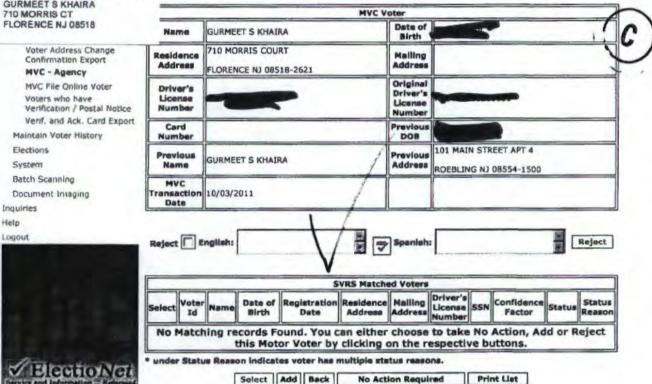
Fire

Previous Name:

GURMEET S KHAIRA 710 MORRIS CT

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE



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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710 MORRIS CT FLORENCE NJ 08518



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders

County of Burlington

New Hersen

SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS**





DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: GURMEET S KHAIRA

Election History:

Ei.Date
& Ei.Type Ei.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted
Name

Close | Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: ROSEMARIE L

MITCHELL

Voter ID:

151394231

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 34

Street Name: YORKTOWN RD

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

Status Information:

Voting Privilege Date: 07/06/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/10/2010

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/15/2010

Miscellaneous:

Gender: Female

Absentee Ballot Type: None Registration Date: 06/15/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 08/10/2010

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 Freeholder 00

District

School

01

Congressional

Special

03

Legislative 07

Fire

Previous Name:

Name and Address of the Owner, where the Owner, which is the	
Main Me	
Activitie	
Voter	



4VC - Agency

INCOMPLETE CITIZEN & SIGNATURE

BUSNCOSH / URLINGTON

Add Vote 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

Maintain Voter History

Maintain County Data Elections

System

Duplicate Voters

Batch Scanning

Messaging

Inquiries

Reports

Help



		MVC	Voter	
Name	ROSEMARIE L MITCHELL		Date of Birth	
Residence Address	34 YORKTOWN ROAD BORDENTOWN NJ 08505-2418	1	Mailing Address	
Driver's License Number		/	Original Driver's License Number	335304
Card Number	1		Previous DOB	
Previous Name	ROSEMARIE L MITCHELL	0	Previous Address	34 YORK TOWN RD BORDENTOWN NJ 08505-2418
MVC ransaction Date	06/15/2010			

Reject English:	運	Spanish:	36 12	Reject
-----------------	---	----------	----------	--------

				SVR	S Matched Vo	ters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	i Mauing	Driver's License Number	 Confidence Factor	Status	Status Reason
•	116263113	ROSE MARIE MITCHELL	01/01/1800	09/28/1960	5904 TUDOR DR, PEQUANNOCK TOWNSHIP, NJ 07444			25 %		Moved out of County

* under Status Reason Indicates voter has multiple status reasons.

1 Go

Select Add Back No Action Required **Print List**

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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hosen Freeholders of Burlington em Jersey



NDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA

Superintendent & Commissioner





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SUPERINTENDENT OF ELECTIONS

BUSOE1AD /
BURLINGTON

Voter Name: ROSEMARIE L MITCHELL

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: ESTHER O BANKOLE

Voter ID:

151099259

Legacy ID:

Archived Legacy ID:

Residence Address:

Unit:

Street Number: 520

Street Name: ETOILE CT

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ

Status Information:

Voting Privilege Date: 02/07/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/03/2012

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Suffix A: Suffix B:

Address Line 2: Address Line 3:

Zip: 08016

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: 01/17/2009

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 01/17/2009

Registration Type: Agency with Identification

Last Action Taken Date: 01/03/2012

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:

Freeholder

Ward

00

District

School

04

Congressional

Special

03

Legislative 07

Fire

Previous Name:

151099259	M-0306 W-00 I	0-04
1181844111	BER SEE SEE SEE	11
		Ш
ESTHER OF	BANKOLE	

520 ETOILE CT BURLINGTON NJ 08016

:hange Voter

BUSDLOVE / BURLINGTON

_				MVC Voter	cr	FIZEN & SIGN				
Name	e ESTHER O BANKOLE Date of Birth				-11/25					
Residence Address	520 ETOI BURLING	LE CT TON NJ 08016-2219		Mailli Addre						
Driver's License Number	iver's cense									
Card Number					us III					
Previous Name	ESTHER C	BANKOLE	U	Previo Addre	ec					
MVC ransaction Date	01/17/20	09								
	Reject	English:	SV	Spani	L		N. N.	Reject		
elect Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address		SSN	Confidence Factor	Status	
No Match	ing reco	rds Found. You	can Add or R	eject this Mot below.	or Vote	by clicking	on the re	espective bu	ttons	
			Se	lect Add Bac	:k					

ste:

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)

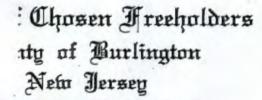
Last Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

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

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

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JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. PREVIOUSLY YOU STATED YOU WERE NOT A UNITED STATE CITIZEN. HAS YOUR CITIZENSPHIP STATUS CHANGED?

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

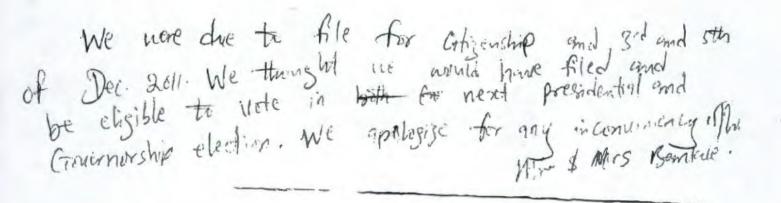
WE ALSO NEED YOUR SIGNATURE IN INK



12-21-11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.



BUSOE1AD /
BURLINGTON

Voter Name: ESTHER O BANKOLE

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/27/2017

Voter Information:

Voter's Name: WILLY ARISTIDE

Voter ID:

152513140

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B: Street Number: 608

Street Name: FRANCOIS CT

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

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: 10/26/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 10/26/2012

Registration Type: Agency with Identification

Last Action Taken Date: 11/20/2012

Status Information:

Voting Privilege Date: 11/16/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/20/2012

Deleted Reason: Administrative Action

Poll Worker Status:

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 Freeholder 00

District

School

04

Congressional

Special

03

Legislative 07

Fire

Previous Name:



WILLY ARISTIDE 608 FRANCOIS CT

INCOMPLETE CITIZEN & SIGNATURE

Compare MVC - Agency

BUSJMG BURLING

				MVC	Voter					
Name	WILLY ARIS	TIDE			Date of Si	rth				
Residence Address										
Driver's License Number					Driver's License					
Card Number				/	Previous D					
Previous Name	WILLY ARIS	TIDE		/	Previous Address		LTON NJ 08610	-6019		
	10/26/2012			1						
Data		_	1	_		-			_	
				-						
			1				NVC Signati	ure Deta: 10/2	e/2012	
	_		-							ı
Reject Engli	lehs		Spanish:			Rejec	No	Card Is	sued	17
	-	-	The state of the		-	3	-			ľ
			V							•
				SVRS Metc	hed Voters		-			1
Select Voter Id	Name	Date of Sirth	Registration Date	Residence			Driver's License Number	SSN	Confidence Fector	Su
No Match	ing rec								Reject t	his
				100		-	200000	-		-
	Residence Address Driver's License Number Card Number Previous Hame FIVE Transaction Data Reject Transaction Data No Match	Residence Address BURLINGTO Driver's License Number Card Number Previous Name WILLY ARIS MVC Transaction Date Reject English: Select Voter Name No Matching rec	Residence Address Burlington NJ 08016-2221 Driver's License Number Card Number Previous Name WILLY ARISTIDE NVC Transaction Data 10/26/2012 Reject Voter Id Name Deta of Eirth No Matching records Found V	Residence Address BURLINGTON NJ 08016-2221 Driver's License Number Card Number Previous Name WILLY ARISTIDE MVC Transaction Date 10/26/2012 Reject Voter Id Name Date of Sirth Registration Date No Matching records Found. You can eit Voter by clickin	Residence Address BURLINGTON NJ 08016-2221 Driver's License Number Card Number Previous Name WILLY ARISTIDE MVC Transaction Date Reject English: Spenish: Synt Hetc Select Voter 1d Name Date of Sirth Registration Date Residence. No Matching records Found. You can either cho	Residence Address BURLINGTON NJ 08016-2221 Driver's License Number Card Number Previous Name Number Previous Name Previous Name Number Number Number Previous Name Number	Residence Address Burlington NJ 08016-2221 Driver's License Number Card Number Previous Name WILLY ARISTIDE Previous Name WILLY ARISTIDE Previous DQ Previous DQ Previous DQ Previous Name No Matching records Found. You can either choose to take No Voter by clicking on the respective	Residence Address BURLINGTON NJ 08015-2221 Driver's License Number Card Number Previous Name WILLY ARISTIDE Previous Name Number Previous Name Number Previous Name No Name No Name Dete of Sirth Registration Date Residence Address Name No Matching records Found. You can either choose to take No Action Voter by clicking on the respective buttons	Residence Address 606 FRANCOIS CT BURLINGTON NJ 08016-2221 Driver's License Number Card Number Previous Name WILLY ARISTIDE Previous Name Number Previous Name Number NVC Signeture Deta: 10/2 NVC Signeture Deta: 10/2	Residence Address BullingTon NJ 08016-2221 Driver's License Humber Card Number Previous Name WILLY ARISTIDE Previous Name WILLY ARISTIDE Previous Name WILLY ARISTIDE Previous Name WILLY ARISTIDE Previous DQ Previous Name WILLY ARISTIDE Previous Name Previous DQ Previous Name Pre

- Note:

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

 If Confidence Pactor is 300 %, that implies Driver's License Number is matched statewide.

 If Confidence Pactor is 50 %, that implies Last Name, First Name, DOS (or)

 Last Name, First Name, First Latter of Hiddle Name and DOS (01/01/1800) matched statewide.

 If Confidence Factor is 20 %, that implies Soundex of Last Name, Soundax of First Name, DOS (in Name matching process includes NYC previous names if there is a name change.

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Select Add Back No Action Required Print List Display Signature



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington

New Jersey
SUPERINTENDENT OF ELECTIONS and
COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



11-12-12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: WILLY ARISTIDE

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted

Close | Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: MARIBEL BROWN

Voter ID:

151665715

Legacy ID:

Archived Legacy ID:

Suffix B:

Street Number: 51

Street Name: ROLLING HILLS DR

Municipality: WESTAMPTON TOWNSHIP

Postal City: WESTAMPTON

State: NJ

Status Information:

Voting Privilege Date: 01/20/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/22/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Address Line 2: Address Line 3:

Zip: 08060

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

City:

Address Line 2: Address Line 3:

State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/30/2010

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 12/30/2010

Registration Type: Agency with Identification

Last Action Taken Date: 02/22/2011

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 Freeholder 00

District School

01

Congressional Special

03

Legislative 08

Fire

Previous Name:



MARIBEL BROWN 51 ROLLING HILLS DR WESTAMPTON NJ 08060

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

LINGTON

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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

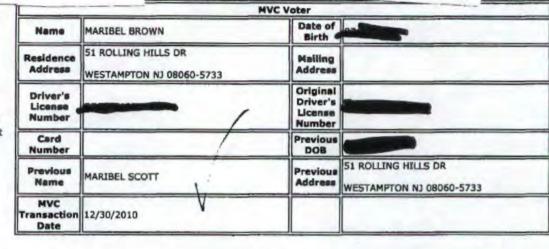
Document Imaging

Inquiries

Reports

Help

Logout



Reject English	. 3	Spanish:		Reject
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SVRS Matched Voters											
Select	Voter	Name	Date of Birth	Registration Date	Residence Address		Driver's License Number		Confidence Factor	Status	Status Reason
No	Match			ound. You o						ld or R	eject

^{*} under Status Reason Indicates voter has multiple status reasons.

_			
Select	Add Back	No Action Required	Print List

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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Thosen Freeholders ounty of Burlington HOLLY, NEW JERSEY

08060



SUPERINTENDENT OF ELECTIONS and

COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 2/5/2011 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: MARIBEL BROWN

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: JONALYN O

Voting Privilege Date: 08/20/2010

Deleted Reason: Administrative Action

Current Status: Deleted

Deleted Date: 08/20/2010

Date Last Voted:

Poll Worker Status:

PADUGANAO

Voter ID: 151418732

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 25

Street Name: MONTCLAIR LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: N) Zip: 08046

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/30/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 07/30/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 08/20/2010

Inactive Confirmation Address: Status Information:

> 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 Freeholder 00

District School

10

Congressional

Special

03

Legislative 07

Fire

Previous Name:



Voter Address Change

Confirmation Export

MVC File Online Voter

MVC Manual Update

Maintain Voter History

Maintain County Data

Duplicate Voters Batch Scanning Messaging

Elections

System

Inquirles Reports Help

Verification / Postal Notice

Verif. and Ack. Card Export

MVC - Agency

Voters who have

JONALYN O PADUGANAO 25 MONTCLAIR LN WILLINGBORO NJ 08048

Compare MVC - Agency

BUSDJEFF / BURLINGTON

MVC Voter Date of Name JONALYN O PADUGANAO Birth 25 MONTCLAIR LANE Mailing Residence Address Address WILLINGBORO NJ 08046-2801 Original Driver's Driver's License Number Number Card Previous Number DOB 270 KING ST. APT.828 **Previous** Previous JONALYN O PADUGANAO Name Address PERTH AMBOY NJ 08861-4480 MVC Transaction 07/30/2010 Date

INCOMPLETE CITIZEN & SIGNATURE

Reject English: Spanish: Reject

	SVRS Matched Voters										
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Malling Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No I	Match			ound. You o						d or R	eject

^{*} under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List
Select	Auu	DOCK	No Action Requires	Print Cist

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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Board of Chosen Freeholders County of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

(YES)

ARE YOU A UNITED STATES CITIZEN

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



V TOR SIGN ORE

*** 8/14/2010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

mm nyspita

6

BUSSPAGA / BURLINGTON

Voter Name: JONALYN O PADUGANAO

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: IDANIA RUIZ Voter ID: 151758972

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 436 Street Name: LAUREL ST

Address Line 2: Address Line 3:

Municipality: BEVERLY CITY

Postal City: BEVERLY

State: NJ Zip: 08010 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/18/2011

Gender: Not Entered Absentee Ballot Type: None Registration Date: 03/18/2011

Registration Type: Agency with Identification

Last Action Taken Date: 03/30/2011

Status Information:

Voting Privilege Date: 04/08/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/30/2011

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:

03

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

District

School

02

Congressional

Special

Legislative 07

Fire

Previous Name:

IDANIA RUIZ 436 LAUREL ST BEVERLY NJ 08010

pare MVC - Agency INCOMPLETE

CITIZEN & SIGNATURE

USMLYNC / RLINGTON

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 **Duplicate Voters**

Poll Book Printing Schedule

Batch Scanning

Messaging

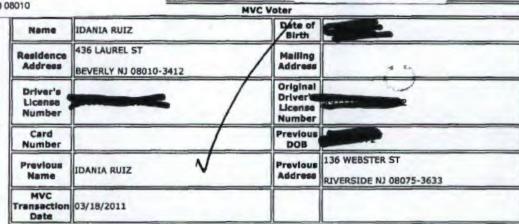
Document Imaging

Inquiries

Reports

Help

Logout



Reject English:		Spanish:		Reject
-----------------	--	----------	--	--------

				S	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Malling Address	Driver's License Number	SSN	Confidence Factor	Status	Status
No	Match			ound. You o						d or R	eject

^{*} under Status Reason Indicates voter has multiple status reasons.

Select	Add Back	No Action Required	Print List

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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hosen Freeholders of Burlington ew Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

COPY

0

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



3/25/11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: IDANIA RUIZ

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: LENNOX W PABAROUE

Voter ID:

151826654

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 05/19/2011

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 05/18/2011

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 20

Street Name: TOLEDO LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

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: 05/18/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 04/27/2011 Registration Type: Agency with

Identification

Last Action Taken Date: 05/19/2011

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:

Freeholder

Action

Ward

00

District School

35

Congressional Special

03

Legislative 07

Fire

Previous Name:



20 TOLEDO LN WILLINGBORO NJ 08046

Compare MVC - Agency



Reject

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

Maintain Voter History

Elections

System

Batch Scanning

Document Imaging

Inquirles

Help

Logout



		MVC Voter	
Name	LENNOX W PABAROUE	Date of Birth	
Residence Address	20 TOLEDO LANE WILLINGBORO NJ 08046-3721	Mailing Address	
Driver's License Number	-	Original Driver's License Number	
Card Number	9999999	Previous DOB	
Previous Name	V	Previous Address	•
MVC Transaction Date	04/27/2011		

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

Spanish:

New Jersey Voter Registration Application

L'am applying 20 General 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.

Reject English:

- 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)

NEW JERSEY Motor Vehicle



DIGITIZED DRIVER LICENSE ISSUED

TW MH201111700000444

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

04-07-1955 W PABAROUE LENNOX 20 TOLEDO LANE NJ 08046-3721 C WILLINGBORO







JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

Deletel Not a US Citizen

COPY

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 5/12/2011 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: LENNOX W PABAROUE

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: GULCAN KAYA Voter ID: 151882943

Voting Privilege Date: 06/30/2011

Deleted Reason: Administrative Action

Current Status: Deleted

Deleted Date: 06/24/2011

Date Last Voted:

Poll Worker Status:

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 153
Suffix A:
Suffix B:

Street Number: 320 Street Name: CONROW ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016

Status Information: 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: 06/09/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/09/2011

Registration Type: Agency with Identification

Last Action Taken Date: 06/24/2011

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 03 Legislative 07
Freeholder School Special Fire

Previous Name:

151882943 M-0305 W-02 D-02 Main INCOMPLETE Activi CITIZEN & SIGNATURE re MVC - Agency Inqui **GULCAN KAYA** 320 CONROW ST Apt-Unit 153 Repoi **BURLINGTON NJ 08016 MVC Voter** Help Date of Logout Name **GULCAN KAYA** Birth 320 CONROW ST APT 153 Residence Mailing Address Address BURLINGTON NJ 08016-1446 Original Driver's Driver's License License Number Number Previous Card DOB Number 320 CONROW ST APT 151 **Previous** Previous **GULCAN KAYA** Name Address **BURLINGTON NJ 08016-1446** MVC Transaction 06/09/2011 Date Spanish: Reject | English: Reject **SVRS Matched Voters** Driver's Confidence Status Date of Registration Residence Mailing Voter Address Address Number License SSN Id Birth Date Factor 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. Select Add Back No Action Required Print List 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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



151882943 M-0305 W-02 D-02

GULCAN KAYA
320 CONROW ST Apt-Unit 153

BURLINGTON NJ 08016

COPY

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

5

WE ALSO NEED YOUR SIGNATURE IN INK

VOVER SIGNATURE

--- 6 20 2011

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: GULCAN KAYA

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

Ei.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: KELVIN HARRISON

Voter ID:

151840613

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 4C Suffix A:

Suffix B:

Street Number: 272 Street Name: WARD AVE

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN.

State: NJ Zip: 08505

Status Information:

Voting Privilege Date: 05/27/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/27/2011

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 05/06/2011

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 05/06/2011 Registration Type: Agency with

Identification

Last Action Taken Date: 03/22/2013

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 Freeholder 00

District School

06

Congressional Special

03

Legislative 07

Fire

Previous Name:



Voter With No DOB

Confirmation

MVC - Agency

Voters who have

Maintain Voter History

Maintain County Data

Poll Book Printing Schedule

Elections System **Duplicate Voters**

Inquirles Reports Help

Batch Scanning Messaging Document Imaging

Voter Address Change

Voter Address Change

Confirmation Export

MVC File Online Voter

Verification / Postal Notice

Verif. and Ack. Card Export MVC Manual Update

KELVIN HARRISON 140 BORDENTOWN-CROSSWICKS RD CROSSWICKS NJ 08515

Compare MVC - Agency

BUSJPEW / "'IRLINGTON

INCOMPLETE

CITIZEN & SIGNATURE MVC Voter Date of Birth KELVIN HARRISON Name 140 BORDENTOWN CROSS RD Residence Malling Address Address CHESTERFIELD NJ 08515 Original Driver's Driver's License License Number Number Number DOB 2 CLAYTON DRIVE Previous Previous KELVIN HARRISON Address CLARKSBURG NJ 08510-1205 Name

MVC Transaction Date	05/06/2011	V		
Reject [English:		Spanish:	Reject

				5	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Malling Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You c						d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

Select Add Back	No Action Required	Print List

Note:

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

If Confidence Factor is 100 % ,that implies Oriver'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.







JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

151840613 M-0307 W-00 D-01



KELVIN HARRISON 140 BORDENTOWN-CROSSWICKS RD CROSSWICKS NJ 08515

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

my beto

BUSOE1AD / BURLINGTON

Voter Name: KELVIN HARRISON

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: SUZAN CETINKAYA

Voter ID:

151937591

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit:

Street Number: 513

Street Name: BRADFORD CT

Address Line 2:

Municipality: BORDENTOWN

TOWNSHIP

State: NJ Zip: 08505

Status Information:

Voting Privilege Date: 08/06/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 07/27/2011

Deleted Reason: Administrative

Action

Poll Worker Status:

Suffix A: Suffix B:

Address Line 3:

Postal City: BORDENTOWN

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: 07/16/2011

Miscellaneous:

Gender: Female

Absentee Ballot Type: None Registration Date: 07/16/2011 Registration Type: Agency with

Identification

Last Action Taken Date: 07/27/2011

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 Freeholder 00

District School

01

Congressional Special

03

Legislative 07

Fire

Previous Name:

Main Menu: Activities

Voter Regist

Add/Chang

Voter With 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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help

Logaut



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0.000000	
11 6 16 1 1 1 1 1	21 B 111 W W I D 4 W B 12 B

SUZAN CETINKAYA 513 BRADFORD CT

- Age INCOMPLETE CITIZEN & SIGNATURE

BUSNCOSH / BURLINGTON

BORDENTOW	N NJ 08505	MVC Voter	
Name	SUZAN CETINKAYA	Date of Birth	
Residence Address	513 BRADFORD COURT BORDENTOWN NJ 08505-1159	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB (05/14
Previous Name	SUZAN CETINKAYA	Previous Address	18 MARTHA AVENUE WRIGHTSTOWN NJ 08562
MVC Transaction Date	07/16/2011		

Reject English:		Spanish:		Reject
-----------------	--	----------	--	--------

				5	VRS Matche	d Voters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	SSN	Confidence Factor	Status	Status
No I	Match			ound. You c or Voter by					d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

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.



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



SUZAN CETINKAYA 513 BRADFORD CT BORDENTOWN NJ 08505 Sa County

5

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 7-25-11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: SUZAN CETINKAYA

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo User Date Date Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: JEDWIN A PEAL Voter ID: 151341346

Legacy ID:

Archived Legacy ID:

*

Status Information:

Voting Privilege Date: 05/26/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/20/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 15

Street Name: EXECUTIVE LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

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: 05/26/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 05/05/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 05/20/2010

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 Freeholder 00

District School 28

Congressional

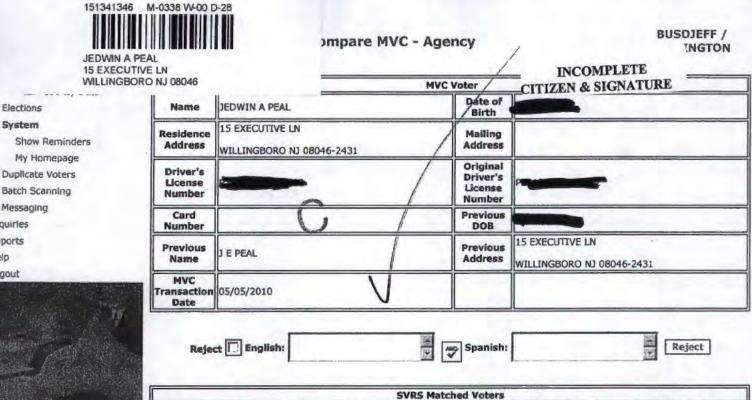
Special

03

Legislative 07

Fire

Previous Name:



Driver's Registration Residence Mailing Confidence Status Date of License Select Voter Id Name Birth Date Address Address Factor Reason Number 44 4TH ST, Moved 6 119154768 LAWRENCE 01/01/1800 01/01/1972 EMERSON, 25 % Deleted out of POOL JR. NJ 07630 County

→ Go

Select Add Back No Action Required **Print List**

Note:

Elections

System

Messaging

Inquirles

Reports

Help

Logout

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.

^{*} under Status Reason indicates voter has multiple status reasons.



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



COMMISSIONED OF REGISTRATIONS

151341346 M-0338 W-00 D-28

JEDWIN A PEAL 15 EXECUTIVE LN WILLINGBORO NJ 08046

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

NOTER SIGNATURE

*** 5/17/20/2

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NVIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: JEDWIN A PEAL

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: TAYFUN TOKAC Voter ID: 151564553

Legacy ID:

Archived Legacy ID:



Status Information:

Voting Privilege Date: 11/03/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/28/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 221

Street Name: BRADFORD CT

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

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: 10/13/2010

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 10/13/2010

Registration Type: Agency with

Identification

Last Action Taken Date: 10/28/2010

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 Freeholder 00

District School

01

Congressional

Special

03

Legislative 07

Previous Name:



TAYFUN TOKAC 221 BRADFORD CT BORDENTOWN NJ 08505

Compare MVC - Agen CITIZEN & SIGNATURE

INCOMPLETE

BUSDJEFF / BURLINGTON

Voter	Addre:	55 (cha	nge
Confir	mation	1 E	cpo	rt

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

Duplicate Voters

Batch Scanning

Messaging

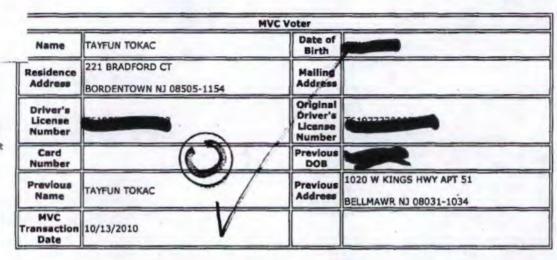
Document Imaging

Inquiries

Reports

Help

Logout



Reject English:		Spanish:	A P	Reject
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				S	VRS Matche	ed Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status
No I	Match			ound. You c						d or R	eject

^{*} under Status Reason indicates voter has multiple status reasons.

	_			
Select	Add	Back	No Action Required	Print List

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.



oard of Chosen Freeholders County of Burlington New Jersey





JOANNE NYIKITA SuperIntendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

O



*** 10/25/2010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: TAYFUN TOKAC

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In PtyAffn=Party Affiliation El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: LI Y LIN Voter ID: 151758733

Legacy ID:

Archived Legacy ID:



Status Information:

Voting Privilege Date: 04/05/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/22/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 219 Street Name: LEFFLER CIR

Address Line 2:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: N) Zip: 08518

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: 03/15/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/15/2011

Registration Type: Agency with Identification

Last Action Taken Date: 06/22/2011

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 Freeholder School Special

03

Legislative 07

Fire

Previous Name:

LIYLIN 219 LEFFLER CIR FLORENCE NJ 08518

pare MVC - Agency INCOMPLETE CITIZEN & SIGNATURE

BUSMLYNC / BURLINGTON

Reject

VULET WILLT THO T 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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

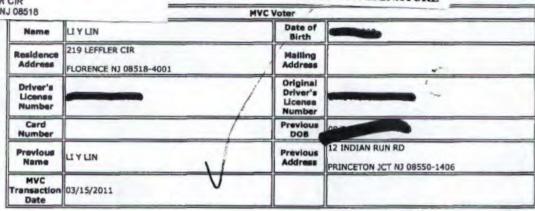
Document Imaging

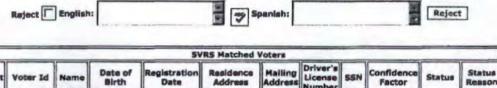
Inquiries

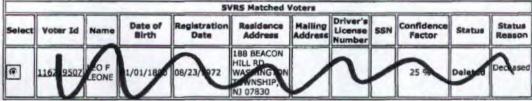
Reports Help

Logout









* under Status Reason Indicates voter has multiple status reasons.

Reject | English:

1 Go

Select Add Back No Action Required Print List

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.



Ihosen Freeholders 1 of Burlington Iew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



0



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

*** VOTER SIGNATURE

6-13-11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: LIYLIN

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: HIEP T DO Voter ID: 151447612

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Street Number: 237

Municipality: MEDFORD TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 09/01/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/25/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

Unit: 401 Suffix A: Suffix B:

Street Name: ROUTE 70

Address Line 2: Address Line 3:

Postal City: MEDFORD

Zip: 08055

Mailing Address:

Street Number: Suffix A:

Street Name/P.O. Box:

Unit:

Suffix B:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/11/2010

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 08/11/2010 Registration Type: Agency with Identification

Last Action Taken Date: 08/25/2010

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 Freeholder 00

District School

09

Congressional

Special

03

Legislative 08

Fire

Previous Name:



237 ROUTE 70 Apt-Unit 401 MEDFORD NJ 08055

ompare MVC - Agency

BUSRMCGU / PHOLINGTON

INCOMPLETE

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

Maintain Voter History

Elections

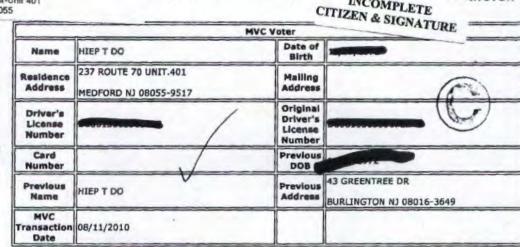
System

Batch Scanning

Inquiries

Help

Logout





Reject English:	 Spanish:	Reject

				5	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You c						d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List

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.





JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Iersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS







DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 08 123 12010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: HIEP T DO

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: OUETTELY DANASTOR

Voter ID: 151353592

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 06/29/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 06/22/2010

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 39

Street Name: WINTERBERRY LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

Mailing Address: **Inactive Confirmation Address:**

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Street Number: Suffix A: Suffix B:

Identification

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 06/01/2010

Registration Type: Agency with

Last Action Taken Date: 06/29/2010

Current Party: Unaffiliated

Party Privilege Date: 06/01/2010

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Action

District Legislative 07 00 25 Congressional 03 Ward Freeholder School Special Fire

Previous Name:



Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

"USRMCGU / **JRLINGTON**

WILLINGBORO NJ 08048 Voter With No DOB

MVC Voter Date of Voter Address Change QUETTELY DANASTOR Name Birth Confirmation Voter Address Change 39 WINTERBERRY LANE Malling Residence Confirmation Export Address Address WILLINGBORO NJ 08046-3414 MVC - Agency Original MVC File Online Voter Driver's Driver's Voters who have License License Verification / Postal Notice Number Number Verif. and Ack. Card Export Previous Maintain Voter History Number DOB System 38 TALLWOOD LANE Previous Previous QUETTELY DANASTOR Batch Scanning Name Address WILLINGBORO NJ 08046-4102 Inquiries MVC ansaction 06/01/2010 Date

Logout

Help

Reject English:	2	Spanish:	48	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	

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

Select Add Back No Action Required **Print List**

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.

^{*} under Status Reason indicates voter has multiple status reasons





JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

151353592

39 WINTERBERRY IN WILLINGBORO NJ 08046

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

resident.

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

mm ny beto

BUSSPAGA / BURLINGTON

Voter Name: QUETTELY DANASTOR

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: CHARLES E COLLINS

Voter ID:

151488973

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 09/23/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 09/23/2010

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 47

Street Name: EASTERN LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

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: 09/02/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/02/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 09/23/2010

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 Freeholder

Action

00

District School 27

Congressional

Special

03

Legislative 07

Fire

Previous Name:

npare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

47 EASTER	RNIN			
WILLINGE	ORO NJ 08046	H	VC Voter	
Voter Address Change Confirmation	Name	CHARLES E COLLINS	Date of Birth	
Voter Address Change Confirmation Export MVC - Agency	Residence Address	47 EASTERN LANE WILLIAM DO CO	Mailing Address	
NVC File Online Voter Vorers who have Verification / Postal Notice	Driver's License Number	SG-2/1200505502	Original Driver's License Number	
Venf. and Ack. Card Export MVC Manual Update	Card Number		Previous DOB	
Maintain Voter History Maintain County Data	Previous Name	CHARLES E COLLINS	Previous Address	42 GOLDSPIRE LANE BURLINGTON NJ 08016-4356
Elections System	MVC Transaction Date	09/02/2010		
Dublicate Voters Batch Scanning Messaging Document Imaging		Reject C English:	Spanish:	Reject

√ISIGG10/Vet	Lament		
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Market Sec	dia .		
Michigan Section	St.		
Wald loots a Mat	The same	Par San Land	3
	質と自己	lectio Ne	r i
TO TACE	PATER STATE	TOOLIGIAL	33

Document Imaging

Inquiries Reports Hein

	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		
6	101060844	CHARLES JR COLLINS	01/01/1800	08/26/1965	63 CEDAR AVE, NEWARK, NJ 07106				25 %	Inactive Cofffrmation			
C	116068212	CHARLES F	01/01/1800	09/29/1976	1 PERSHING AVE, MOUNT OLIVE TOWNSHIP, NO 07828				25 %	Deleted	Moved out of County		
C C	116071041	CHARLES H COLLINSON	01/01/1800	03/11/1964	7-A SAYRE CT, MADISON BOROUGH, NJ 07940				25 %	Deleted	Deceased		
C	201 056102	CHARLES M COLLINS	01/01/1800	09/22/1965	133 RAAB AVE, BLOOMFIELD, NJ 07003				25 %				

^{*} under Status Reason Indicates voter has multiple status reasons.

1 Go

Select Add Back No Action Required Print List

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, DOS (including 01/01/1800) matched statewide.

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



Chosen Freeholders y of Burlington Tew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

Deleted

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

September 14,20,0

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

OANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: CHARLES E COLLINS

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: MANUEL YANEZ

Voter ID: Legacy ID: 152086294

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 206

Street Name: S FAIRVIEW ST

Address Line 2: Address Line 3:

Municipality: RIVERSIDE TOWNSHIP

Postal City: RIVERSIDE

State: NJ Zip: 08075

Suffix A:

Unit:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/09/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 11/09/2011

Registration Type: Agency with Identification

Last Action Taken Date: 11/28/2011

Status Information:

Voting Privilege Date: 11/30/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/28/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Street Number:

Suffix B:

Street Name/P.O. Box:

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 Freeholder 00

District School

05

Congressional Special

03

Legislative 07

Fire

Previous Name:



206 S FAIRVIEW ST **RIVERSIDE NJ 08075**

ompare MVC - Ag

INCOMPLETE CITIZEN & SIGNATURE



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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

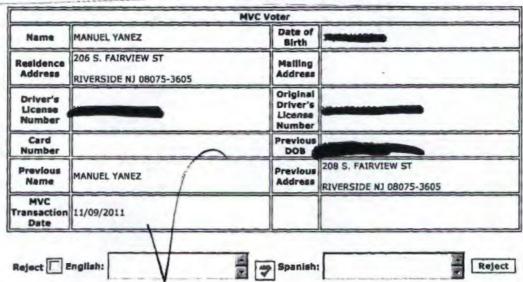
Document Imaging

Inquiries

Reports

Help

Logout



				5	VRS Matche	d Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address		Driver's License Number	SSN	Confidence Factor	Status	Status
No	Match	-		ound. You c						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

-		-			
1	Select	Add	Back	No Action Required	Print List

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.



Chosen Freeholders y of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE //- 22 - //

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: MANUEL YANEZ

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

Voter Information:

Voter's Name: GURMEET SINGH

Voter ID:

152778933

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 05/22/2014

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 05/27/2014

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: 359
Suffix A:
Suffix B:

Street Number: 1210 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

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: 05/06/2014

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/06/2014

Registration Type: Agency with Identification

Last Action Taken Date: 05/22/2014

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 11 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

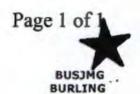
Motor Voter - Agency

152778933 M-0306 W-00 D-11

GURMEET SINGH 1210 ROUTE 130 Apt-Unit 359

INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

Compare MVC - Agency



BURLINGTON NJ 08016					HVC	/oter				
Communication	-	GURMEET SING	н			Date of Birth				
Voter Address Change	Residence	1210 ROUTE 13	0 N APT 359			Malling				
Confirmation Export MVC - Agency	Address	BURLINGTON N	08016-2029			Address				
MVC File Online Voter Voters who have Verification / Postal Notice	Driver's License Number					Original Driver's License Number				
Vent. and Ack. Card Export	Card Number					Previous DOS	11110			
Maintain Voter History Elections System	Previous Name	GURMEET SING		Previous Address	33 W CRESTNUT AVE APT 22 VINELAND NJ 08360-5318					
Batch Scanning Document Imaging	MYC Transaction Date	05/06/2014				/				
Hendheid Scanning Inquiries Help Logout	Reject C Engli	ohi		Spanish:	Van Hand	N (Reject		Card Is	ssued
	Select Voter	Name D	Pate of Birth	Registration Date	Residence A	-		Driver's License Number	ESM	Confidence Fector Ste
			Vo	. You can eit oter by clicki				o Action		Reject this
	" under Statue R	esson indicates	Select Ad	tiple status reasons.	tion Naquired	Print Li	et	Display Sign	nature	

If Confidence Pactor is 100 %, that implies Oriver's License Number is matched statewide If Confidence Pactor is 50 %, that implies Last Name, First Name, DOS (or) Last Name, First Name, First Letter of Middle Name and DOS (01/01/1800) matched state

Name metching process includes MVC previous names if there is a name the

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders

County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE VES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

X 5 19 2014

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

DANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: GURMEET SINGH

Election History:

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Name

Close **Print List**

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOF1AD Date: 05/02/2017

Voter Information:

Voter's Name: OZBAY YESIL 520184331 Voter ID:

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 09/22/2014

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 09/08/2014

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: 16D Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ ZIp: 08075

Mailing Address:

Street Number: Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3: City:

State: Zip Code: Country:

Inactive Confirmation Address:

Suffix A: Suffix B:

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 09/08/2014

Last Action Taken Date: 09/22/2014

Registration Type: Mail-in with Identification

Current Party: Unaffiliated

Party Privilege Date: 09/08/2014

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward 01 District 03 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

3001 ROUTE 130 Apt-Unit 16D DELRAN NJ 08075

Jersey ter Registration Applicat

INCOMPLETE FOR MISSING CITIZENSHIP

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

1 Check boxe that apply:	es New Registration Name Change		ress Change lature Update		tical Party Affi Ion-affiliation				OFFICIAL ONLY
(If No, DO I	S. Citizen? Yes No		ou be 18 years of			LXes O	No	Clerk	
3 Last Name	YESIL	First Name		Middle N	ame or Initial	Suffix	(Jr., Sr., III)	Registra	ation#
4 Date of Birth		Day	Year W	71 /				Office T	ime Stam
	cense Number or MVC Non-dr		10, provide the	last 4 digits of you	License or MVC Non-I r Social Security Num Social Security	ber.		1	2-
	ess (DO NOT use PO Box)	Apt. 16 C	Municipality Delco	1	County	State	Zip Code	A	
	ress if different from above		Municipality	y	County	State	Zip Code		
8 LastAddress 6	Registered to Vote (DO NOT use F	The second limit the second limit to the secon	Municipality	y	County	State	Zip Code	□ by ma	
	ne if Making Name Chang	ge a. D	ay Phone Nur -Mail Address	nber (Option		-77		aile	2m
10 Do you wis	h to declare a political pa	rty affiliation		ne party na	me is to be affiliate	d with	any politic	al party.	
11 Gender D Female Male	Declaration - I swear or af I am a U.S. Citizen I live at the above addres I will be at least 18 years on or before the next elec	s •	I will have resident least 30 days am not on pero sentence due to offense under a	before the noise, probation of a conviction f	next election or serving a for an indictable	frau me imp	nderstand the udulent regist to a fine of u prisonment up both pursuan	ration ma up to \$15, p to 5 year	y subject ,000, ars,
Signature: Sign	or mark and date on line	es below		1	f applicant is una	ble to co	omplete this fo	m, est t	he name
	-				Name		유두건	SE	ZD M
7					Date		ER	7	C
A Comment		D	ate 8/23		Address		E TO	8	m
1			ale Ly	7			020	20	<
lmportan	t Instructions f	or sect	ions 5.	6 and	10		NS	=	ED
5) Registrant the informa a current at the polling	is who are submitting this ation required by section 5, and valid photo ID, or a docuplace.	form by ma or the inform ment with yo	ail and are reg nation you prov our name and o	istering to vide cannot to current address	vote for the fli be verified, you ress on it to avo	will be oid havi	asked to pring to provid	rovide a de identif	COPY of fication at
	Numbers are Confidential obers illegally shall be su				ernmental ag	ericy. A	Any person	who us	es such
6) If you are of your tim	homeless, you may comple.	plete sectio	n 6 by providi	ng a contac	ct point or the	location	on where y	ou sper	id most
	declare a political affiliation og section 10 is OPTIONA								n.
Need More In	formation? Check box	es below if	you would like	to receive	more informa	ation a	bout:		
u voting by becoming	mail a poli worker	voting if y	lace accessibilition have a disa visual impairr	ability,			ection mate language:	erials in t	his
For further inform	nation visit Flections N.I.a	ov or call to	I-free 1-877-N	IVOTER (1	-877-658-6837	7)			





JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ity of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER

THIS OFFICE IS IN RECEIPT OF YOUR VOTER REGISTRATION APPLICATION THAT YOU FILLED OUT REGARDING REGISTERING TO VOTE IN BURLINGTON COUNTY. THE CITIZEN AREA ON THE APPLICATION WAS NOT COMPLETED.

ARE YOU A UNITED STATES CITIZEN (YES) (NO))
PLEASE CIRCLE YES OR NO
WE ALSO NEED YOUR SIGNATURE IN INK



*** 59-17-14 DATE

PLEASE PROVIDE THE INFORMATION AND SIGN THIS FORM IN THE SPACE ABOVE, AND RETURN TO THIS OFFICE IN THE POSTAGE PAID ENVELOPE.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

sense nyberta

JOANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: OZBAY YESIL

Election History:

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close **Print List**

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: YANJING CHEN Voter ID: 152753591

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: A12 Suffix A: Suffix B:

Street Number: 230

Street Name: N MAPLE AVE

Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

State:

Deleted Reason: Administrative Action Address Line 2:

> Address Line 3: City:

Poll Worker Status:

Status Information:

Current Status: Deleted

Deleted Date: 04/01/2014

Date Last Voted:

Voting Privilege Date: 04/11/2014

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/21/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/21/2014

Registration Type: Agency with Identification

Last Action Taken Date: 04/01/2014

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:

Zip Code: Country: Country:

Districts:

03 Legislative 08 Ward 00 District 13 Congressional Freeholder School Special Fire

Previous Name:



hosen Freeholders of Burlington ew Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

--- 03/26/14.

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: YANJING CHEN

Election History:

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type

Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

Voter Information:

Voter's Name: MEHMET TURKER

Voter ID:

151267561

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 48E Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075 Gender: Not Entered
Absentee Ballot Type: None

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/26/2011

Registration Date: 12/05/2011

Registration Type: Agency with Identification

Last Action Taken Date: 12/21/2011

Status Information:

Voting Privilege Date: 12/26/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 12/21/2011

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:

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 Freeholder 01

District

03

Congressional Special 03

Legislative 07

Fire

Previous Name:

Compare MVC - Agency

BUSJPEW / BURLINGTON

INCOMPLETE

3001 ROUTE 130 Apt-Unit 48E DELRAN NJ 08075 Voter Address Change Confirmation

Voter Address Change Confirmation Export **MVC - Agency**

MEHMET TURKER

MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export

MVC Manual Update Maintain Voter History

Maintain County Data

System Poll Book Printing Schedule

Duplicate Voters

Batch Scanning

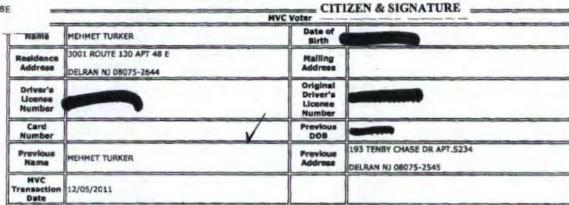
Messaging

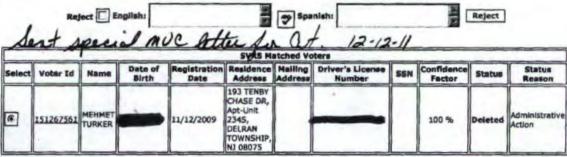
Document Imaging

Inquiries Reports

Help Logout







under Status Reason Indicates voter has multiple status reasons.

1 Go

Select Add Back No Action Required Print List

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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Chosen Freeholders ty of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

151267561 M-0310 W-01 D-03 MEHMET TURKER 3001 ROUTE 130 Apt-Unit 48E

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. PREVIOUSLY YOU STATED YOU WERE NOT A UNITED STATE CITIZEN. HAS YOUR CITIZENSPHIP STATUS CHANGED?

DELRAN NJ 08075

ARE YOU A UNITED STATES CITIZEN

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

WOTED SIGNATURE

*** 12/17/11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: MEHMET TURKER

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: ALISON J GRADY

Voter ID:

152178830

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 07/17/2012

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 02/21/2012

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 114

Street Name: DELAWARE AVE

Address Line 2: Address Line 3:

Municipality: RIVERSIDE TOWNSHIP

Postal City: RIVERSIDE

State: NJ Zip: 08075

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:

Special

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 01/31/2012

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/31/2012

Registration Type: Agency with Identification

Last Action Taken Date: 07/17/2012

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 Freeholder 00

District

School

05

Congressional

03

Legislative 07

Fire

Previous Name:

114 DELAWARE AVE **RIVERSIDE NJ 08075** VULCE TRILLE

Voter Address Change

Confirmation Export

Poll Book Printing Schedule

Confirmation Voter Address Change

MVC - Agency

Elections

Messaging Document Imaging

Inquiries

Reports

Help

Duplicate Voters Batch Scanning

System

mpare M

INCOMPLETE CITIZEN & SIGNATURE BUSMLYNC / URLINGTON

MVC Voter Date of Name ALISON J GRADY Birth 114 DELAWARE AVENUE Residence Mailing Address Address RIVERSIDE NJ 08075-3506 KI JENS Original Driver's

MVC File Online Voter Driver's Voters who have License License Number Verification / Postal Notice Number Verif. and Ack. Card Export Card Previous MVC Manual Update Number DOB Maintain Voter History M157 TENBY CHASE DR. Previous Previous ALISON J GRADY Maintain County Data Name Address DELRAN NJ 08075

> Reject English: Spanish: Reject

> SVRS Matched Voters Registration Residence Mailing Driver's Voter Date of Confidence Status Address Number License SSN Birth Date Address Factor 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.

Select	Add Back	No Action Required	Print List

Note:

Transaction 01/31/2012

Date

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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Ihosen Freeholders 1 of Burlington Iew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER S. RES

7/14/12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: ALISON J GRADY

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: BOLIVAR A ORTIZ

Voter ID: 151297423

Legacy ID:

Archived Legacy ID:

Status Information:

Voting Privilege Date: 03/01/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/24/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 209

Street Name: S PAVILION AVE

Address Line 2: Address Line 3:

Municipality: RIVERSIDE TOWNSHIP

Postal City: RIVERSIDE

State: NJ Zip: 08075

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: 03/01/2010

Miscellaneous:

Gender: Male

Absentee Ballot Type: None Registration Date: 02/08/2010

Registration Type: Agency with Identification

Last Action Taken Date: 02/24/2010

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 Freeholder 00

District School

06

Congressional Special

03

Legislative 07

Fire

Previous Name:



209 S PAVILION AVE RIVERSIDE NJ 0807

pare MVC File - Change Voter Deleted

BUSRMCGU / RIIRI INGTON

Voter With No DOB

Voter Address Change Confirmation Voter Address Change Confirmation Export MVC File New Voter

MVC File Change Voter

MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export

Maintain Voter History

System

Batch Scanning

Inquiries

Help

Logout



		MVC Voter	CITIZEN & SIGNATURE
Name	BOLIVAR A ORTIZ	Date of Birth	
Residence Address	209 S PAVELLON AVE RIVERSIDE NJ 08075	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number	V	Previous DOB	
Previous Name	BOLIVAR A ORTIZ	Previous Address	16 E SCOTT ST APT B RIVERSIDE NJ 08075-3616
MVC Transaction Date	02/08/2010		

Reject		nglish:			Spa Spa	nish:	-			Reject
				SVRS	Matched Vo	ters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status
No M	atchi	ng reco	rds Found	d. You can A	dd or Reje		Motor Vo	ter b	y clicking o	n the

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 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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders Of The County of Burlington MOUNTHOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

151297423 M-0330 W-00 D-06

BOLIVAR A ORTIZ 209 S PAVILION AVE RIVERSIDE NJ 08075



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR RECEIPT OF YOUR RECEIPT OF YOUR REGISTRATION FOR A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VÕTER SIGNATURE

*** 02 /22 /2010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: BOLIVAR A ORTIZ

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: MIGUEL D JOSEPHS

Voter ID: 151361509 Legacy ID:

Archived Legacy ID:

*

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 58

Street Name: WEBSTER ST

Address Line 2: Address Line 3:

Municipality: RIVERSIDE TOWNSHIP

Postal City: RIVERSIDE

State: NJ Zip: 08075

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: 06/25/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/25/2010

Registration Type: Agency with Identification

Last Action Taken Date: 08/02/2010

Status Information:

Voting Privilege Date: 07/16/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/02/2010

Deleted Reason: Administrative Action

Poll Worker Status:

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 Freeholder 00

District School 06

Congressional Special 03

Legislative 07

Fire

Previous Name:

MIGUEL D JOSEPHS

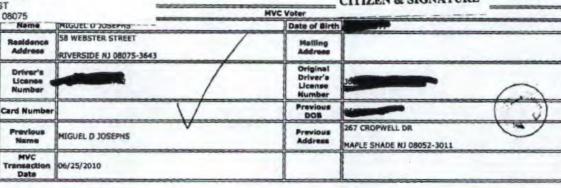
Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE :USRMCGU / URLINGTON

58 WEBSTER ST **MVC Voter** RIVERSIDE NJ 08075 MIGUEL IN JUSEPH Date of Birth

Voter Address Change Confirmation Voter Address Change Confirmation Export MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Varif. and Ack. Card Export Haintain Voter History System

Batten Scanning Inquiries Help





Spenish: Reject Reject English:

					SVRS Mate	ched Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
a	104350929	MICHAEL JOZEFOWICZ	01/01/1000	09/25/1951	7 JENSEN ST, EAST BRUNSWICK, NJ 08816- 2265				25 %	Deleted	Deceased
	104391581	MICHAEL DOZEFCZYN	01/01/1800	06/04/1991	374 LAWRENCE ST, PERTH AMBOY, NJ 08861-2111			/	25%		
	121090650	MICHAEL JAKUBAS	01/01/1800	08/28/1980	15 YOLANDA				25 %	Inactive Confirmation	
0	105485561	AICHELE G JACOBS	01/01/1800	02/22/1996	MANCHESTER, NJ 08757	V			25 %	/	
9	116182500	MICHAEL H JACOBSON	01/01/1800	10/09/1990	5 MANOR OR, MORRIS TOWNSHIP, NJ 07960	3 MANOR DR, MORRISTOWN, NJ 07960			25%	Deleted	Inactive Confirmation through two federal general elections
	121017705	MICHAEL N JACKOVICS	01/01/1800	06/24/1952	2 ALBURY RD, CLIFTON, NJ 07013			/	25 %	Deleted	Administrative Action
0	116182239	MICHAEL R JACOBS	01/01/1800		1 A FARMHOUSE LA, TOWN OF MORRISTOWN, NJ 07960	BLDG 26 1A FARMHOUSE LA, MORRISTOWN, NJ 07960			25 %	Deleted	Inactive Confirmation through two federal general elections
	119205687	MICHELLE V	01/01/1800	01/01/1978	73 ELMORE AVE, ENGLEWOOD, NJ 07631				25 %	Deleted	Moved out of state

^{*} under Status Reason Indicates voter has multiple status reasons.



Select Add Back No Action Required Print List

- 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 01/01/1808) matched statewide.
- Name matching process includes MVC previous names if there is a name change.

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JOANNE NYIKITA Superintendent & Commissioner

Chosen Freeholders ty of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



151361509 M-0330 W-00 D-06

MIGUEL D JOSEPHS 58 WEBSTER ST RIVERSIDE NJ 08075





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



7-28-10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: MIGUEL D JOSEPHS

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
Ei.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: ARUN K NANDY Voter ID: 151092062

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 338
Street Name: BROWN ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016

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: 12/19/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 12/19/2008

Registration Type: Agency with Identification

Last Action Taken Date: 02/20/2009

Status Information:

Voting Privilege Date: 01/09/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/20/2009

Deleted Reason: Administrative Action

Poll Worker Status:

Inactive Confirmation Address:

Street Number: Suffix A:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 02

District

School

03

Congressional

Special

03

Legislative 07

Fire

Previous Name:





511

hange Voter

BUSDLOVE /

INCOMPLETE CITIZEN & SIGNATURE

			MVC Voter							
Name	ARUN K NANDY		Dat Bir	e of						
Residence Address	338 BROWN STREET BURLINGTON NJ 08016	-1305	Mai Add				C			
Driver's License Number			Orig Driv Lice Nun	er's nse		-				
Card Number			Prev	ious)B	0					
Previous Name	ARUN K NANDY	V	Prev Add	roce						
MVC ransaction Date	12/19/2008									
Reject [English:	SVR	Spa Spa	nish:			Reje	ct		
vote	Name Date of Birth	Registration Date	Residence Address	Mail Addr		SSN	Confidence Factor	Status		
No M	latching reco				dd or Re	-		or		
	418	Sel	lect Add B	ack						

ite:



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



151092062 M-0305 W-02 D-03

ARUN K NANDY 338 BROWN ST BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



2-14-U9 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSOE1AD / BURLINGTON

Voter Name: ARUN K NANDY

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: IDA S PARDIMAN

Voter ID:

522058831

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/10/2015

Date Last Voted:

Deleted Reason:

Poll Worker Status:

Action

Voting Privilege Date: 04/08/2015

Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 12 Street Name: JAMES AVE

Address Line 2: Address Line 3:

Municipality: SOUTHAMPTON

TOWNSHIP

Postal City: SOUTHAMPTON

State: NJ Zip: 08088

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/18/2015

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/18/2015 Registration Type: Agency with

Identification

Last Action Taken Date: 04/10/2015

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Districts:

Legislative 08 District Ward 00 01 Congressional 03 Special Fire Freeholder School

Previous Name:

IDA S PARDIMAN 12 JAMES AVE SOUTHAMPTON NJ 08088

Compare MVC - Agency

BUSKFRAZ / BURLINGTON

					MVC	Voter						
Voter Address Change	Name	IDA S PARDIMA	N .			Date of						
Confirmation Voter Address Change Confirmation Export	Residence Address	12 JAMES AVENU	Change of the			Malli						
MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice	Driver's License Number				V	Origin Drive Licen Numi	4			- UNITED	,	
Verif. and Ack. Card Export	Card Number					Previe				10克机		
MVC Manual Updata Maintain Voter History	Previous Name	IDA S PARDIMA	•			Previo Addre		ERLY NJ 08010-		-		
Maintain County Data Elections System	HVC Transaction Date	03/18/2015										
Poll Book Printing Schedule Batch Scanning Messeging Document Imaging Handheld Scanning Inquiries	Reject Engli	sh:		Spanish:	SVRS Matc		Reje	_	ard Issued		Reject Signature from Importing	
Reports	Voter Voter					1	Mailing	Driver's		Confidence	Status	
Logout	Select Id	Name D	ate of Birth	Registration Date	Residence	Address	Address	License Number	55H	Confidence Factor	Status Reason	
Cogone	No Matching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the respective buttons.											
7.7	under Status Reason Indicates voter has multiple status reasons.											
No.			Select	fd Back No Ad	tion Required	i P	int List	Display Sig	nature			
्रा म्लाल्या	If Confidence If Confidence Last Name, F If Confidence	Factor is 50 % irst Name, First Factor is 25 %	that implies that implies i Letter of Midd that Implies !	rtus is Active. Driver's License Num ast Name, First Name le Name and DOB (01 Soundex of Last Name lous names if there is	, DOS (or) /01/1800) r , Soundex of	natched st First Nan	atewide.	scluding 01/01	/1800) matche	ed statewide.		

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Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

(YES)

ARE YOU A UNITED STATES CITIZEN

((NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS .

BUSSPAGA / BURLINGTON

Voter Name: IDA S PARDIMAN

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Viser Date Date Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/26/2017

Voter Information:

Voter's Name: JAGDEEP SINGH Voter ID: 151576892

Legacy ID:

Archived Legacy ID:



Status Information:

Voting Privilege Date: 11/16/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/22/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: 02 Suffix A: Suffix B:

Street Number: 100 Street Name: LUCAS DR

Address Line 2: Address Line 3:

Municipality: BORDENTOWN CITY

Postal City: BORDENTOWN

State: N) Zip: 08505

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: 10/26/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/26/2010

Registration Type: Agency with Identification

Last Action Taken Date: 11/22/2010

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 Freeholder 02

District

School

01

Congressional Special

03

Legislative 07

Fire

Previous Name:



100 LUCAS DR Apt-Unit O2

Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE SRMCGU / ILINGTON

Reject

BORDENTOWN NJ 08505 **MVC Voter** Voter With No DOB Date Voter Address Change JAGDEEP SINGH Name Birth Confirmation Voter Address Change 100 LUCAS DR APTO2 Residence Mailing Confirmation Export Address Address BORDENTOWN NJ 08505-1440 MVC - Agency Original MVC File Online Voter Driver's Driver's Voters who have Licens Numbe Verification / Postal Notice Number Verif. and Ack. Card Export Card Prei Maintain Voter History Number DOB Elections 14 CAYUGA RD Previous **Previous** JAGDEEP SINGH Address System Name **BORDENTOWN NJ 08505-4411** Batch Scanning MVC Transaction 10/26/2010 Document Imaging Date Inquiries Help Spanish: Logout Reject English:



				S	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Address	Driver's License Number	SSN	Confidence Factor	Status	Status
No	Match			ound. You o						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required Print List

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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JOANNE NYIKITA
Superintendent & Commissioner

f Chosen Freeholders aty of Burlington New Jersey

169A

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 11-10-10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: JAGDEEP SINGH

Election History:

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Counted

Name

Close Print List

El.Date=Election Date
El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: JESUS M HERNANDEZ-

RODRIGU

Voter ID:

151321158

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 04/08/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 04/19/2010

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 315 Street Name: PINE ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON

CITY

Postal City: BURLINGTON

State: N) Zip: 08016

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: 03/29/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/29/2010
Registration Type: Agency with

Identification

Last Action Taken Date: 04/08/2010

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 01 Congressional 03 Legislative 07
Freeholder School Special Fire

Previous Name:



Compare MVC - Agency

BUSRMCGU / LINGTON

INCOMPLETE

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

Maintain Voter History

System

Batch Scanning

Inquiries

Help

Logout



BURLINGTON NJ 08	016	MV	C Voter	ITIZEN & SIGNATURE
dress Change	Name	JESUS M HERNANDEZ-RODRIGU	Date of Birth	
dress Change ation Export gency	Residence Address	315 PINE ST BURLINGTON NJ 08016-2829	Mailing Address	
Online Voter ho have on / Postal Notice	Driver's License Number		Original Driver's Licens Number	
d Ack. Card Export ter History	Card Number		Previous DOB	
ning	Previous Name	JESUS M HERNANDEZ-RODRIGU	Previous	335 GENESEE ST TRENTON NJ 08611-1911
	MVC Transaction Date	03/29/2010		

Reject English:	Spanish:	2	Reject

					Tres Tracente	ed Voters					
N	Nam	e	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
							r	Number	Number	Number	Number Factor Add or P

this Motor Voter by clicking on the respective buttons.

under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List
Select	Auu	DUCK	140 Action Required	Fillie mear

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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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 4- 6 20/0 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: JESUS M HERNANDEZ-RODRIGU

Election History:

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: BAYRAM KURT Voter ID: 151353662

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 236 Suffix A: Suffix B:

Street Number: 1020

Street Name: WOODLANE RD

Address Line 2: Address Line 3:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ Zip: 08010

Status Information:

Voting Privilege Date: 06/24/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 06/22/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

05

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/03/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/03/2010 Registration Type: Agency with

Identification

Last Action Taken Date:

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 Freeholder 00

District School

Congressional Special

03

Legislative 07

Fire

Previous Name:

151353662 M-0312 W-00 D-05 Main Me INCOMPLETE Activitie **MVC - Agency** CITIZEN & SIGNATURE BAYRAM KURT Voter 1020 WOODLANE RD Apt-Unit 236 Ark BEVERLY NJ 08010 MVC Voter Vot. Date Voter Address Change BAYRAM KURT Name Birth Confirmation Voter Address Change 1020 WOODLANE RD. APT. 236 Residence Malling Confirmation Export Address Address BEVERLY NJ 08010-3212 **MVC - Agency** MVC File Online Voter Original . Driver' Driver's Voters who have Licen **Ucense** Number Verification / Postal Notice Verif. and Ack. Card Export Card Previou Maintain Voter History Number DOB Maintain County Data 115 COOPERS KILL RD Previous Address Previous BAYRAM KURT Elections Name DELRAN NJ 08075-2007 System MVC ransaction 06/03/2010 **Duplicate Voters** Date Batch Scanning Messaging Spanish: Inquines Reject Reject English: Reports Help Logout **SVRS Matched Voters** Driver's License Mailing Address Registration Residence Confidence Status Voter Id Status Name Address Birth Date Factor Reason Number Inactive CENTRE Confirmation BRIAN ST, Aptthrough two 91/01/1808 6 1/12/1995 101366797 25 ederal KUHR general elections NUTH NJ 07110 * under Status Reason indicates voter has multiple status reasons. Talegio/Na 1 Go

Note:

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

Select Add Back

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) Lest 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.

No Action Required

Print List

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

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JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



BAYRAM KURT 1020 WOODLANE RD Apt-Unit 236 BEVERLY NJ 08010

COPY

S

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

3

WE ALSO NEED YOUR SIGNATURE IN INK



6.19.010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

ann nyspeta

BUSDLOVE / BURLINGTON

Voter Name: BAYRAM KURT

Election History:

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted

Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: OLEKSANDR A KONSHYNA

Voter ID: 151470613

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 09/07/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 09/09/2010

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 4201 Street Name: VESPER CR

Address Line 2: Address Line 3:

Municipality: PALMYRA BORO

Postal City: PALMYRA

State: NJ Zip: 08065

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: 08/19/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 08/19/2010

Registration Type: Agency with Identification

Last Action Taken Date: 09/07/2010

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 Freeholder 00

District School 09

Congressional

Special

01

Legislative 07

Fire

Previous Name:



OLEKSANDR A KONSHYNA 4201 VESPER CR PALMYRA NJ 08065

Compare MVC - Agency INCOMPLETE

INCOMPLETE CITIZEN & SIGNATURE

SDCRAW / RLINGTON

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

Duplicate Voters

Batch Scanning

Messaging

Inquiries

Reports

Help

Logout



	MVC	Voter
Name	OLEKSANDR A KONSHYNA	Date: Birth
Residence Address	4201 VESPER CIRCLE PALMYRA NJ 08065-2138	Mailing Address
Driver's License 1 Number		Original Driver's License Number
Card Number	8	Previous
Previous Name	OLEKSANDR A KONSHYNA	Previous 4201 VESPER CIRCLE Address PALMYRA NJ 08065-2138
MVC Transaction Date	08/19/2010	

Reject English:	₹ 5 SI	panish:	Reject
-----------------	--------	---------	--------

				5	VRS Matche	ed Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Address	License	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You cor or Voter by						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

process of the latest of the l			
Select	Add Back	No Action Required	Print List

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.

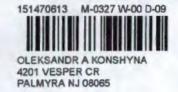
If Confidence Factor is 50 %, that implies Last Name, First Name, DOB (or)

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.

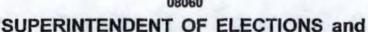
Name matching process includes MVC previous names if there is a name change.

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08060







COMMISSIONER OF REGISTRATIONS





DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES) (NO)

PLEASE CIRCLE YES OR NO

October

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: OLEKSANDR A KONSHYNA

Election History:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: AYMEE OPITZ Voter ID: 151223433

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 10/01/2009

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 10/06/2009

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1 Street Name: PALM AVE

Address Line 2: Address Line 3:

Municipality: PEMBERTON TOWNSHIP

Postal City: BROWNS MILLS

State: NJ Zip: 08015

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: 09/15/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/15/2009

Registration Type: Agency with Identification

Last Action Taken Date: 10/01/2009

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 Freeholder 00

District School

Congressional Special

03

Legislative 08

Fire

Previous Name:



JOANNE NYIKITA Superintendent & Commissioner

Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

08060

SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

151223433 M-0329 VV-00 D-01

1 PALM AVE BROWNS MILLS NJ 08015

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

... 9 29 09.

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: AYMEE OPITZ

Election History:

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

Ei.Date=Election Date
Ei.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Party Information:

Miscellaneous:

Identification

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 05/27/2011

Registration Type: Agency with

Last Action Taken Date: 06/24/2011

Current Party: Unaffiliated

Party Privilege Date: 05/27/2011

Voter Information:

Voter's Name: CHARISSA T PRINCE-

FERDINAND

Voter ID: 151875532

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 06/24/2011

Date Last Voted:

Deleted Reason:

Poll Worker Status:

Voting Privilege Date: 06/17/2011

Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 2807

Street Name: WINGATE CT

Address Line 2: Address Line 3:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ Zip: 08010

Mailing Address: Inactive Confirmation Address:

Street Number: Street Number: Suffix A: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

The state of the s

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City:
State: State:
Zip Code: Zip Code:
Country: Country:

Districts:

Ward 00 District 07 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

ompare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

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

Maintain Voter History

Elections

System

Batch Scanning

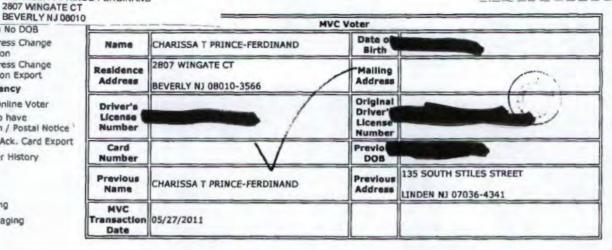
Document Imaging

Inquiries

Help

Logout





Spanish: Reject English: Reject

					VRS Matche						
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You c						d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

_	-	_		
Select	Add	Back	No Action Required	Print List
	~~~	-	no secton redance	Il Lines Proc

## 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)

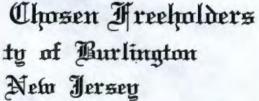
Last Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

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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JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

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ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

(NO)

WE ALSO NEED YOUR SIGNATURE IN INK

****
VOTER SIGNATURE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: CHARISSA T PRINCE-FERDINAND

**Election History:** 

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

**Voter Information:** 

Voter's Name: BALWINDER SINGH

Voter ID:

151783491

Legacy ID:

**Archived Legacy ID:** 

Residence Address:

County: BURLINGTON

Unit: 5 Suffix A: Suffix B:

Street Number: 25

Street Name: FLORENCE TOLLGATE PL

Address Line 2: Address Line 3:

Mailing Address:

Street Number:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

Street Name/P.O. Box:

State: NJ Zip: 08518

Suffix A:

Suffix B:

**Inactive Confirmation Address:** 

**Party Information:** 

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 03/29/2011

Last Action Taken Date: 04/14/2011

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 03/29/2011

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Status Information:

Voting Privilege Date: 04/19/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/14/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 03

District School

01

Congressional Special

03

Legislative 07

Fire

Previous Name:

BALWINDER SINGH 25 FLORENCE TOLLGATE PL Apt-Unit 5 FLORENCE NJ 08518

# Compare MVC - Agent INCOMPLETE CITIZEN & SIGNATURE

BUSDCRAW / BURLINGTON

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

**Duplicate Voters** 

Poll Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help

Logout



	MV	C Voter	
Name	BALWINDER SINGH	Date of Birth	13/04/1072
Residence Address	25-5 TOLLGATE PLACE FLORENCE NJ 08518-3110	Mailing Address	
Driver's License Number	34330	Original Driver's License Number	9
Card Number		Previous DOB	12/01/1972
Previous Name	BALWINDER SINGH	Previous Address	22-5 TOLLGATE PLACE FLORENCE NJ 08518-3107
MVC Transaction Date	03/29/2011		

				S	VRS Matche	d Voters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	Driver's License Number	 Confidence Factor	Status	Status Reason
No	Match			ound. You c					ld or R	eject

* under Status Reason indicates voter has multiple status reasons.

		$\overline{}$		
Select	Add	Back	No Action Required	Print List

#### 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)

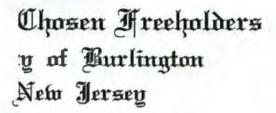
Last Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

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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JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES) (NO)

PLEASE CIRCLE YES ORNO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

***o4/11/11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

**BUSDLOVE** / BURLINGTON

Voter Name: BALWINDER SINGH

## **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

**Voter Information:** 

Voter's Name: MIMI U BAILEY 151482319 Voter ID:

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 9

Address Line 3:

Street Name: GLORIA CT Address Line 2:

Municipality: EASTAMPTON TOWNSHIP

Postal City: EASTAMPTON

State: NJ Zip: 08060 Gender: Not Entered

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/28/2010

Absentee Ballot Type: None Registration Date: 08/28/2010

Registration Type: Agency with Identification

Last Action Taken Date: 09/08/2010

Status Information:

Voting Privilege Date: 09/18/2010

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 09/08/2010

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 Freeholder 00

District School

03

Congressional Special

03

Legislative 08

Fire

Previous Name:

MIMI U BAILEY 9 GLORIA CT EASTAMPTON NJ 08060

# ompare MVC - Agency

#### INCOMPLETE CITIZEN & SIGNATURE

USRMCGU / JRLINGTON

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

Maintain Voter History

Elections

System

Batch Scanning

Document Imaging

Inquirles

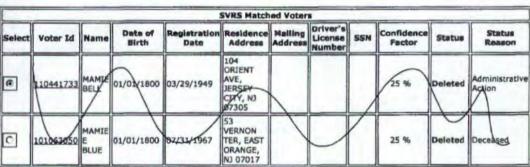
Help

Logout



MVC Voter Date of Birth Name MIMI U BAILEY 9 GLORIA COURT Residence Malling Address Address EASTAMPTON NJ 08060-4708 Original Driver's Driver's License Licenses Number Card Previous DOB 04/04/1968 4243 E FALCON COURT Previous Previous MIMI U BAILEY Name Address TRENTON NJ 08641-1122 MVC 08/28/2010 Transaction Date





^{*} under Status Reason indicates voter has multiple status reasons.

Go

Select	Add	Back	No Action Required	Print List

#### 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.

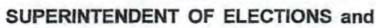
Name matching process includes MVC previous names if there is a name change.

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Chosen Freeholders County of Burlington NTHOLLY, NEW JERSEY

08060







# COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

VOTER

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 9/3/2010 DATE



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

S

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: MIMI U BAILEY

## **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Name User Date Date Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: MAURO ADRIANI

151366904

Voter ID: Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 07/22/2010

**Date Last Voted:** 

Poll Worker Status:

Voting Privilege Date: 07/22/2010

Residence Address:

Municipality: MANSFIELD TOWNSHIP

Postal City: COLUMBUS

Mailing Address:

Suffix B:

Street Name/P.O. Box:

Unit:

Deleted Reason: Administrative Action Address Line 2:

City:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 4

Street Name: MILLENNIUM DR

Address Line 2: Address Line 3:

State: NJ Zip: 08022

Street Number:

Suffix A:

Address Line 3:

State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/01/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 07/01/2010

Registration Type: Agency with Identification

Last Action Taken Date: 07/22/2010

**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 Freeholder 00

District School

01

Congressional

Special

03 Legislative 08

Fire

**Previous Name:** 

151366904 M-0318 W-00 D-01 Main M INCOMPLETE Activiti MVC - Agency CITIZEN & SIGNATURE Vote MAURO ADRIANI 4 MILLENNIUM DR Ac COLUMBUS NJ 08022 MVC Voter Date of Voter Address Change MAURO ADRIANI Name COLUMBUS NJ 08022-2250 Marsh Birth Confirmation Voter Address Change Residence Mailing Confirmation Export Address Address MVC - Agency Original MVC File Online Voter Driver's Driver's Voters who have License License Verification / Postal Notice Number Number Verif. and Ack. Card Export Previous DOB Card 06/20/1966 Maintain Voter History Number Maintain County Data WINNIPEG LANE Previous Previous MAURO ADRIANI Elections Name Address AWRENCEVILLE NJ 08648-4119 System Transaction 07/01/2010 **Duplicate Voters** Challenger Batch Scanning Messaging Spanish: Reject English: Reject Inquiries Reports Help **SVRS Matched Voters** Logout Driver's Registration Residence Mailing Confidence Status Date of Voter License Id Birth Date Address Address Factor Reason Number 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. Select Add Back No Action Required **Print List** 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. ©2004 - 2005 PCC Technology Group. All rights reserved.



# Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

Delete

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

****
VOTER SIGNATURE

*** 7/5/10 BATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

enn nysteta

BUSSPAGA / BURLINGTON

Voter Name: MAURO ADRIANI

### **Election History:**

Ei.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: ROBERT C AMPARO

Voter ID: 151354854

Legacy ID:

**Archived Legacy ID:** 

Residence Address:

Street Number: 148

Street Name: GRANT ST

Municipality: MOUNT HOLLY

Postal City: MOUNT HOLLY

Zip: 08060

Status Information:

Voting Privilege Date: 06/28/2010

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 06/22/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Address Line 2:

Address Line 3:

TOWNSHIP

State: NJ

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: 06/07/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/07/2010

Registration Type: Agency with

Identification

Last Action Taken Date: 06/22/2010

**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 Freeholder 00

District

School

01

Congressional

Special

03

Legislative 08

Fire

**Previous Name:** 

#### 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

Maintain Voter History Maintain County Data

Elections

System

**Duplicate Voters** 

Batch Scanning

Messaging

Inquirles

Reports

Help





ROBERT C AMPARO 148 GRANT ST gency

BUSMLYNC /
INCOMPLETE ON
CITIZEN & SIGNATURE

'C Voter MOUNT HOLLY NJ 08060 Date of Birth Name ROBERT C AMPARO 148 GRANT ST. Mailing Residence Address Address MOUNT HOLLY NJ 08060-1351 Original Driver's Driver's License License Number Number Previous Card 10/05/1985 Number DOB 320 N MARTIN AVE Previous Previous ROBERT C AMPARO Address Name MOUNT HOLLY NJ 08060 MVC insaction 05/07/2010 Date

Reject English:		Spanish:	Reject
-----------------	--	----------	--------

				S	VRS Matche	ed Voters				
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing	SSN	Confidence Factor	Status	Status
No	Match			ound. You c					d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

#### 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.

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JOANNE NYIKITA Superintendent & Commissione

## Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

148 GRANT ST

MOUNT HOLLY NJ 08060

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNAT

*** 6-19-0

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

non ny beto

BUSDLOVE / BURLINGTON

Voter Name: ROBERT C AMPARO

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

**Voter Information:** 

Voter's Name: ELIAS A ANTONOPOULOS

Voter ID: 151870009

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Address Line 2:

Address Line 3:

Postal City: MARLTON

State: NJ

Status Information:

Voting Privilege Date: 06/07/2011

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 06/03/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

Unit: Suffix A: Suffix B:

Street Number: 9

Street Name: GUILFORD CT

Municipality: EVESHAM TOWNSHIP

Zip: 08053

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: 06/07/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 05/17/2011 Registration Type: Agency with Identification

Last Action Taken Date: 06/03/2011

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 Freeholder 00

District

School

17

Congressional

Special

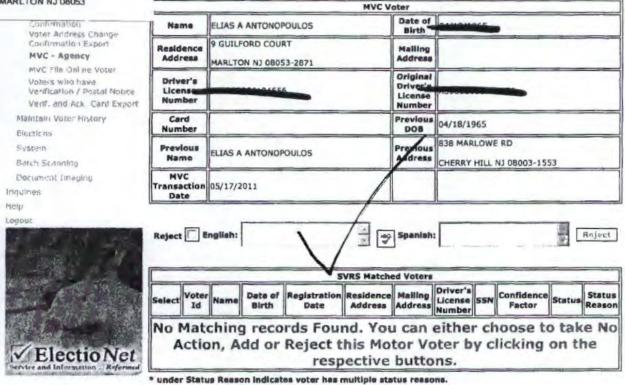
03

Legislative 08

Fire

**Previous Name:** 

ELIAS A ANTONOPOULOS 9 GUILFORD CT MARLTON NJ 08053 INCOMPLETE CITIZEN & SIGNATURE



Nate:

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

Select Add Back

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.

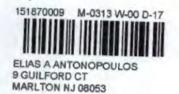
No Action Required

Print List

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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JOANNE NYIKITA
Superintendent & Commissioner

Board of Chosen Freeholders

County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



COPY

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES) (NO)

OR NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: ELIAS A ANTONOPOULOS

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

**Voter Information:** 

Voter's Name: ROMMEL W BABAN

Voter ID:

151549880

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Name: AMSTERDAM DR

Address Line 2: Address Line 3:

Municipality: LUMBERTON TOWNSHIP

Postal City: LUMBERTON

State: NJ ZIp: 08048

Mailing Address:

Suffix A:

Street Name/P.O. Box:

Unit:

Deleted Reason: Administrative Action

Poll Worker Status:

Status Information:

Current Status: Deleted

Deleted Date: 10/29/2010

Date Last Voted:

Voting Privilege Date: 11/02/2010

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1313

Street Number:

Suffix B:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/12/2010

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 10/12/2010

Registration Type: Agency with Identification

Last Action Taken Date: 10/29/2010

**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 Freeholder 00

District School

03

Congressional Special

03

Legislative 08

Fire

**Previous Name:** 



1313 AMSTERDAM DR LUMBERTON NJ DE

### Compare MVC - Agency INCOMPLETE CITIZEN & SIGNATURE

JSDJEFF / RLINGTON

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

**Duplicate Voters** 

**Batch Scanning** 

Messaging

Document Imaging

Inquiries Reports

Help Logout



	MVC	Voter	
Name	ROMMEL W BABAN	Date of Birth	200
Residence Address	1313 AMSTERDAM DRIVE LUMBERTON NJ 08048-3107	Mailing Address	
Driver's License Number	,	Original Driver's License Number	076012000
Card Number		Previous DOB	
Previous Name	ROMMEL W BABAN	Address	ABERDEEN DRIVE LAUREL NJ 08054-5640
MVC Transaction Date	10/12/2010		

Reject English:	- Interest to September 1	Spanish		Reject
-----------------	---------------------------	---------	--	--------

				5	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No I	Match			ound. You o						d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print Lie		_		The second secon	
	Select	Add	Back	No Action Required	Print List

#### 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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Chosen Freeholders ounty of Burlington 'HOLLY, NEW JERSEY

08060



## SUPERINTENDENT OF ELECTIONS and

## COMMISSIONER OF REGISTRATIONS



COPY

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

S

WE ALSO NEED YOUR SIGNATURE IN INK

**** VOTER SIGNATURE

*** 18/22/2018 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

#### Voter Name: ROMMEL W BABAN

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

**Print List** Close

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotin=County Voted in DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: CHUNG N YOON

Voter ID: 151489597

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 110 Suffix A: Suffix B:

Street Number: 1452

Street Name: JUNCTION RD

Address Line 2: Address Line 3:

Municipality: PEMBERTON TOWNSHIP

Postal City: BROWNS MILLS

State: NJ Zip: 08015

Suffix A:

Address Line 2:

State: Zip Code: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/04/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/04/2010

Registration Type: Agency with Identification

Last Action Taken Date: 10/06/2010

Status Information:

Voting Privilege Date: 09/25/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 10/06/2010

Deleted Reason: Administrative Action

**Poll Worker Status:** 

Mailing Address:

Street Number:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 3:

City: 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 Freeholder 00

District School

09

Congressional

Special

03

Legislative 08

Fire

**Previous Name:** 



## CHUNG N YOON 1452 JUNCTION RD Apt-Unit 110 BROWNS MILLS NJ 08015

## Compare MVC - Agency INCOMPLETE

INCOMPLETE CITIZEN & SIGNATURE

SDCRAW /

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

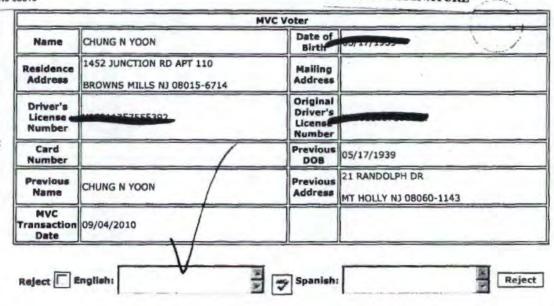
Maintain Voter History Maintain County Data

Elections
System
Duplicate Voters
Batch Scanning
Messaging
Document Imaging

Inquiries Reports

Help

Logout



			S	VRS Matche	d Voters				
oter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License SS Number	Confidence Factor	Status	Status
,	oter Id	oter Id Name	oter Name Date of Birth	oter Date of Registration	oter Date of Registration Residence	oter Date of Registration Residence Mailing	oter Name Date of Registration Residence Mailing Driver's	oter Date of Registration Residence Mailing Driver's Confidence	oter Date of Registration Residence Mailing Driver's Confidence

this Motor Voter by clicking on the respective buttons.

* under Status Reason Indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

#### 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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Chosen Freeholders ounty of Burlington HOLLY, NEW JERSEY





Superintendent & Commissioner

## SUPERINTENDENT OF ELECTIONS and

## COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE 9/30/10

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: CHUNG N YOON

#### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOFIAD

Date: 04/28/2017

Voter Information:

Voter's Name: SANDRA M FITZPATRICK

Voter ID:

151655257

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 14 Street Name: TEAL CT

Address Line 2: Address Line 3:

Municipality: DELANCO TOWNSHIP

Postal City: DELANCO

State: NJ Zip: 08075

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: 12/14/2010

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 12/14/2010

Registration Type: Agency with Identification

Last Action Taken Date: 01/05/2011

Status Information:

Voting Privilege Date: 01/04/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/05/2011

Deleted Reason: Administrative Action

**Poll Worker Status:** 

**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 Freeholder 00

District

School

05

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

### Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

SRMCGU /

14 TEAL CT DELANCO NJ 08075 FOTER WITH NO DOB

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

Maintain Voter History

Elections

System

Batch Scanning

Document Imaging

Inquirles

Help

Logout



		MVC Voter	
Name	SANDRA M FITZPATRICK	Date of Birth	
Residence Address	14 TEAL COURT DELANCO NJ 08075-1644	Mailing Address	
Driver's License Number	- JOHNSEISE	Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	SANDRA M DASILVA	Previous Address	103 DORY CT BEVERLY NJ 08010-1063
MVC Transaction Date	12/14/2010		

Reject English:	E N	Spanish:	1	Reject
-----------------	-----	----------	---	--------

				S	VRS Matche	d 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 I	Match			ound. You c or Voter by						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List
Select	Maa	Dack	No Action Required	Print List

#### 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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JOANNE NYIKITA Superintendent & Commissioner

## Chosen Freeholders ty of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

Will be soon

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 12 31 2010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

nyspeta

BUSOE1AD / BURLINGTON

Voter Name: SANDRA M FITZPATRICK

**Election History:** 

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: ROBERT K QUARTEY

PAPAFIO

Voter ID: 151355290

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 07/13/2010

Date Last Voted:

Deleted Reason:

Poll Worker Status:

Voting Privilege Date: 07/02/2010

Administrative Action

Residence Address:

County: BURLINGTON

Unit: L12
Suffix A:
Suffix B:

Street Number: 1701 Street Name: SALEM RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON

TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

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: 06/11/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 06/11/2010
Registration Type: Agency with

Identification

Last Action Taken Date: 07/13/2010

**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 03 Legislative 07
Freeholder School Special Fire

**Previous Name:** 

Main Menu:

Activities

Voter Registration

Maintain Voter History

ROBERT K QUARTEY PAPAFIO 1701 SALEM

Reject | English:

151355290 M-0308 W-00 D-06

### Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

Reject

System

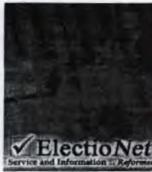
Show Reminders My Homepage

Batch Scanning

Inquirles

Help

Logout



TON NJ 08016	3	MVC Voter	
Name	ROBERT K QUARTEY-PAPAFIO	Date of Birth	100,2370
Residence Address	1701 SALEM ROAD APT L12 BURLINGTON NJ 08016-8104	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	ROBERT K QUARTEY-PAPAFIO	Previous Address	12 IVY LANE BURLINGTON NJ 08016-3165
MVC Transaction Date	06/11/2010		

Driver's					d Voters	VRS Matche	S				
Select Voter Id Name Date of Registration Residence Address Address Number SSN Confidence Status R	Statu	Status	Confidence Factor	SSN		Residence Address	Registration Date	Date of Birth	Name	Voter Id	Select

Spanish:

Select Add Back No Action Required **Print List** 

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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^{*} under Status Reason Indicates voter has multiple status reasons.



### JOANNE NYIKITA Superintendent & Commissioner

## Board of Chosen Freeholders County of Burlington New Jersey



151355290 M-0306 W-00 D-06

ROBERT K QUARTEY PAPAFIO 1701 SALEM RD Apt-Unit L12 BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

ES) (N

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

07/7/2010

***
VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: ROBERT K QUARTEY PAPAFIO

**Election History:** 

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Name

Close Print List

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: RAMESH B PAVANI

Voting Privilege Date: 11/06/2010

Administrative

Current Status: Deleted

Deleted Date: 11/16/2010

**Date Last Voted:** 

Deleted Reason:

Poll Worker Status:

Action

Voter ID:

151563857

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 105

Street Name: ADELPHIA DR

Address Line 2: Address Line 3:

Municipality: CHESTERFIELD

TOWNSHIP

Postal City: CHESTERFIELD

State: NJ Zip: 08515

Status Information: 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: 10/16/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/16/2010
Registration Type: Agency with

Identification

Last Action Taken Date: 11/16/2010

**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 03 Legislative 12
Freeholder School Special Fire

**Previous Name:** 

151563857 M-0307 W-00 D-01

105 ADELPHIA DR CHESTERFIELD NJ 08515

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 **Duplicate Voters** Batch Scanning Messaging Document Imaging

Inquirles Reports Help Logout

## Compare MVC - Agency

BUSJPEW URLINGTON

### INCOMPLETE CICNATURE

	MVC	CIT:	IZEN & SIGNAL
Name	RAMESH B PAVANI	Date of Birth	
Residence Address	105 ADELPHIA DR CHESTERFIELD NJ 08515-9628	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	RAMESH B PAVANI	Previous	5H GARDEN TERRACE NO.ARLINGTON NJ 07031-8207
MVC Transaction	10/16/2010		

Reject English:	×	Spanish:	MA	Reject
majour		7		

Select Voter Id Name Date of Birth Date Registration Residence Address Address Number SSN Confidence Factor Status Reason				S	VRS Matche	d Voters					
	Select	Voter Id	Name	The second secon		The state of the s	II ICANSA II	SSN	Confidence Factor	Status	Status

^{*} under Status Reason indicates voter has multiple status reasons.

Select	Add Bac	No Action Required	Print List

#### 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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JOANNE NYIKITA Superintendent & Commissioner

## Chosen Freeholders by of Burlington New Jersey



**SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS** 

151563857 M-0307 W-00 D-01



RAMESH B PAVANI 105 ADELPHIA DR CHESTERFIELD NJ 08515





DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

··· 10/26/2010

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: RAMESH B PAVANI

#### **Election History:**

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

## Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: RAMSEY FOTY Voter ID: 151878360

Voting Privilege Date: 06/21/2011

Administrative

Current Status: Deleted

Deleted Date: 06/20/2011

**Date Last Voted:** 

Deleted Reason:

**Poll Worker Status:** 

Action

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 23

Street Name: FENTON LN

Address Line 2: Address Line 3:

Municipality: CHESTERFIELD

TOWNSHIP

Postal City: CHESTERFIELD

State: NJ Zip: 08515

Status Information: 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: 05/31/2011

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/31/2011

Registration Type: Agency with

Identification

Last Action Taken Date: 06/20/2011

**Inactive Confirmation Address:** 

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

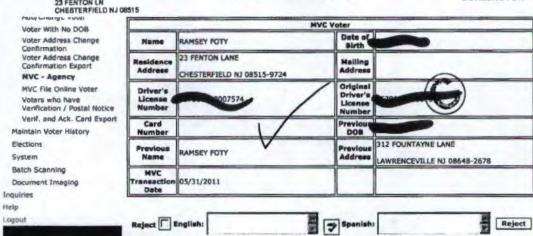
City: State: Zip Code: Country:

Districts:

Ward 00 District 01 Congressional 03 Legislative 12
Freeholder School Special Fire

**Previous Name:** 

#### Compare MVC - Agency



Sistemonia.

**SVRS Matched Voters** Residence Hailing License Address Number SSN Confidence Dute of Birth Registratio Date Voter Id Fector No Matching records Found. You can either choose to take No Action, Add or Reject

on indicates voter has multiple status reasons.

Select Add Back No Action Required Print List

this Motor Voter by clicking on the respective buttons.

Reject English:

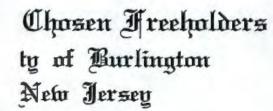
- Note: If status is blank, that implies the voter status is Active.

  - 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 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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JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

COPY

S



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



### 6/13/2011 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: RAMSEY FOTY

**Election History:** 

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Name

Close **Print List** 

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

**Voter Information:** 

Voter's Name: JAMES FREEMAN Voter ID: 151395511

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: P12
Suffix A:
Suffix B:

Street Number: 1701 Street Name: SALEM RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Gender: Male

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/20/2010

Absentee Ballot Type: None Registration Date: 07/30/2010

Registration Type: Mail-in with Identification

Last Action Taken Date: 08/13/2010

Status Information:

Voting Privilege Date: 08/20/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/13/2010

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 06 Congressional 03 Legislative 07
Freeholder School Special Fire

**Previous Name:** 

1701 SALEM RD Apt-Unit P12

# ation Application CHECK

on is required unless marked optional. CITIZEN BOX **BURLINGTON NJ 08016** FOR OFFICIAL 3 Change O Political Party Affiliation **USE ONLY** re Update or Non-affiliation Change 2 Are you a U.S. Citizen? Li Yes Li No Will you be 18 years of age by the next election? Yes No (If No, DO NOT complete this form) (If No, DO NOT complete this form) Registration # First Name Last Name Middle Name or Initial Suffix (Jr., Sr., III) vee Maan Lames Office Time Stamp Month 3 Day 6 Year Date of Birth D, provide the last 4 digits of your Social Security Number. "I swear or amen that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number." Home Address (DO NOT use PO Box) Apt. Municipality County State Zip Code PI 1701 Salum Surling € 50 KG 201 7 Mailing Address if different from above State Apt. Municipality County Zip Code 8 LastAddress Registered to Vote (DONOT use PO Box) Apt. State Zip Code Municipality County O by mail in person 9 Former Name if Making Name Change Day Phone Number (Optional) 10 Do you wish to declare a political party affiliation? Q Yes, the party name is Q No, I do not wish to be affiliated with any political party. (Optional) 11 Gender Declaration - I swear or affirm that: I understand that any false or I will have resided in the State and county lam a U.S. Citizen at least 30 days before the next election fraudulent registration may subject ☐ Female I live at the above address I am not on parole, probation or serving a me to a fine of up to \$15,000. I will be at least 18 years old on or before the lext election sentence due to a conviction for an indictable imprisonment up to 5 years, D-Male offense under any federal or state laws or both pursuant to R.S. 19:34-1 If applicant is unable to complete this form, print the Signature: Sign or mark and date on lines below name and address of individual who completed this form. ecman Date 06

## 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.

THE RESERVE OF THE PROPERTY OF THE PARTY OF	C. 1. T. YESTER THE MERCHANIST TO THE TOTAL TO THE	A CONTRACTOR OF THE PROPERTY O
Need More Information? Check boxes	below if you would like to receive more in	formation about:
Diapsentes voting	O polling place accessibility	O available election materials in
D becoming a poll worker	O voting if you have a disability,	this alternative language:
Deconing a poli worker	including visual impairment	The state of the s
	and the second s	and the second second second second

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

Date



## posen Freeholders of Burlington

wem Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM.
IN ORDER FOR YOU TO BE IN THE POLLBOOK FOR THE UPCOMING
ELECTION, YOU MUST CIRCLE WHETHER YOU ARE A UNITED STATES
CITIZEN OR NOT.

ARE YOU A UNITED STATES CITIZEN?

(YES)

Not yet

DATE



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED AND RETURN IT TO THIS OFFICE IN THE ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: JAMES FREEMAN

**Election History:** 

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

Ei.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: YARA E OWAIS Voter ID: 151300300

Legacy ID:

Archived Legacy ID:

*

Status Information:

Voting Privilege Date: 03/13/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/11/2010

**Deleted Reason:** 

Administrative

Action

**Poll Worker Status:** 

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 45

Street Name: RECKLESSTOWN WAY

Address Line 2: Address Line 3:

Municipality: CHESTERFIELD

TOWNSHIP

Postal City: CHESTERFIELD

State: NJ Zip: 08515

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: 02/20/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 02/20/2010

Registration Type: Agency with

Identification

Last Action Taken Date: 03/11/2010

**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 03 Legislative 12
Freeholder School Special Fire

**Previous Name:** 

Voter Address Change Confirmation Voter Address Change Confirmation Export MVC File New Voter MVC File Change Voter MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export

Maintain Voter History Maintain County Data

Elections System.

Inquiries Reports Help Logout

**Duplicate Voters** Batch Scanning Messaging

YARA E OWAIS 45 RECKLESSTOWN WAY CHESTERFIELD NJ 08515 MVC File - Change Voter

INCOMPLETE CITIZEN & SIGNATURE

	No 1	ete
MVC	Voter	0

D 140 000 10	H	IVC Voter	
Name	YARA E OWAIS	Date of Birth	
Residence Address	45 RECKLESSTOWN WAY CHESTERFIELD NJ 08515-9737	Mailing Address	
Driver's License Number	•	Original Driver's Licens Number	CAPPERSON CHIEF TO
Card Number		Previous DOB	1
Previous Name	YARA E OWAIS	Previous Address	130 SHERWOOD DR RAMSEY NJ 07446-2666
MVC Transaction Date	02/20/2010		

Reject Reject English:

				SVR	S Matched V	oters				
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Malling	Driver's License Number	SSN	Confidence Factor	Status
No M	atchi	ng reco	ords Fou	nd. You can respect	Add or Rej			oter b	y clicking o	n the

Select Add Back

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 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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COPY

AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER .

REGISTRATION FORM.

R SIGNATURE

ARE YOU A UNITED STATES CITIZEN

(YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

*** 3/

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

BUSOE1AD / BURLINGTON

Voter Name: YARA E OWAIS

**Election History:** 

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: JACQUES K AMBROISE

Voter ID:

152343334

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 7H Suffix A: Suffix B:

Street Number: 3001

Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/06/2012

Gender: Not Entered Absentee Ballot Type: None Registration Date: 09/06/2012

Registration Type: Agency with Identification

Last Action Taken Date: 09/19/2012

Status Information:

Voting Privilege Date: 09/27/2012

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 09/19/2012

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 Freeholder 01

District

School

03

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

JACQUES K AMBROISE 3001 ROUTE 130 Apt-Unit 7H DELRAN NJ 08075

## Compare MVC - Agen CITIZEN & SIGNATURE

BUSDCRAW / BURLINGTON

Voter Address Change Confirmation Voter Address Change Confirmation Export MVC - Agency

HVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export MVC Manual Update

Haintain Votei History

Maintain County Data

Elections System

Poll Book Printing Schedule

Duplicate Voters

Batch Scanning

Messaging Document Imaging

Reports Help



**MVC Voter** JACQUES K AMBROISE Date of Birth 3001 ROUTE 130 APT 7H Residence DELRAN NJ 08075-2615 Original Driver's License Number Driver's Card Number **Previous DOB** 880 WOODLANE ROAD Previous Name Previous Address ACQUES K AMBROISE MT.HOLLY NJ 08050-1007 MVC 09/06/2012 Date

Spanish: Reject English: Reject

				,	SVRS Matched	/oters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No M	latchi	ng recor	ds Found. You	can either choos	e to take No A		or Reject t	his Motor	Voter by cli	cking	on the

* under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

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) metched statewide.

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

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### Chosen Freeholders g of Burlington Tew Jersey



JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS, ann nybita

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: JACQUES K AMBROISE

**Election History:** 

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: SAADIA A MAQBOOL

Voter ID:

152132243

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 111

Street Name: PRESERVATION BLVD

Address Line 2: Address Line 3:

Municipality: CHESTERFIELD

TOWNSHIP

Postal City: CHESTERFIELD

State: NJ Zip: 08515

**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: 12/01/2011

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 12/01/2011
Registration Type: Agency with

Identification

Last Action Taken Date: 12/20/2011

Status Information:

Voting Privilege Date: 12/22/2011

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 12/20/2011

**Deleted Reason:** Administrative Action

Poll Worker Status:

**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 Freeholder 00

District

School

01

Congressional

Special

03

Legislative 12

Fire

**Previous Name:** 

111 PRESERVATION BLVD CHESTERFIELD NJ O

#### :ompare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

Add/Linange vote

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

Maintain Voter History

Elections

System

Batch Scanning

Document Imaging

Inquiries

Help

Logout



		MVC Voter	
Name	SAADIA A MAQBOOL	Date of Birth	
Residence Address	111 PRESERVATION 8LVD CHESTERFIELD NJ 08515-9625	Mailing Address	
Driver's License Number		Original Driver's License Number	-6
Card Number	V	Previous DOB	10/06/1977
Previous Name	SAADIA AEHTESHAM	Previous Address	111 PRESERVATION BLVD CHESTERFIELD NJ 08515-9625
MVC Transaction Date	12/01/2011		

Reject English:		Spanish:		Reject
-----------------	--	----------	--	--------

				S	VRS Matche	ed Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Malling Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You o						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

_					
S	elect	Add	Back	No Action Required	Print List

#### 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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JOANNE NYIKITA Superintendent & Commissioner

### Chosen Freeholders thy of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS





DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

--- 12/14/2011

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

Joann nybita

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990

Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

BUSOE1AD / BURLINGTON

Voter Name: SAADIA A MAQBOOL

**Election History:** 

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: SARAT C KOTAMRAJU

Voter ID:

521342979

Legacy ID:

**Archived Legacy ID:** 

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 5

Street Name: GLOCK FARM WAY

Address Line 2: Address Line 3:

Municipality: CHESTERFIELD

TOWNSHIP

Postal City: CHESTERFIELD

State: NJ Zip: 08515

Status Information:

Voting Privilege Date: 01/16/2015

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 02/27/2015

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: **Party Information:** 

Current Party: Unaffiliated

Party Privilege Date: 12/26/2014

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 12/26/2014
Registration Type: Agency with

Identification

Last Action Taken Date: 02/27/2015

**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 03 Legislative 12 Freeholder School Special Fire

**Previous Name:** 

Foil Book Printing Schedule Batch Scanning Messeging Document Linaging Handheld Scanning

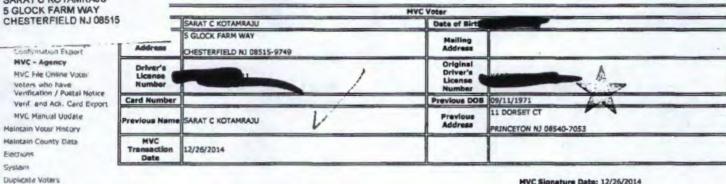
**V** ElectioNet

Inquiries Reports Help

#### Compare MVC - Agency

#### INCOMPLETE CITIZEN & SIGNATURE

BUSTSTRI / BURLINGTON



			MVC Signature Date: 12/20/2014	
Reject English:	↑ Spa	Reject	No Card Issued	Reject Signature from Importing

					<b>SVRS Matched Vote</b>	rs					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	\$9N	Confidence Factor	Status	Status
No N	latchi	ng record	s Found. You can	either choose to	take No Action, Ad buttons.	ld or Rejec	t this Motor	Voter by cl	icking on the	e resp	ective

* under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

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 Boundex of Last Name, Soundex of First Name, DOB (including 01/01/1800) matched statewide.

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

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SARAT C KOTAMRAJU 5 GLOCK FARM WAY CHESTERFIELD NJ 08515



JOANNE NYIKITA Superintendent & Commissioner

## Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

521342979 M-0307 W-00 D-01

SARAT C KOTAMRAJU
5 GLOCK FARM WAY
CHESTERFIELD NJ 08515

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

NO

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: SARAT C KOTAMRAJU

**Election History:** 

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: SYAMALA BURUGULA

Voter ID:

521341300

Legacy ID:

Archived Legacy ID:

**Residence Address:** 

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 5

Street Name: GLOCK FARM WAY

Address Line 2: Address Line 3:

Municipality: CHESTERFIELD

TOWNSHIP

Postal City: CHESTERFIELD

State: NJ Zip: 08515

Status Information:

Voting Privilege Date: 01/16/2015

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 02/27/2015

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: Party Information:

Current Party: Unaffillated

Party Privilege Date: 12/26/2014

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 12/26/2014

Registration Type: Agency with

Identification

Last Action Taken Date: 02/27/2015

**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 Freeholder 00

District

School

01

Congressional

Special

03

Legislative 12

Fire

**Previous Name:** 

521341300 M-0307 W-00 D-01 INCOMPLETE BUSTSTRI / CITIZEN & SIGNATURE Compare MVC - Agency BURLINGTON 5 GLOCK FARM WAY MVC Voter CHESTERFIELD NJ 08515 SYAMALA BURUGULA Date of Birth 5 GLOCK FARM WAY **Halling Address** Confirmation Export CHESTERFIELD NJ 08515-9749 MVC - Agency MVC File Online Voter Voters who have Verification / Postal Notice Card Number Previous DOB Venil and Ack Card Export 11 DORSET CT MVC Manual Update Previous Address Previous Name SYAMALA BURUGULA Haintain Voter History PRINCETON NJ 08540-7053 Meintain County Data MVC 12/26/2014 Elections Date System Displicate Voters MVC Signature Date: 12/26/2014 Poll Gook Printing Schedule Batch Scanning Reject Reject English: - Spanish: No Card Issued Messaging Document Imaging Handheld Scanning Inquiries **SVRS Matched Voters** Reports Mailing Status Help Date of Birth Registration Date Residence Address Factor Logaut Numbe 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. Select Add Back No Action Required Print List Display Signature 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, DOS (or)

Last Name, First Name, First Letter of Hiddle Name and DOS (01/01/1800) matched statewide. ✓ Electio Net If Confidence Factor is 25 % , that implies Soundex of Last Hame, Soundex of First Name, DOE (including 01/01/1800) matched statewide. Name matching process includes MVC previous names if there is a name change. ©2004 - 2005 PCC Technology Group. All rights reserved. 1.1.60





JOANNE NYIKITA Superintendent & Commissioner

## Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

521341300 M-0307 W-00 D-01



SYAMALA BURUGULA 5 GLOCK FARM WAY CHESTERFIELD NJ 08515

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY.—WE NEED—IMPORTANT INFORMATION IN-ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

NO.

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE 01/27/15

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: SYAMALA BURUGULA

**Election History:** 

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOF1AD

Date: 04/28/2017

Voter Information:

Voter's Name: MARINUS VAARKAMP

Voter ID:

523103192

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 5

Street Name: SAVOY CT

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/09/2015

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 07/09/2015

Registration Type: Agency with Identification

Last Action Taken Date: 09/03/2015

Status Information:

Voting Privilege Date: 07/30/2015

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/03/2015

Deleted Reason: Administrative Action

**Poll Worker Status:** 

**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 Freeholder 00

District School

13

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

1.2.10

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MARINUS VAARKAMP 5 SAVOY CT BURLINGTON NJ 08016

posen Freeholders of Burlington w Iersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA

Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 8/24/15 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: MARINUS VAARKAMP

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Date

Date

Date

Date

Counted

#### Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: AYLIN AVCI Voter ID: 520570570

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 20E Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075

Gender: Not Entered

Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/29/2014

Absentee Ballot Type: None Registration Date: 09/29/2014

Registration Type: Agency with Identification

Last Action Taken Date: 10/16/2014

Status Information:

Voting Privilege Date: 10/20/2014

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 10/16/2014

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 Freeholder 01

District

School

03

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

### Motor Voter - Agency

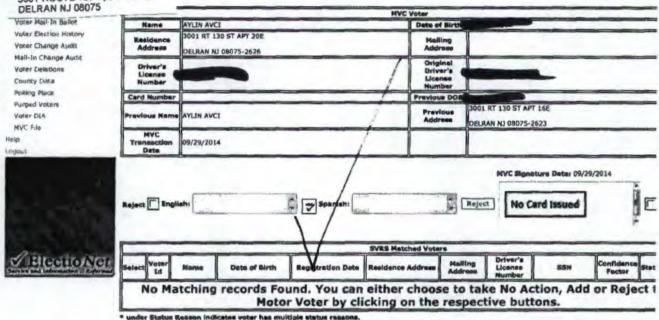
520570570 M-0310 W-01 D-03



AYLIN AVCI 3001 ROUTE 130 Apt-Unit 20E INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

Compare MVC - Agency





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 Lest Name, Soundex of First Name, DOS (including 01/01/1800) metched statewide.

Select Add Back No Action Required Print List Display Signature

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

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3001 ROUTE 130 Apt-Unit 20E DELRAN NJ 08075



JOANNE NYIKITA Superintendent & Commissioner

## Board of Chosen Freeholders

County of Burlington

New Jersey

**COMMISSIONER OF REGISTRATIONS** 



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE WEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER-REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

10.13.2014

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: AYLIN AVCI

**Election History:** 

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/28/2017

**Voter Information:** 

Voter's Name: JALAL UDDIN

Voter ID:

152358536

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B: Street Number: 19

Street Name: BELL LN

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

Mailing Address:

City: State: Zip Code: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/13/2012

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 09/13/2012

Registration Type: Agency with Identification

Last Action Taken Date: 01/14/2015

Status Information:

Voting Privilege Date: 10/04/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/25/2012

Deleted Reason: Administrative Action

Poll Worker Status:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

Country:

**Inactive Confirmation Address:** 

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

03

City: State: Zip Code: Country:

Districts:

Freeholder

Ward

00

District

School

19

Congressional Special

Legislative 07

Fire

**Previous Name:** 

INCOMPLETE impare MVC - Agency CITIZEN JALAL UDDIN 19 BELL LN MVC Voter BURLINGTON NJ 08016 Date of Birth Elections 19 BELL LANE Residence Mailing Address System Address BURLINGTON NJ 08016-5144 Show Reminders Original Driver's License My Homepage Driver's License Number Poli Book Printing Schedule Number **Duplicate Voters** Card Number 09/08/1988 Batch Scanning 19 BELL LN Messaging Previous Name Previous Address JALAL UDDIN Document Imaging BURLINGTON NJ 08016-5144 Inquiries MVC 09/13/2012 Reports Date Help Logout Spenish: Reject | English: **SVRS Matched Voters** Driver's License Residence Address Confidence Factor Mailing Address Status Date of Birth Registration Date Id 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 Resson Indicates voter has multiple status reas

152358536 M-0306 W-00 D-19

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.

Select Add Back No Action Required Print List Display Signature

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

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#### JOANNE NYIKITA Superintendent & Commissioner

### Board of Chosen Freeholders County of Burlington New Jersey



52358536 M-0306 W-00 D-19



JALAL UDDIN 19 BELL LN BURLINGTON NJ 08016

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE
AGENCY. PREVIOUSLY YOU STATED YOU WERE NOT A UNITED STATE CITIZEN. HAS YOUR
CITIZENSPHIP STATUS CHANGED?

ARE YOU A UNITED STATES CITIZEN (YES

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

... 01 12 2615

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYTKITA

SUPERINTENDENT OF ELECTIONS

1-14-15 - And letter sont for Citizenship per this letter still not a Citizen.

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990

Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

BUSOE1AD / BURLINGTON

Voter Name: JALAL UDDIN

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn
Memo Scanned Scanned Counted

#### Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: JENNY J VOSQUEZ

Voter ID: 151331975

Legacy ID:

Archived Legacy ID:

**Residence Address:** 

County: BURLINGTON

Unit: 55 Suffix A: Suffix B:

Street Number: 1306

Street Name: COOPER ST

Address Line 2: Address Line 3:

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ Zip: 08010

Status Information: Mailin

Voting Privilege Date: 05/11/2010

Current Status: Deleted
Date Last Voted: 04/20/2010
Deleted Date: 04/30/2013

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: Party Information:

Current Party: Unaffiliated

Party Privilege Date: 05/11/2010

Miscellaneous:

Gender: Female

Absentee Ballot Type: None Registration Date: 04/20/2010 Registration Type: Mail-in with

Identification

Last Action Taken Date: 04/30/2013

**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 03 Legislative 07 Freeholder School Special Fire

**Previous Name:** 

1306 COOPER ST Apt-Unit 5S

BEVERLY NJ 08010

# NOT

# REGISTERED

ersey

**Provisional Ballot Affirmation Statemen** NR FOR OFFICIAL Reason for Provisional Ballot (Check one) **USE ONLY** Moved within the county after registering without notifying election office Municipality/Ward/District: Registration information missing from poli book ☐ Did not show required ID Poli book indicates you are a Mail-in Ballot voter, but did not apply for, receive, or return such ballot I am a US citizen ☐ Yes ☐ No 3 I am 18 or older ☐ Yes ☐ No **Current Name** First TEUN 110-59422 If your name was changed after registering to vote, provide your former name Former Name D Signature of Former Name 0 **Current Home Address** N 0 Mailing Address, If different from above: D Please Fill Out Only If You Moved within the County after Registering Without Notifying Election Office E Previous Home Address T Municipality Zip Code County T Date of Birth Month | | 0 Day | 03 Year | 1 9 7 4 8 Gender A Female C NJ Driver's License (DL#) or MVC Non-driver ID (ID#) W0761113151711 Telephone Number (Optional) [ | 9 | 8 7 7 | 0 | 119 5 If No DL# or ID#, last four digits of your Social Security Number (SSN) 10 I affirm that I do not have a DL#/ID# or SSN Political Party Required for primary elections only; 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. 4-20-10 Date

Signature of Voter

Name of person providing assistance



JENNY J VOSQUEZ 1306 COOPER ST Apt-Unit 55 BEVERLY NJ 08010

VERIFICATION NOTICE

12 ...

**PREVIOUS ADDRESS** 

151331975 M-0312 W-00 D-06

JENNY J VOSQUEZ 1306 COOPER ST Apt-Unit 5S BEVERLY NJ 08010 JENNY. J. VONS 9002

PRESENT ADDRESS

151331975 M-0312 W-00 D-06

JENNY J VOSQUEZ 1306 COOPER ST Apt-Unit 55 BEVERLY NJ 08010 '- respondence

(TELEPHONE ))

(TELEPHONE )

(SIGNATURE OF REGISTRANT)

(BIRTH DATE)

BUSDLOVE / BURLINGTON

Voter Name: JENNY J VOSQUEZ

**Election History:** 

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty User Date Date Name Counted

04/20/2010-STATE- Annual STATESCHOOL10 Provisional REJECTED BURLINGTON PARK TOWN

EDGEWATER
FON PARK 00 07 BUBKMART 04/30/2010 04/20/2010

ELECTION

Close Print List

TOWNSHIP

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

**Voter Information:** 

Voter's Name: MILENA PORRAS LOPEZ

Voter ID:

151468415

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: C212 Suffix A: Suffix B:

Street Number: 220

Street Name: S LENOLA RD

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/18/2010

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 08/18/2010

Registration Type: Agency with Identification

Last Action Taken Date: 09/07/2010

Status Information:

Voting Privilege Date: 09/08/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/07/2010

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 Freeholder

00

District School

15

Congressional

Special

01

Legislative 6

Fire

Previous Name:

Date Changed 08/23/2010 Last Name

PORRAS-LOPEZ

First Name MILENA Middle Name

Suffix

220 S LENOLA RD Apt-Unit C212 MAPLE SHADE NJ 08052

### Compare MVC - Agency

INCOMPLETE

BUSJPEW / URLINGTON

### CITIZEN & SIGNATURE

### Voter Address Change Confirmation Voter Address Change Confirmation Export

MVC - Agency

Voters who have Verification / Postal Notice Verif, and Ack. Card Export

MVC Manual Update

MVC File Online Voter

Maintain Voter History

Maintain County Data

Elections

System

**Duplicate Voters** 

**Batch Scanning** 

Messaging

Inquirles

Reports



ice and Information ... Reformed

	MVC	Voter	
Name	MILENA PORRAS-LOPEZ	Date of Birth	03/00/10
Residence Address	220 S LENOLA RD APT C-212 MAPLESHADE NJ 08052-1567	Mailing Address	59
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	<del>(2) (3) 2300</del>
Previous Name	MILENA JARAMILLO	Previous Address	220 S LENOLA RD APT C-212 MAPLESHADE NJ 08052-1567
MVC Fransaction Date	08/18/2010		

Reject English:	Spanish:	F	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	Match	ing re	cords Fo	ound. You c	an either	choose	to take	No	Action, Ad	d or R	eiect

this Motor Voter by clicking on the respective buttons.

^{*} under Status Reason indicates voter has multiple status reasons.

	Select	Add	Back	No Action Required	Print List
- 1	Seierr	Auu	Dack	No Action Required	Little Pipe

#### 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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### Chasen Freeholders Lounty of Burlington THOLLY, NEW JERSEY





# SUPERINTENDENT OF ELECTIONS and

JOANNE NYIKITA Superintendent & Commissioner

### COMMISSIONER OF REGISTRATIONS

151468415 M-0319 W-00 D-15

MILENA PORRAS-LOPEZ 220 S LENOLA RD Apt-Unit C212 MAPLE SHADE NJ 08052

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE-AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

voter signature

8-30-10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: MILENA PORRAS LOPEZ

### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

### Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bai.Type=Bailot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

**Voter Information:** 

Voter's Name: EDWAR RIVAS ESPINAL

Voter ID:

151803151

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1307

Street Name: AMSTERDAM DR

Address Line 2: Address Line 3:

Municipality: LUMBERTON TOWNSHIP

Postal City: LUMBERTON

State: NJ Zip: 08048 Miscellaneous:

Gender: Not Entered

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/05/2011

Absentee Ballot Type: None Registration Date: 04/05/2011

Registration Type: Agency with Identification

Last Action Taken Date: 04/27/2011

Status Information:

Voting Privilege Date: 04/26/2011

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 04/27/2011

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

Freeholder

00 School

District

03

Congressional

Special

03

Legislative 08

Fire

**Previous Name:** 

EDWAR RIVAS ESPINAL 1307 AMSTERDAM DR LUMBERTON NJ 08048

Voter With No DOB

Confirmation Export

MVC File Online Voter

Verification / Postal Notice

Verif. and Ack. Card Export

Confirmation Voter Address Change

MVC - Agency

Voters who have

MVC Manual Update

Poll Book Printing Schedule

Maintain Voter History

Maintain County Data

**Duplicate Voters** 

Batch Scanning Messaging Document Imaging

Elections

System

Inquiries Reports Help

Voter Address Change

### Compare MVC - Agency

BUSJPEW /

INCOMPLETE
CITIZEN & SIGNATURE

#### **MVC Voter** Date of Name **EDWAR RIVAS-ESPINAL** Birth 1307 AMSTERDAM DR Residence Mailing Address Address LUMBERTON NJ 08048-3107 Original Driver's Driver's License Number Licom Number Card Previous 07/25/1989 Number DOB 2907 TUSKEGEE AIRMEN AVE **Previous** Previous EDWAR RIVAS-ESPINAL Address Name TRENTON NJ 08641-5011 MVC ansaction 04/05/2011 Date

Reject English:	Spanish:	R IV	Reject

				S	VRS Matche	ed Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address		Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No I	Match			ound. You c						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

C-1 144	D1-	No Astley Benefited	Print List
Select Add	Васк	No Action Required	Print List

#### 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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JOANNE NYIKITA Superintendent & Commissioner

# Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS** 

151803151 M-0317 W-00 D-03



**EDWAR RIVAS ESPINAL** 1307 AMSTERDAM DR LUMBERTON NJ 08048

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: EDWAR RIVAS ESPINAL

### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

Voter Information:

Voter's Name: ROSANA E PHILLIPS

Voter ID:

151421951

Legacy ID:

**Archived Legacy ID:** 

Street Name: LAFAYETTE AVE

Address Line 2: Address Line 3:

Postal City: PEMBERTON

State: NJ

Status Information:

Voting Privilege Date: 08/18/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/19/2010

Deleted Reason: Administrative Action

**Poll Worker Status:** 

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 235

Municipality: PEMBERTON TOWNSHIP

Zip: 08068

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: 07/28/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 07/28/2010

Registration Type: Agency with Identification

Last Action Taken Date: 08/19/2010

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 Freeholder 00

District

School

80

Congressional

Special

03

Legislative 08

Fire

**Previous Name:** 

151421951 M-0329 W-00 D-08

ROSANA E PHILLIPS 235 LAFAYETTE AVE PEMBERTON NJ 08068

Voter With No DOB

MVC Manual Update Maintain Voter History Maintain County Data

Elections System

**Duplicate Voters** Batch Scanning Messaging Inquiries Reports Help

### Compare MVC - Agency

BIICHI, YNC / IGTON INCOMPLETE CITIZEN & SIGNATURE

Voter With No DOB		-	MVC V	oter		
Voter Address Change Confirmation	Name	ROSANA E PHILLIPS		Date of Birth	01/11/2500	
Voter Address Change Confirmation Export MVC - Agency	Residence Address	235 LAFAYETTE AVENUE PEMBERTON NJ 08068-1718		Mailing Address		
MVC File Online Voter Voters who have Verification / Postal Notice	Driver's License Number	P3402003683	/	Original Driver's License Number		
Verif, and Ack. Card Export MVC Manual Update	Card Number			Previous DOB	OMMANDES	
intain Voter History intain County Data	Previous Name	ROSANA E PHILLIPS		Address	156 B HADDON AVE WESTMONT NJ 08108-2737	
stem	MVC Transaction	07/28/2010				

Reject English:	E	Spanish:	MIN.	Reject
Reject English:	P.	Spanish:		Re

				5	VRS Matche	ed Voters				
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing	Driver's License Number	Confidence Factor	Status	Status Reason
No I	Match			ound. You o					d or R	eject

^{*} under Status Reason indicates voter has multiple status reasons.

_				
Select	Add	Back	No Action Required	Print List

#### 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.

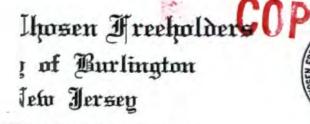
If Confidence Factor is 25 % ,that implies Soundex of Last Name, Soundex of First Name, DOB (including 01/01/1800) matched statewide.

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

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SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

C

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 8/16/2010 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

BUSSPAGA / BURLINGTON

Voter Name: ROSANA E PHILLIPS

### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

**Voter Information:** 

Voter's Name: JIN S PARK Voter ID: 151327204

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: A Suffix A: Suffix B:

Street Number: 105

Street Name: FRANKLIN DR

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052 Miscellaneous: Gender: Not Entered

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/12/2010

Absentee Ballot Type: None Registration Date: 04/12/2010

Registration Type: Agency with Identification

Last Action Taken Date: 09/08/2011

Status Information:

Voting Privilege Date: 05/03/2010

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 Freeholder 00

District

19

Congressional

Special

01

Legislative 6

Fire

**Previous Name:** 

JIN S PARK 105 A FRANKLIN DR MAPLE SHADE NJ 08052

### Compare MVC - Agency

### INCOMPLETE CITIZEN & SIGNATURE

BUSJPEW / BURLINGTON

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 Maintain Voter History

Maintain Voter History Maintain County Data Elections System

Duplicate Voters Batch Scanning Messaging

Inquiries

Reports Help Logout



		CII	IZEN & SIGNAL			
	HVC	Voter	(S.C.)			
Name	JIN S PARK	Date of Birth	01/07/1957			
Residence	105 A FRANKLIN DRIVE	Mailing	Carried States			
Address	MAPLE SHADE NJ 08052-7404	Address	-			
Driver's License Number	P06084028251572	Original Driver's License Number				
Card Number		Previous DOB	200			
Previous	JIN S PARK	Previous	38 EVERGREEN CIRCLE			
Name	DIN S PARK	Address	MAPLE SHADE NJ 08052-1902			
MVC Transaction Date	04/12/2010					

Reject English:	100	Spanish:	Reject
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
•	101016218	JOHN PIERCE	01/01/1800	09/27/1949	251 MADISON AVE, IRVINGTON, NJ 07111				25 %	Deleted	Deceased
0	101116517	JAN PRESS	01/01/1800	03/29/1982	237 WYOMING AVE, MAPLEWOOD, NJ 07040				25 %	Deleted	Inactive Confirmation through two federal general elections
<u></u>	101433496	JUANA PEREZ	01/01/1800	01/06/1998	372 MOUNT PROSPECT AVE, Apt-Unit A-2, NEWARK, NJ 07104		1		25 %	Deleted	Deceased
<u>C</u>	101151260	JOANNA PERRIS	01/01/1800	08/26/1994	772 VALLEY RD, MONTCLAIR, NJ 07043	1			25 %		
Ō	101450894	JOHN PRISCO	01/01/1800	08/09/1998	62 PLENGE DR, BELLEVILLE, NJ 07109				25 %	Deleted	Moved out of County
0	105285478	JOANN PORRAS	01/01/1800	09/25/1983	4003 GALLOPING HILL LN, TOMS RIVER, NJ 08755				25 %		
0	106253142	JUAN PEREZ	01/01/1800	04/07/1986	32 E COLFAX AVE, ROSELLE PARK, NJ 07204				25 %	Deleted	Inactive Confirmation through two federal general elections
0	106253467	JOAN PEREZ	01/01/1800	10/02/1994	527 MORRIS AVE, Apt-Unit B4, ELIZABETH, NJ 07208			1	25 %	Deleted	Inactive Confirmation through two federal general elections
C	106262369	JOHN POWERS	01/01/1800	10/11/1988	243 WELCH WAY, WESTFIELD, NJ 07090		X		25 %	Deleted	Moved out of County
C	121061304	JANE PARAGH	01/01/1600	06/08/1972	168 HURON AVE, Apt-Unit A-1, CLIFTON, NJ 07013				25 %	Deleted	Deceased



JOANNE NYIKITA Superintendent & Commissioner

# Board of Chosen Freeholders County of Burlington New Jersey

**SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS** 

151327204 M-0319 W-00 D-19

105 A FRANKLIN DR MAPLE SHADE NJ 08052

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

PLEASE CIRCLE YES OR NO

NO )

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

BUSSPAGA / BURLINGTON

Voter Name: JIN S PARK

### **Election History:**

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bai.Type=Bailot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

**Voter Information:** 

Voter's Name: YURDAGUL OZTURK

Voter ID: 151487996

Legacy ID:

Archived Legacy ID:

Street Number: 1022

Municipality: EDGEWATER PARK

TOWNSHIP

Postal City: BEVERLY

State: NJ Zip: 08010

**Status Information:** 

Voting Privilege Date: 09/23/2010

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 09/22/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Name: WALL ST

Address Line 2: Address Line 3:

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/02/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/02/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 09/22/2010

**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:

Legislative 07 Congressional 03 Ward 00 District 01 Fire Freeholder School Special

**Previous Name:** 

151487996 M-0312 W-00 D-01 Main M INCOMPLETE Activitie 3 MVC - Agency CITIZEN & SIGNATURE YURDAGUL OZTURK Inquirie 1022 WALL ST Reports BEVERLY NJ 08010 **MVC** Voter Help Date of Logout YURDAGUL OZTURK Name 1022 WALL STREET Residence Malling Address Address BEVERLY NJ 08010-1738 Original Driver's Driver's License 097617900058782 License Number Number Card 08/17/1978 Number DOB 3001 RT 130 S HNTRS GLN 50N Previous Previous YURDAGUL OZTURK Name Address DELRAN NJ 08075 MVC Transaction 09/02/2010 Date Spanish: Reject English: Reject **SVRS Matched Voters** Date of Registration Residence Mailing Driver's Confidence Voter Status License SSN Select Name Address Address Number Id Birth Date Pactor Reason No Matching records Found. You can either choose to take No Action, Add or Reject

* under Status Reason indicates voter has multiple status reasons.

Print List Select Add Back No Action Required

this Motor Voter by clicking on the respective buttons.

### 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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JOANNE NYIKITA Superintendent & Commissioner

## Board of Chosen Freeholders County of Burlington New Jersey

151487996 M-0312 W-00 D-01

YURDAGUL OZTURK 1022 WALL ST BEVERLY NJ 08010

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OF NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 9-19-10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

**BUSDLOVE** / BURLINGTON

Voter Name: YURDAGUL OZTURK

**Election History:** 

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

**Voter Information:** 

Voter's Name: HUI C NG Voter ID: 151707643

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 03/01/2011

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 02/24/2011

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: 14M Suffix A: Suffix B:

Street Number: 20

Street Name: S CHURCH RD Address Line 2:

Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052

Mailing Address: Inactive Confi

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:** 

Last Action Taken Date: 03/01/2011

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 02/03/2011

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 02/03/2011

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward 00 District 16 Congressional 01 Legislative 6 Freeholder School Special Fire

Previous Name:

HUI C NG 20 S CHURCH RD Apt-Unit 14M MAPLE SHADE NJ 08052

### Compare MVC - Agen

INCOMPLETE CITIZEN & SIGNATURE BUSDCRAW / BURLINGTON

au/ unange 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

**Duplicate Voters** 

Poll Book Printing Schedule

Batch Scanning

Messaging

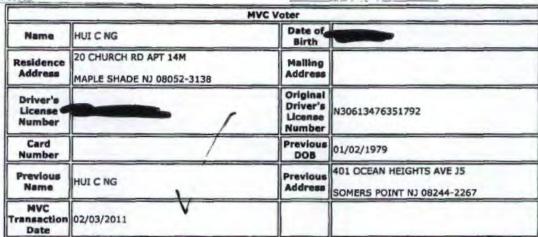
Document Imaging

Inquiries

Reports

Help

Logout



Reject English:	Spanish:	-	Reject
	4	2	

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

^{*} under Status Reason indicates voter has multiple status reasons.

Add Back	No Action Required	Print List
	Add Back	Add Back No Action Required

this Motor Voter by clicking on the respective buttons.

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.

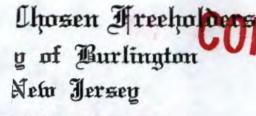
If Confidence Factor is 25 % ,that implies Soundex of Last Name, Soundex of First Name, DOB (including 01/01/1800) matched statewide.

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

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JOANNE NYIKITA Superintendent & Commissioner **SUPERINTENDENT OF ELECTIONS and** COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES) (NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS

ann nyspeta

BUSSPAGA / BURLINGTON

Voter Name: HUI C NG

### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: MAGALI C MOYER

Voter ID:

151366277

Legacy ID:

Archived Legacy ID:

Status Information:

Voting Privilege Date: 07/20/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 07/22/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1

Street Name: TAUNTON RD

Address Line 2: Address Line 3:

Municipality: MEDFORD TOWNSHIP

Postal City: MEDFORD

State: NJ Zip: 08055

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City:

Country:

State: Zip Code: **Party Information:** 

Current Party: Unaffiliated

Party Privilege Date: 06/29/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/29/2010

Registration Type: Agency with Identification

Last Action Taken Date: 07/22/2010

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 Freeholder 00

District

School

08

Congressional Special

03

Legislative 08

Fire

**Previous Name:** 



	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
•	121201481	MICHAEL MAYER	01/01/1800	09/04/1989	B25 HAMBURG TPKE, Apt- Unit H, WAYNE, NJ 07470				25 %	Deleted	Inactive Confirmation through two federal general elections
0	112234630	MICHAEL MOORE	01/01/1800	10/04/1993	4 VICKSBURG RD, GLOUCESTER TOWNSHIP, NJ 08021				25 %		
0	114132151	MICHAEL MURRAY	01/01/1800	09/16/1991	712 PARK AVE, UNION BEACH, NJ 07735	712 PARK AVE, UNION BEACH, NJ 07735			25 %		
C	116258029	MICHAEL MEYER	01/01/1800	10/10/1989	54 WOODLEDGE CT, ROCKAWAY TOWNSHIP, NY 07866				25 %	Deleted	Moved out of County
0	101348977	MICHAEL MORA	01/01/1800	03/25/1998	MANCHESTER PL, NEWARK, NJ 07104				25 %	Inactive Confirmation	
0	102003276	MOZELLE MOORE	01/01/1800	09/25/1962	450 DEPTFORD AVE, DEPTFORD, NJ 08093	1			25 %	Inactive Confirmation	
C	101172980	MICHAEL MAURØ	01/01/1800	09/22/1981	43 EVERGREEN AVE, NUTLEY, NJ 07110			1	25 %	Deleted	Inactive Confirmation through two federal general elections
c	119259648	MICHAEL D MURAY	01/01/1800	01/01/1973	61 MARIA DR, HILLSDALE, NJ 07642				25 %	Deleted	Inactive Confirmation through two federal general elections
1	106207820	MICHAEL D MAURO	01/01/1800	10/05/1992	6 SURREY LA, NEW PROVIDENCE, NJ 07974				25 %	1	
	102124363	MICHAEL ) MOORE	01/01/1800	04/08/1999	23 FRANCIS LN, MONROE, NJ 08094				25 %	Deleted	Duplicate

[&]quot; under Status Reason Indicates voter has multiple status reasons.



### JOANNE NYIKITA Superintendent & Commissioner

# Board of Chosen Freeholders County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



COPY



MAGALI C MOYER 1 TAUNTON RD MEDFORD NJ 08055



Deleted

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 7/6/10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

BUSDLOVE / BURLINGTON

Voter Name: MAGALI C MOYER

### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: SOON N JUNG Voter ID: 152797841

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 17

Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ

Status Information:

Voting Privilege Date: 07/21/2014

Current Status: Deleted Date Last Voted:

Deleted Date: 08/04/2014

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Name: WILLOW RIDGE RD

Address Line 2:

Zip: 08053

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: 06/30/2014

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 06/30/2014 Registration Type: Agency with Identification

Last Action Taken Date: 08/04/2014

**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 31 Congressional 03 Legislative 08 Special Fire Freeholder School

Previous Name:

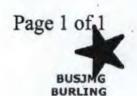
### Motor Voter - Agency

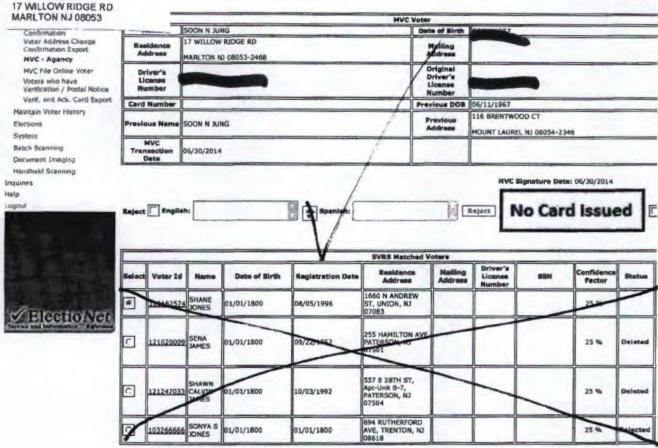
152797841 M-0313 W-00 D-31

SOON N JUNG 17 WILLOW RIDGE RD

### INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

Compare MVC - Agency





Select Add Back No Action Required Print List Display Signature

1 - Go

Note: If statue is blank, that implies the voter status is Active.

If status is blank, that implies the votes status is active.

If Confidence Pactor is 100 %, that implies Leat Name, License Number is metched statewide.

If Confidence Pactor is 50 %, that implies Leat Name, First Name, DOB (or)

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

If Confidence Pactor is 28 %, that implies Sounder of Leat Name, Sounder 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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152797841 M-0313 W-00 D-31 SOON N JUNG 17 WILLOW RIDGE RD MARLTON NJ 08053

NOT A U.S. CITIZEN Deleted

Board of Chosen Freeholders

County of Burlington New Jersey

SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS** 

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

7/12/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK-YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

ann nysteta

BUSDLOVE / BURLINGTON

Voter Name: SOON N JUNG

### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Print List Close

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOF1AD

Date: 05/02/2017

**Voter Information:** 

Voter's Name: NANDISH T YODDHA

Voter ID:

152718701

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 216

Street Name: HAWTHORNE WAY

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: N) Zip: 08075 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/13/2013

Gender: Not Entered Absentee Ballot Type: None Registration Date: 12/13/2013

Registration Type: Agency with Identification

Last Action Taken Date: 01/07/2014

Status Information:

Voting Privilege Date: 01/03/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/07/2014

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 Freeholder 02

District

School

01

Congressional

Special

03

Legislative 07

Fire

Previous Name:

152718701 M-0310 W-02 D-01 INCOMPLETE Compare MVC - Agency USJPEW / BURLINGTON **CITIZEN & SIGNATURE** NANDISH T YODDHA 216 HAWTHORNE WAY HVC Voter DELRAN NJ 08075 NANDISH T YODDHA Date of Birth Voter Address Change Confirmation Voter Address Change Confirmation Export 216 HAWTHORNE WAY Residence Address DELRAN NJ 08075-1368 Original Driver's License Number MVC - Agency MVC File Online Voter Numb Veters who have Verification / Postal Notice Card Number Previous DOB | 04/17/1987 Verif. and Ack. Card Export 31 WHITTAKER STREET Previous Name NANDISH T YODDHA **MVC Manual Update** RIVERSIDE NJ 08075-3935 Maintain Voter History MVC 12/13/2013 Maintain County Data Date Bectons System MVC Signature Date: 12/13/2013 Poll Book Printing Schedule **Dunlicate Voters** Spanish: Reject No Card Issued Batch Scanning Reject English: Messaging Document Imaging Handheld Scanning SVRS Hatched Voters Inquiries Reports Confidence Status Date of Birth Registration Date Residence Address Help Logaut 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. Select Add Back No Action Required Print List Display Signature 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 (01/01/1809) 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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d'Elegione



### Chosen Freeholders ty of Burlington New Jersey





JOANNE NYIKITA Superintendent & Commissioner SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152718701 M-0310 W-02 D-01



NANDISH T YODDHA 216 HAWTHORNE WAY DELRAN NJ 08075



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 12/21/13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NVIKITA

BUSOE1AD / BURLINGTON

Voter Name: NANDISH T YODDHA

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Date

Date

Date

Counted

#### Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/02/2017

**Voter Information:** 

Voter's Name: SERHII HARVAT Voter ID: 152691600

Legacy ID:

Archived Legacy ID:

**Residence Address:** 

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 213

Street Name: DELAWARE ST

Address Line 2: Address Line 3:

Municipality: FIELDSBORO BORO

Postal City: FIELDSBORO

State: NJ Zip: 08505 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/10/2013

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/10/2013

Registration Type: Agency with Identification

Last Action Taken Date: 11/18/2013

**Status Information:** 

Voting Privilege Date: 10/31/2013

Current Status: Deleted

**Date Last Voted:** 

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 01 Congressional 03 Legislative 07 Freeholder School Special Fire

**Previous Name:** 

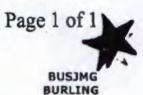
## Motor Voter - Agency

152691600 M-0314 W-00 D-01

SERHII HARVAT

#### INCOMPLETE CITIZEN & SIGNATURE

Compare MVC - Agency



213 DELAWARE ST FIELDSBORO NJ 08505 **MVC Voter** SERHIT HARVAT Date of Birth Confirmation 213 DELAWARE WE ST Voter Address Change Confirmation Export FIELDSBORO NJ 08505-1106 MVC - Agency MVC File Online Vater Voters who have Verification / Postal Notice Verif. and Ack. Card Export. Previous DOS |09/02/1983 Card Number Maintain Voter History 393 ATLANTIC AVE Elections SERHII HARVAT AMILTON NJ 08629-1502 System Batch Scanning 10/10/2013 Transact Date Document Imaging Hendheld Scenning MVC Sign re Date: 10/10/2013 Inquines Help Logout Reject English: No Card Issued Reject **SVRS** Matched Voters Date of Birth No Matching records Found. You can either choose to take No Action, Add or Reject this Voter by clicking on the respective buttons. Electio Net

- If status is blank, that implies the voter status is Active.
- If Confidence Pacter is 100 %, that implies Driver's License Number is matched statewide.
  If Confidence Pacter is 50 %, that implies Last Name, First Name, DOS (or)
  Lest Name, First Name, First Letter of Middle Name and DOS (01/01/1800) matched statew
- If Confidence Factor is 25 % , that implies Soundex of Last Name, Soundex of First Name, DOB (including 01/01/1900) metched statewish

No Action Required Print List Display Signature

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





JOANNE NYIKITA Superintendent & Commissioner

# Board of Chosen Freeholders County of Burlington

Dounty of Burlington
New Hersey
SUPERINTENDENT OF ELECTIONS and
COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER-REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

*** 10/29/2013 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: SERHII HARVAT

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

Name

El.Date

Date

Date

Date

Scanned Scanned Counted

#### Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

**Voter Information:** 

Voter's Name: MOHANLAL G THAKRAR

Voter ID: 152086384

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 95

Street Name: STERN LIGHT DR

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ Zip: 08054

Mailing Address:

Street Number: Suffix A:

Street Name/P.O. Box:

Suffix B:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Miscellaneous:

Gender: Not Entered

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/07/2011

Absentee Ballot Type: None Registration Date: 11/07/2011 Registration Type: Agency with

Identification

Last Action Taken Date: 11/28/2011

Status Information:

Voting Privilege Date: 11/28/2011

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 11/28/2011

Deleted Reason: Administrative Action

Poll Worker Status:

**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:

03

Districts:

District Ward 00 02 Congressional Freeholder School

Special

Fire

Legislative 07

Previous Name:

95 STERN LIGHT DR

#### Compare MVC - Agency

MOUNT LAUREL NJ O 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

Maintain Voter History Elections

System

Batch Scanning

Document Imaging

Inquiries

Help

Logout



054	MVC	Voter	
Name	MOHANLAL G THAKRAR	Date of Birth	
Residence Address	95 STERN LIGHT DRIVE MOUNT LAUREL NJ 08054-1637	Mailing Address	(6)
Driver's License Number	-/	Original Driver's License Number	
Card Number	V	Previous DOB	01/20/1953
Previous Name	MONHANLAL G THAKRAR	Previous Address	222 ECHELON ROAD VOORHEES NJ 08043-2303
MVC Fransaction Date	11/07/2011		

Reject English		Spanish:		Reject
----------------	--	----------	--	--------

				S	VRS Matche	ed 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	Match			ound. You o						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

#### Note:

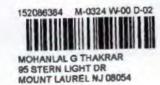
If status is blank, that implies the voter status is Active.

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.



# Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR YOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

--- 11 22 2011

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: MOHANLAL G THAKRAR

**Election History:** 

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

**Voter Information:** 

Voter's Name: DIEGO R VILLARUEL

Voter ID: 151151864

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Suffix B:

Street Name: COMPASS CR

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

Zip: 08054

**Status Information:** 

Voting Privilege Date: 05/27/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 03/16/2012

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A:

Street Number: 60

State: NJ

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: 05/27/2009

Miscellaneous:

Gender: Male

Absentee Ballot Type: None Registration Date: 05/06/2009 Registration Type: Agency with

Identification

Last Action Taken Date: 03/16/2012

**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:

District Ward 00

Freeholder School 02

Congressional Special

03

Legislative 07

Fire

**Previous Name:** 

151151864	M-0324	W-00 D-02
110101111		II I BELLET BIL

DIEGO R VILLARUEL 60 COMPASS CR MOUNT LAUREL NJ 08054

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 Document Imagino

Inpulries

Reports Logout

		MVC Voter	-
	DIEGO R VILLARUEL	Date of Birth   06/04/1989	
Residence Address	60 COMPASS CIRCLE MT LAUREL NJ 08054-6104	Mailing Address	
Driver's License Number	-	Original Driver's License Number	
Card Number	9999999	Previous DOS	
Previous Name		Previous Address	
MVC Trensaction Date	02/28/2012		

6	Sen	S'Dox		3-5-11	3	Span	Notice			Reject	
Select	Voter Id	Name	Date of Birth	Registration Date	SVRS Mai Residence Address	Mailing	Driver's License	SSN	Confidence Factor	Status	Status
6	151151864	DIEGO R VILLARUEL	06/04/04/04		60 COMPASS CR, MOUNT LAUREL TOWNSHIP, NJ 08054				100 %	Incomplete	No signature

04370 New Jersey Voter Registration Application & Q Q O

This take **NEW JERSEY** 

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
- 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)

DIGITIZED DRIVER LICENSE ISSUED

JR WN201205900000870

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

V4353 16979 06892 06-04-1989 DIEGO R VILLARUEL 60 COMPASS CIRCLE MT LAUREL NJ 08054-6104 C



Motor Vehicle

Commission



60 COMPASS CR MOUNT LAUREL NJ 08054

Chosen Freeholders ty of Burlington New Jersey

204 Hotics



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

60 COMPASS CR MOUNT LAUREL NJ 08054

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: DIEGO R VILLARUEL

#### **Election History:**

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

**Voter Information:** 

Voter's Name: BAHTIYAR GUNAYDIN

Voter ID:

151576992

Legacy ID:

Archived Legacy ID:

Unit:

Street Number: 22

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ

Status Information:

Voting Privilege Date: 11/16/2010

**Current Status: Deleted** 

Date Last Voted:

Deleted Date: 12/07/2010

Deleted Reason: Administrative Action

**Poll Worker Status:** 

Residence Address:

County: BURLINGTON

Suffix A: Suffix B:

Street Name: LIBERTY TR

Address Line 2: Address Line 3:

Zip: 08075

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/26/2010

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 10/26/2010

Registration Type: Agency with Identification

Last Action Taken Date: 05/09/2011

**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:

District Congressional 03 Legislative 07 Ward 02 02 Special Fire School Freeholder

**Previous Name:** 

151576992 M-0310 W-02 D-07

BAHTIYAR GUNAYDIN 22 LIBERTY TR DELRAN NJ 08075

Voter Address Change

Confirmation Voter Address Change

Voters who have Verification / Postal Notice

Verif. and Ack. Card Export

Confirmation Export

MVC Manual Update

Maintain Voter History

Maintain County Data

**Duplicate Voters** Poll Book Printing Schedule

Batch Scanning

Document Imaging

Electio Net

Messaging

Inquiries

Reports

Logout

Help

Elections

System

MVC - Agency MVC File Online Voter

#### Compare MVC - Agency

INCOMPLETE

BUSJPEW / BURLINGTON

CITIZEN & SIGNATURE

15157699 Date of Birth BAHTIYAR GUNAYDIN Name 22 LIBERTY DR Mailing DELRAN NJ 08075-1340 Driver's License Number License Number DOB 03/10/1954 Number 3001 RTE 130 S APT F7 Previous Address BAHTIYAR GUNAYDIN DELRAN NJ 08075-2615 MVC neaction Date 05/05/2011

Spanish: Reject English: - al oletter 5.9-11 **SVRS Matched Voters** Residence Mailing Driver's License Address Number Registratio Status SSN Voter Id Name Birth Date Factor 3001 ROUTE 130, Apt-Unit F7, DELRAN 151576992 BAHTIYAR GUNAYDIN Administrative Action . 10/26/2010 100 % Deleted TOWNSHIP NJ 08075

Go

Select Add Back No Action Required Print List

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.

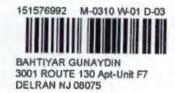
If Confidence Factor is 50 %, that implies Last Name, First Name, DOS (or)

Last Name, First Name, First Letter of Middle Name and DOS (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.

^{*} under Status Reason indicates voter has multiple status reasons.



Chosen Freeholders
ounty of Burlington
HOLLY, NEW JERSEY
08060





## SUPERINTENDENT OF ELECTIONS and

#### COMMISSIONER OF REGISTRATIONS

0 5

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** //-//-/0 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD /
BURLINGTON

Voter Name: BAHTIYAR GUNAYDIN

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn

Name

Wemo User Date Date Scanned Scanned Counted

#### Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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**User Printed: BUSDLOVE** Date: 05/02/2017

**Voter Information:** 

Voter's Name: LOVENEET S KAHLON

Voter ID:

151574012

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Suffix B:

Street Number: 101

Address Line 3:

State: NJ

Zip: 08554

Status Information:

Voting Privilege Date: 11/09/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/12/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: 2 Suffix A:

Street Name: MAIN ST

Address Line 2:

Municipality: FLORENCE TOWNSHIP

Postal City: ROEBLING

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:

Current Party: Unaffiliated

**Party Information:** 

Party Privilege Date: 10/19/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 10/19/2010

Registration Type: Agency with Identification

Last Action Taken Date: 11/12/2010

**Inactive Confirmation Address:** 

Street Number:

Suffix A:

Suffix R:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

03

City:

State:

Zip Code:

Country:

Districts:

Ward Freeholder 02

District School

01

Congressional

Special

Legislative 07

Fire

**Previous Name:** 



101 MAIN ST Apt-Unit 2 ROEBLING NJ 08554

#### Compare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

IUSRMCGU / URLINGTON

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

Maintain Voter History

Elections

System

Batch Scanning

Document Imaging

Inquiries

Help

Logout



		MVC Voter	
Name	LOVENEET S KAHLON	Date of Birth	
Residence Address	101 MAIN STREET APT 2 ROEBLING NJ 08554-1500	Mailing Address	
Driver's License Number	/	Original Driver's License Number	
Card Number		Previous DOB	05/24/1991
Previous Name	LOVENEET S KAHLON	Address	285 LIGHTHOUSE DRIVE MANAHAWKIN NJ 08050-2527
MVC Transaction Date	10/19/2010		

Reject English:	E 2	Spanish:	5	Reject	
-----------------	-----	----------	---	--------	--

				S	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No	Match			ound. You o						d or R	eject

^{*} under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required **Print List** 

#### 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.







JOANNE NYIKITA Superintendent & Commissioner

# Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS** 



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

*** Lovencet Singh Kallon

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

dis .

BUSDLOVE / BURLINGTON

Voter Name: LOVENEET S KAHLON

#### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: SHIRLEY L FETTERS

Voter ID:

151735454

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 3

Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

Zip: 08053

Mailing Address:

Suffix A:

Unit:

Deleted Reason: Administrative Action

Poll Worker Status:

Date Last Voted:

Status Information:

Current Status: Deleted

Deleted Date: 03/14/2011

Voting Privilege Date: 03/26/2011

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Name: JAY CT Address Line 2:

State: NJ

Street Number:

Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

**Party Information:** 

Current Party: Unaffiliated

Party Privilege Date: 03/05/2011

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 03/05/2011

Registration Type: Agency with Identification

Last Action Taken Date: 03/14/2011

**Inactive Confirmation Address:** 

Street Number: Suffix A:

Street Name/P.O. Box:

Unit:

Suffix B:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 00

District School

15

Congressional Special

03

Legislative 08

Fire

**Previous Name:** 

OHITEL !		0-15	pare M\	/C - Age	ncy		CITIZE	COMPLE N & SIGN	TE ATURE
M 3 JAY CT MARLTON	N NJ 08053			MVC V	oter		-		
Elections	Name	SHIRLEY L FETTI	ERS		Date of				
System Show Reminders	Residence Address	3 JAY COURT	053-2416		Birth Mailing Address				
My Homepage Duplicate Voters Poll Book Printing Schedule	Driver's License Number		•		Original Driver's License Number				
Batch Scanning Messaging	Card Number	9999999			Previous DOB				
Document Imaging inquiries	Previous Name				Previous Address				
Reports Help Logout	MVC Transaction Date	03/05/2011		,			C		
	Reject 🗀 I	English:		VRS Match				¥ [	Reject
	Select Vote	Name Date o		Residence		Driver's	SSN Confid	ence for Status	Status Reason
S Electione		hing records this Mo	Found. You o	an either	choose	to take			Reject
Service and Information Reformer	* under State	s Reason indica	Add Back		tus reaso		Print List		

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.



#### JOANNE NYIKITA Superintendent & Commissioner

# Board of Chosen Freeholders County of Burlington New Jersey



151735454 M-0313 W-00 D-15

SHIRLEY L FETTERS 3 JAY CT MARLTON NJ 08053

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE 2011

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: SHIRLEY L FETTERS

#### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted
Name

Close | Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: REINALDO G DELGADO

Voter ID:

Legacy ID:

151678215

Archived Legacy ID:

Residence Address:

Street Number: 40

Street Name: BROAD ST

Address Line 3:

Municipality: MOUNT HOLLY

TOWNSHIP

State: NJ

**Status Information:** 

Voting Privilege Date: 02/03/2011

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 02/01/2011

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Address Line 2:

Postal City: MOUNT HOLLY

Zip: 08060

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: 01/13/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 01/13/2011 Registration Type: Agency with

Identification

Last Action Taken Date: 02/01/2011

**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:

District Congressional Ward 02 00 School Special Freeholder

03 Legislative 08

Fire

#### Previous Name:

REINALDO G DELGADO 40 BROAD ST MOUNT HOLLY NJ 08060

Voter WRIT NO DO

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

**Duplicate Voters** 

Poll Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help

Logout



#### Compare MVC - Agency

**BUSJPEW** / BURLINGTON

INCOMPLETE CITIZEN & SIGNATURE **MVC Voter** Date of REINALDO G DELGADO Name Birth 40 BROAD ST Residence Mailing Address Address MOUNT HOLLY NJ 08060-1409 Original Driver's Driver's License License Number Number Card Previous 02/03/1970 Number DOB 14 MANOR DRIVE Previous Previous REINALDO G DELGADO Name Address WESTAMPTON NJ 08060-9666 MVC 01/13/2011 insaction Date

Reject English:		Spanish:		Reject
-----------------	--	----------	--	--------

				S	VRS Matche	d Voters				
Selec	t Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	 Confidence Factor	Status	Status Reason
No	Match			ound. You co or Voter by					d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select	Add	Back	No Action Required	Print List

#### 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.



Chosen Freeholders Iounty of Burlington THOLLY, NEW JERSEY

08060



## SUPERINTENDENT OF ELECTIONS and



JOANNE NYIKITA Superintendent & Commissioner

#### COMMISSIONER OF REGISTRATIONS

151678215 M-0323 W-00 D-02

REINALDO G DELGADO 40 BROAD ST MOUNT HOLLY NJ 08060

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

***
VOTER/SIGNATURE

*** 25701/2011 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

nyspita

BUSDLOVE / BURLINGTON

Voter Name: REINALDO G DELGADO

#### **Election History:**

El. Type El. Code Bal. Type Bal. Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

El. Type El. Code Bal. Type Bal. Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

**Voter Information:** 

Voter's Name: JIGNESHKU C PATEL

Voter ID:

152581064

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 2 Suffix A: Suffix B:

Street Number: 647 Street Name: HIGH ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 03/21/2013

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/21/2013

Registration Type: Agency with Identification

Last Action Taken Date: 04/02/2013

Status Information:

Voting Privilege Date: 04/11/2013

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 04/02/2013

Deleted Reason: Administrative Action

**Poll Worker Status:** 

Mailing Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

City:

Address Line 2: Address Line 3:

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 Freeholder 01 District School 02

Congressional Special 03

Legislative 07

Fire

**Previous Name:** 

INCOMPLETE ompare MVC - Agency **CITIZEN & SIGNATURE** JIGNESHKU C PATEL 647 HIGH ST Apt-Unit 2 MVC Veter BURLINGTON NJ 08016 Date of Birth 1647 HIGH STREET APT-2 System URLINGTON NJ 08016-2736 Show Reminders Original Driver's License Number Hy Homepage Poll Book Printing Schedule **Duplicata Voters** 08/07/1979 Batch Scanning 105 SOUTH AVENUE #37 Massaging JIGNESHKU C PATEL Document Imaging INOTOLA NJ 08341-1143 Handheld Scanning MVC 03/21/2013 Inquiries Reports Help MVC Signature Date: 03/21/2013 Spanish: Reject No Card Issued Reject English: SVRS Matched Voters Vote Id Date of Birth No Metching records Found. You can either choose to take No Action, Add or Reject this Motor Voter by clicking on the respective Bleenower buttons. der Status Reason Indicates voter has multiple status reas

152581064 M-0305 W-01 D-02

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

If Confidence Factor is 300 %, that implies Driver's License Number is matched statewide.

If Confidence Factor is 30 %, that implies Lest Name, First Name, DOB (or)
Lest Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

If Confidence Factor is 38 %, that implies Soundex of Lest Name, Boundex of First Name, DOB (1ncluding 01/01/1800) matched statewide.

If Confidence Factor is 38 %, that implies Soundex of Lest Name, Boundex of First Name, DOB (Including 01/01/1800) matched statewide.

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

Select Add Back No Action Required Print List Display Signature



# Board of Chosen Freeholders County of Burlington New Jersey



JOANNE NYIKITA Superintendent & Commissioner JIGNESHKU C PATEL 647 HIGH ST Apt-Unit 2 BURLINGTON NJ 08018

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

3/29/13 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: JIGNESHKU C PATEL

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted

#### Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

**Voter Information:** 

Voter's Name: MOBOLAJI S ARAB

Voter ID: Legacy ID: 151283750

Archived Legacy ID:

**Status Information:** 

Current Status: Deleted

Deleted Date: 01/29/2010

**Date Last Voted:** 

Poll Worker Status:

Voting Privilege Date: 01/25/2010

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 54

Street Name: BUCKEYE LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

Mailing Address: **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:

Street Number:

Suffix A: Suffix B:

Identification

Street Name/P.O. Box:

**Party Information:** 

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 01/04/2010

Registration Type: Agency with

Last Action Taken Date: 01/29/2010

Current Party: Unaffillated

Party Privilege Date: 01/04/2010

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Action

Ward Freeholder 00

District School

05

Congressional Special

03

Legislative 07

Fire

**Previous Name:** 



MOBOLAJI S ARAB 54 BUCKEYE LN WILLINGBORO NJ 08046

Voter Address Change Confirmation Voter Address Change Confirmation Export MVC File New Voter MVC File Change Voter MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export

Maintain Voter History

System Batch Scanning

Inquirles Help Logout

#### Compare MVC File - Change Voter

BUSJPEW /

## INCOMPLETE CITIZEN & SIGNATURE

	MVC V		ZEN & SIGNATURE		
Name	MOBOLAJI S ARAB	Date of Birth	- 0		
Residence Address	54 BUCKEYE LANE WILLINGBORO NJ 08046-3919	Mailing Address			
Driver's License Number		Original Driver's License Number			
Card Number	/	Previous DOB	01/24/1961		
Previous Name	BOLAJI S ARAB	Previous Address	54 BUCKEYE LANE WILLINGBORO NJ 08046-3919		
MVC Transaction Date	01/04/2010				

V	Electio Net

Reject English		Spanish:	E 22	Reject
----------------	--	----------	------	--------

				SVRS	Matched Vo	ters				
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status
No M	atchi	ng reco		d. You can A		-				n the

 Matching records Found. You can Add or Reject this Motor Voter by clicking on the respective buttons below.

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 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.



Chosen Freeholders Lounty of Burlington MHOLLY, NEW JERSEY

08060





JOANNE NYIKITA Superintendent & Commissioner

## SUPERINTENDENT OF ELECTIONS and

#### COMMISSIONER OF REGISTRATIONS

151283750 M-0338 W-00 D-05

MOBOLAJI S ARAB 54 BUCKEYE LN WILLINGBORO NJ 08046

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

YES) (

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** (2) \O DATE

S

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: MOBOLAJI S ARAB

### **Election History:**

El.Date
& El.Type El.Code Bai.Type Bai.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

**Voter Information:** 

Voter's Name: RODLEY J BAPTISTE

Voter ID:

151392574

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 08/27/2010

**Date Last Voted:** 

Poll Worker Status:

Voting Privilege Date: 08/13/2010

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B: Street Number: 32

Street Name: SNOWFLOWER LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

Address Line

City: State: Zip Code: Country: **Party Information:** 

Current Party: Unaffiliated

Party Privilege Date: 08/13/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 07/23/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 08/27/2010

**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 Freeholder

Action

00

District School 01

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 



Compare MVC - Agency

"RMCGU / INGTON

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

Maintain Voter History

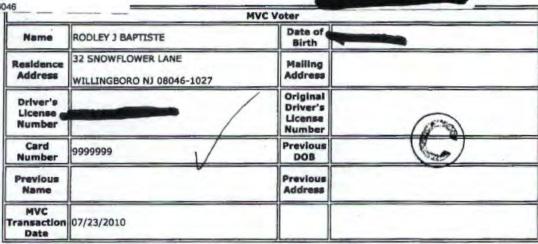
System

Batch Scanning

Inquines

Help

Logout





Reject [	inglish:		7	Spanish:		-	Reject

### 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
- 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 :





DIGITIZED DRIVER LICENSE ISSUED

TW MH201020400000333

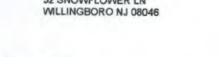
( ) No. I do not wish to be affiliated with any political party.

RODLEY J BAPTISTE 32 SNOWFLOWER LANE WILLINGBORO NJ 08046-1027 C









### hosen Freeholders of Burlington ew Jersey



SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS** 



32 SNOWFLOWER LN WILLINGBORO NJ 08046



DEAR VOTER,

JOANNE NYIKITA Superintendent & Commissioner

> THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: RODLEY J BAPTISTE

**Election History:** 

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: WENJUAN CHEN Voter ID: 151325919

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 3

Street Name: WESTBURY CT

Address Line 2: Address Line 3:

Municipality: BORDENTOWN

TOWNSHIP

Postal City: BORDENTOWN

State: NJ Zip: 08505

**Mailing Address:** 

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box: PO BOX 41

Unit:

Address Line 2: Address Line 3: City: FT DIX State: NJ

Zip Code: 08640 0041 Country: UNITED STATES **Party Information:** 

Current Party: Unaffiliated

Party Privilege Date: 04/08/2010

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 04/08/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 04/27/2010

Status Information:

Voting Privilege Date: 04/29/2010

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 04/27/2010

Deleted Reason: Action

**Poll Worker Status:** 

**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 Freeholder 00

District School

Administrative

80

Congressional Special

03

Legislative 07

Fire

**Previous Name:** 



# Compare MVC - Agent

BUSOEADM / RLINGTON

Reject

INCOMPLETE

CITIZEN & SIGNATURE

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

Maintain Voter History Maintain County Data

Elections System

**Duplicate Voters** 

Batch Scanning

Messaging

MVC DL Search

**Backend Reporting** 

Inquiries Reports Help

Logout



FT DIX NJ 08640 - 00	041		CI	TIZEN & SIGNATURE
th No DOB	15-		MVC Voter	
dress Change	Name	WENJUAN CHEN	Date of Birth	
dress Change Ition Export gency	Residence Address	3 WESTBURY COURT BORDENTOWN NJ 08505-3165	Mailing Address	PO BOX 41  FT DIX NJ 08640-0041
Online Voter ho have on / Postal Notice d Ack. Card Export	Driver's License Number		Original Driver's License Number	
ter History unty Data	Card Number		Previous DOB	04/09/1978
	Previous Name	WENJUAN CHEN	Previous	10 LAWRENCE DR, APT H BROWNS MILLS NJ 08015-1763
oters	MVC Transaction Date	04/08/2010		

				5	VRS Matche	ed Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address		Driver's License Number	SSN	Confidence Factor	Status	Status Reason
No I	Match			ound. You c						d or R	eject

Spanish:

* under Status Reason indicates voter has multiple status reasons.

Select Add Back	No Action Required	Print List

#### Note:

Reject English:

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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### JOANNE NYIKITA Superintendent & Commissioner

### Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS** 

151325919 M-0304 W-00 D-08

WENJUAN CHEN PO BOX 41 FT DIX NJ 08640 - 0041

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO



WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE ()

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: WENJUAN CHEN

### **Election History:**

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: MY L NGUYEN Voter ID: 520910303

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Street Name: BRADLEY CT

Address Line 2: Address Line 3:

TOWNSHIP

State: NJ

Status Information:

Voting Privilege Date: 11/10/2014

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 11/13/2014

Deleted Reason: Administrative

Action

Poll Worker Status:

Residence Address:

Unit: Suffix A: Suffix B:

Street Number: 702

Municipality: MOUNT LAUREL

Postal City: MOUNT LAUREL

Zip: 08054

Mailing Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/20/2014

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 10/20/2014 Registration Type: Agency with

Identification

Last Action Taken Date: 11/13/2014

**Inactive Confirmation Address:** 

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

District Legislative 07 Ward 00 26 Congressional 03 Freeholder School Special Fire

**Previous Name:** 

MVC Signature Date: 10/20/2014

MY L NGUYEN 702 BRADLEY CT MOUNT LAUREL NJ 08054

Confirmation Export MVC - Agency

MVC Frie Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export. MVC Manual Update

Maintain Voter History Maintain County Data

Elections System

Duplicate Voters

Poil Book Printing Schedule

Batch Scanning Messaging

Document Imaging

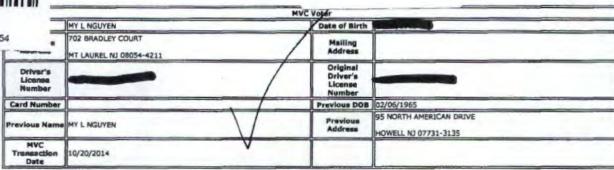
Handheld Scanning

Inquiries Reports

Help

Logout





Spanish: Reject Reject English: No Card Issued **SVRS Matched Voters** 

Driver's Licensa Malling Date of Birth Registration Date 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 Resson Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List Display Signature

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, Pirst Name, DOB (or)

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

If Confidence Fector 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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1.1.45

520910303 M-0324 W-00 D-26

MY L NGUYEN
702 BRADLEY CT
MOUNT LAUREL NJ 08054

Ihosen Freeholders
of Burlington
lew Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER

DATE 14

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: MY L NGUYEN

### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Date

Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOF1AD

Date: 04/27/2017

**Voter Information:** 

Voter's Name: KULDEEP KAUR

152730809

Voter ID:

Legacy ID: Archived Legacy ID: Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 17

Street Name: POWDER LN

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

Street Number:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

State:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 01/13/2014

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 01/13/2014

Registration Type: Agency with Identification

Last Action Taken Date: 02/03/2014

**Status Information:** 

Voting Privilege Date: 02/03/2014

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/03/2014

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address:

Suffix A:

City: 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 Freeholder

00

District

School

03

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

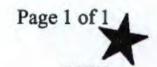
# Motor Voter - Agency 152730809 M-0306 W-00 D-03



KULDEEP KAUR 17 POWDER LN BURLINGTON NJ 08016

### INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

Compare MVC - Agency



BUSJMG BURLING

				MAC Actes						
Name	KULDEEP KA	NUR		Date of	Birth					
Residence Address		Conference Conference								
Driver's License							•			
-	-			-	and the same of					
Card Number	_		-	Previou						
Previous Name	NO KULDEEP KAUR				ous	1133 KAYE COURT				
HVC						Unication to the Val	No. of Lot, Lot, Lot, Lot, Lot, Lot, Lot, Lot,			
Transaction Data	01/13/2014			1						
				1						
						<b>HVC Signat</b>	ure Dete: 01/	3/2014		
			A							
Fl	and I		DE-1-F		Bra	No	Card to	sauced la		
Reject   Engli	1981		Spergeny		K	inct MO	Cara is	ssued		
			V							
			•							
				SVRS Metched Vote				7		
Select Voter	Name	Date of Birth	Registration Data	Residence Address		Ucanaa II	SSM	Confidence Factor		
No Match	ing rec							Reject thi		
	Residence Address  Driver's Lloense Number  Card Number  Previous Neme  FIVC  Transaction Data  Reject Engl	Residence Address BURLINGTO Driver's License Number Card Number Previous Name KULDEEP IV HVC Transaction 01/13/2014 Reject English:	Residence Address BURLINGTON NJ 08016-2283  Driver's Lloense Number  Card Number  Previous Name KULDEEP KAUR  HVC Transaction Data  01/13/2014  Reject English:  Select Voter Id Mame Data of Birth  No Matching records Found	Residence Address BURLINGTON NJ 08016-2283  Driver's License Number  Card Number  Previous Name KULDEEP KAUR  Previous Name Culture Control Co	Residence Address BURLINGTON NJ 08016-2283  Driver's License Number  Card Number  Previous Name KULDEEP KAUR  Previous Name KULDEEP KAUR  Previous Name KULDEEP KAUR  Frevious Name Frevious Name Frevious Name Address  Spenish:  Syrs Hatched Votes Select Voter Id Name Date of Birth Registration Data Residence Address  No Matching records Found, You can either choose to	Residence Address Burlington NJ 08016-2283 Mailing Address Driver's License Number Previous DOS 0 Previous Name KULDEEP KAUR Previous DOS 0 Previous Name KULDEEP KAUR Previous Address Number Spendship Spendship Residence Address Residence Residence Residence Residence Residence Residence Residence R	Name KULDEEP KAUR  Residence Address  17 POWDER LANE BURLINGTON NJ 08016-2283  Driver's License Number  Card Number  Card Number  Previous Name KULDEEP KAUR  Previous DOS  Previous Address  MINDEEP KAUR  Previous Address  RULDEEP KAUR  Previous Address  MVC  Transaction Data  No  SVRS Matched Voters  Falect  Voter Id  Name  Data of Birth  Registration Data  Residence Address  Number  No  Mame  Data of Birth  Registration Data  Residence Address  Number  No  Mame  Data of Birth  Registration Data  Residence Address  Number  No  Matching records Found, You can either choose to take No Action	Name KULDEEP KAUR  Rasidence Address  Driver's License Number  Card Number  Card Number  Card Number  Card Number  Frevious Dos 09/18/1962  Previous Dos 09/18/1962  Previous Dos 01/13/2014  Previous Address  MYC Transaction 01/13/2014  Date  Sparishy  Sparishy  Sparishy  Syrs Hetched Voters  Select Voter Name Date of Birth  Registration Date Syrs Hetched Voters  Select Voter Name Date of Birth  Registration Date Syrs Hetched Voters  Select Voter Name Date of Birth  Registration Date Syrs Hetched Voters  Select Voter Name Date of Birth  Registration Date Syrs Hetched Voters  Select Voter Name Date of Birth  Registration Date Syrs Hetched Voters  Select Voter Name Date of Birth  Registration Date Syrs Hetched Voters  Select Voter Name Date of Birth  Registration Date Residence Address Mailing Driver's License Syrs Heading Dicense Synthetic Date of Birth		

- Hote:
  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 Hiddle 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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Select Add Back No Action Required Print List Display Signature





JOANNE NYIKITA Superintendent & Commissioner Board of Chosen Freeholders
County of Burlington

Dem Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

(YES)

ARE YOU A UNITED STATES CITIZEN

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

Y VOTER SIGNATURE

V *** 61 - 28 - 2014

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: KULDEEP KAUR

**Election History:** 

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

**Voter Information:** 

Voter's Name: JUNG Y LEE Voter ID: 151359082

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 9

Street Name: GATE RD

Address Line 2: Address Line 3:

Municipality: TABERNACLE TOWNSHIP

Postal City: TABERNACLE

State: NJ Zip: 08088

Mailing Address:

Suffix A:

Street Name/P.O. Box:

State:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/17/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 06/17/2010

Registration Type: Agency with Identification

Last Action Taken Date: 08/04/2010

Status Information:

Voting Privilege Date: 07/08/2010

Deleted Reason: Administrative Action

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 08/04/2010

Poll Worker Status:

Street Number:

Suffix B:

Address Line 2: Address Line 3:

City: 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 Freeholder 00

District School

03

Congressional Special

03

Legislative 09

Fire

**Previous Name:** 



Inquiries

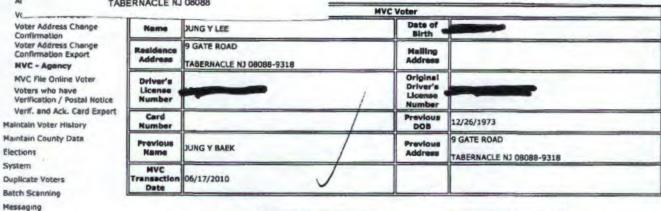
Reports Help



JUNG Y LEE 9 GATE RD TABERNACLE NJ 08088

**MVC** - Agency

### INCOMPLETE CITIZEN & SIGNATURE







					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
•	116217539	JUNG Y LEE		10/01/1992	136 RESERVOIR RD, PAR-TROY HILLS TOWNSHIP, NJ 07054-1349	*			50 %	Deleted	Inactive Confirmation through two federal general elections
6	101017225	JAMES BASS	01/01/1800	03/06/1952	200 EASTERN PKY, NEWARK, NJ 07106				25 %	Deleted	Inactive Confirmation through two federal general elections
0	101452905	JAMES BIAESCH	01/04/1800	09/24/1998	72 GORDONHURST AVE, MONTCLAIR, NJ 07043				25 %	Deleted	Inactive Confirmation through two federal general elections
0	103267659	DAMES BIGGS	01/01/1800	01/01/1800	191 LOCUST ST, TRENTON, NJ 08659	191 LOCUST ST, Apt- Unit 1, TRENTON, NJ 08609			25 %	Rejected	Criminal Conviction
C	103075490	JAMES BESS	01/01/1800	09/16/1959	168 JOHN ST, PRINCETON BORO, NJ 08542	/			25 %	Deleted	Deceased
0	121089320	JAMES BIGGS	01/01/1800	0//07/1980	218 MOUNT PLEASANT AVE, WOODLAND PARK, N) 07424				25 %	Deleted	Inactive Confirmation through two federal general elections
C	101088918	JAMES A LOWE	01/01/1800	09/27/1973	9 SUMMIT ST, NEWARK, NJ 07103				25 %	Deleted	Deceased
C	109026432	JAMES A	01/01/1800	03/05/1964	1 PORRECA DR, MILLVILLE, NJ 08332	789 CHERITON ST, DELTONA, FL 32725			25 %	Deleter	Deceased
C	101052848	JAMES B BOSKEY	01/01/1800	08/29/1963	4 WINDING WAY, NORTH CALDWELL, NJ 07006				25 %	Deleted	Deceased
	119018248	JENS B	01/01/1800	09/21/1948	417 GORGE RD, CLIFFSIDE PARK, NJ 07010				25 %	Deleted	Moved out of state

^{*} under Status Reason Indicates voter has multiple status reasons.



JOANNE NYIKITA Superintendent & Commissioner

## Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

151359082 M-0335 W-00 D-03

JUNG Y LEE 9 GATE RD TABERNACLE NJ 08088 COPY

S

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES

(NO)

Deleted

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 7/8/10 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: JUNG Y LEE

### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

**Voter Information:** 

Voter's Name: GUYLAINE P PEPE

Voter ID:

152616133

Legacy ID:

Archived Legacy ID:

**Status Information:** 

Current Status: Deleted

Deleted Date: 06/11/2013

Date Last Voted:

**Poll Worker Status:** 

Voting Privilege Date: 06/14/2013

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 214

Street Name: TENNESSEE TR

Address Line 2: Address Line 3:

Municipality: PEMBERTON TOWNSHIP

Postal City: BROWNS MILLS

State: NJ Zip: 08015

Mailing Address:

Suffix A: Suffix B:

Unit:

Street Number:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 05/24/2013

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 05/24/2013

Registration Type: Agency with Identification

Last Action Taken Date: 06/11/2013

**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 Freeholder

00

District School

14

Congressional

Special

03

Legislative 08

Fire

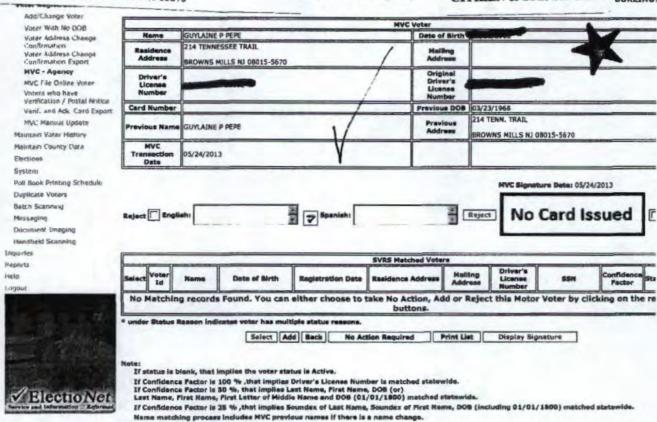
**Previous Name:** 

GUYLAINE P PEPE 214 TENNESSEE TR BROWNS MILLS NJ 08015

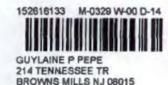
ompare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

BUSSPAG



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### hosen Freeholders of Burlington ew Jersey

SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS** 





JOANNE NYIKITA

Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(NO)

PLEASE CIRCLE YES OR NO

CONTURE

WE ALSO NEED YOUR SIGNATURE IN INK

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: GUYLAINE P PEPE

### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: JOHN J REYTA Voter ID: 152761123

Voting Privilege Date: 04/22/2014

Current Status: Deleted

Deleted Date: 04/24/2014

Deleted Reason: Administrative

Date Last Voted:

Poll Worker Status:

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 207 Street Name: EVANS CT

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ Zip: 08054

Status Information: 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: 04/01/2014

Miscellaneous:

Absentee Ballot Type: None
Registration Date: 04/01/2014
Registration Type: Agency with

Identification

Last Action Taken Date: 04/24/2014

**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:

Action

Ward Freeholder 00

0 District School 26

Congressional Special 03

Legislative 07

Fire

**Previous Name:** 

### Motor Voter - Agency

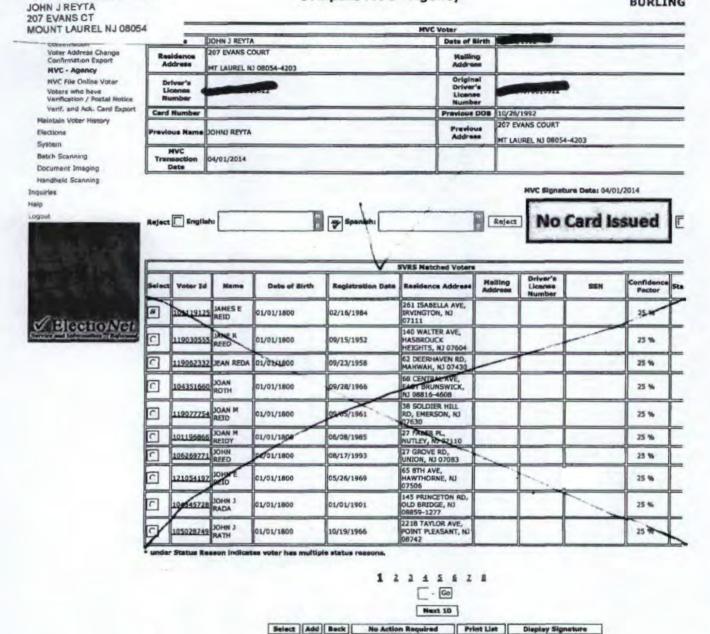
152761123 M-0324 W-00 D-26

### INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

Page 1 of 1

Compare MVC - Agency

BUSJMG BURLING



os: 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)

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

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

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

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JOHN J REYTA 207 EVANS CT MOUNT LAUREL NJ 08054



JOANNE NYIKITA Superintendent & Commissioner Weletel Board of Chosen Freeholders

County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

PLEASE CIRCLE YES OR NO

(NO

WE A

WE ALSO NEED YOUR SIGNATURE IN INK

× *** 64-14-2014

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

mm nybeta

BUSDLOVE / BURLINGTON

Voter Name: JOHN J REYTA

### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: GRAHAM H REED

151514756

Voter ID: Legacy ID:

Archived Legacy ID:

**Residence Address:** 

County: BURLINGTON

Street Number: 149

Street Name: KNOTTY OAK DR

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

Zip: 08054

**Status Information:** 

Voting Privilege Date: 10/25/2010

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/10/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

State: NJ

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: 10/25/2010

Miscellaneous:

Gender: Male

Absentee Ballot Type: None Registration Date: 09/30/2010 Registration Type: In-Person with

Identification

Last Action Taken Date: 11/10/2010

**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 12 Congressional 03 Legislative 07 00 Fire Freeholder School Special

Previous Name:



GRAHAM H REED 149 KNOTTY OAK DR MOUNT LAUREL NJ 08054

### gistration Application

nk. All information is required unless marked optional.

1 Check bot that apply	The state of the s		ess Change ature Update		olitical Party Affi Non-affiliation C				OFFICIAL E ONLY
(If No. DO	S. Citizen? Tyes MNo NOT complete this form)	(If No	DO NOT CO		e next election? 2 this form)	Yes Q	No	Clerk	)
3 Last Name	Rend First	t Name	Crahan	Middle	Name or Initial	Suffix (ex. dr., Sr., III		Registra	illon #
4 Date of Birth	n Month							Office T	ime Stamp
LLL	cense Number or MVC Non-driver ID	LIL	ID, provide the	last 4 digits of	ver's License or MVC Non-C I your Social Security Num	ber.			
the second secon	affirm that I DO NOT have a NJ Dri	_					-		
	ress (DO NOT use PO Box)	Apt.	Municipality Mt. Law	rel	Burlington	State	OKO54		
7 Mailing Add	ress if different from above	Apt.	Municipality	,	County	State	Zip Code	1	
8 LastAddress	Apt	Municipality	,	County	State	Zip Code	□ by ma		
9 Former Nam	me if Making Name Change				hone Number				
				(Optio		-,,			
10 Do you wis (Optional)	h to declare a political party af	filiation?	O Yes, the		ame is h to be affiliated	with an	v political r	nach	-
11 Gender  D Female  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 pare	ia, probati a convicti	on for an indictable	er ic	audulent regine to a fine of inprisonment of both pursua	up to \$15 up to 5 ye	5,000, sers,
Signature: Sign	or mark and date on line belo	w		if applica	ant is unable to o	omple	te this form	ppint the	s form
			1				355	S	m
-				Name _			D	ale	0
X.				Address			TERMINE TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM	3	m
Date 9-17-1	0						SE S	T	<
Date							ZEO.		K
								ىپ	
mnortan	Instructions for	coctio	one 5 6	and	10		~	5	
inportant	monucuona ior s	SCUM	0113 0, 0	and	,,,				
information	who are submitting this form by required by section 5, or the inform id, or a document with your name	nation you	provide canno	t be verifi	ed, you will be ask	ed to pro	ovide a COP	Y of a cu	ment and
Note: ID N	umbers are Confidential and will fly shall be subject to criminal	not be i	released by a	ny govern	nmental agency. J	lny per	son who us	es such	numbers
	omeless, you may complete sed			ntact poi	nt or the location	where y	ou spend m	ost of yo	ur time.
10) You may de section 10	eclare a political affiliation or you is Optional and will not affect the	may dec	dare to be una	ffiliated, r	egardless of any pation application.	prior pa	rty attiliation	. Comple	iting

Need More Information? Check boxes below	Hy	ou would like	to rece	ve more	informat	ion al	bout
------------------------------------------	----	---------------	---------	---------	----------	--------	------

- C absentee voting
- D becoming a poll worker
- a polling place accessibility
- Q voting if you have a disability,
- including visual impairment
- Q available election materials in this alternative language:

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

149 KNOTTY OAK DR MOUNT LAUREL NJ 08054

### Voter Registration

BUSOEADM / BURLINGTON

me **Previous Address Previous Party** Residence Address: Party Information: nonmandh: Current Party: Unaffiliated Voter Election History County: BURLINGTON Voter's Name: GRAHAM H Party Privilege Date: REED Unit: Voter Change Audit 10/25/2010 Date of Birth: Suffix A: Mail-In Change Audit Suffix B: Voter ID: 151514756 Voter Deletions NJ Driver's License / State Street Number: 149 County Data Street Name: KNOTTY OAK DR County Committee Polling Place Legacy ID: Address Line 2: Municipal Chair Archived Legacy ID: Address Line 3: Purged Voters Telephone #4 Municipality: MOUNT LAUREL Voter DIA Fax #: TOWNSHIP MVC FILE Postal City: MOUNT LAUREL Reports State: NJ Helo ZIp: 08054 Logout Print Voter Profile Date of Birth Miscellaneous: Status Information: Gender: Male Voting Privilege Date: **Previous Address** 10/25/2010 Military/Overseas Status: None **Previous Party Current Status: Active** Registration Date: 09/30/2010 **Election History** Registration Type: In-Person with **Date Last Voted:** Identification Poll Worker Status: Previous Name V Last Action Taken Date: 10/01/2010 Registration History Memo Polling Place Electio Ne Display Signature Signature History Poll Worker History **Audit History** Mail-In Ballots **Deleted History Election History** Mailing Address: Not A CITZEN TEACHER MADE HIM RESISTER Street Number Suffix A Suffix B Street Name/P.O. Unit Box Address Line 2 Address Line 3 City Zip Code Country **Inactive Confirmation Address:** Street Number Suffix B Street Name/P.O. Address Line 2 Address Line 3 City State Zip Code Country Districts: Municipality MOUNT District 12 00 LAUREL TOWNSHIP Congressional 03 Legislative 08 Freeholder Fire School Regional School Next Election Date --Name Address

**Polling Place** 

Name

CHURCH

NEW COVENANT PRESBYTERIAN

CREEK ROAD

08054

MOUNT LAUREL TOWNSHIP NJ

BUSDLOVE / BURLINGTON

Voter Name: GRAHAM H REED

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: LOUDDY I PINA Voter ID: 521029351

Legacy ID:

Archived Legacy ID:

Status Information:

**Current Status: Deleted** 

Deleted Date: 01/12/2015

Date Last Voted:

**Poll Worker Status:** 

Voting Privilege Date: 12/03/2014

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 625

Street Name: MT LAUREL RD

Address Line 2: Address Line 3:

Mailing Address:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ Zip: 08054

Inactive Confirmation Address:

Street Number: Street Suffix A: Suffix B: Suffix B: Street Suffix B: Suffix B: Street Suffix B: Street Suffix B: Street Suffix B: Street Street Suffix B: Stre

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country: Street Number:

Suffix A: Suffix B:

Identification

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 11/12/2014

Registration Type: Agency with

Last Action Taken Date: 01/12/2015

Current Party: Unaffiliated

Party Privilege Date: 11/12/2014

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Action

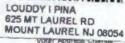
Ward 00 District 21 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

MVC Signature Date: 11/12/2014

No Card Issued

BUSRNCGU / BURLINGTON



Confirmation Voter Address Change Confirmation Export

MVC - Agency NVC 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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Massaging

Document Imaging

Handheld Scanning

Inquiries Reports

Help

Locous



**HVC Voter** LOUDDY I PINA Date of Birth 625 MT.LAUREL RD Residence Address Mailing MT.LAUREL NJ 08054-9555 Original Driver's License Number Number Card Number Previous DOB 03/25/1979 14 HANOVER RD Previous Address LOUDDY 1 PINA Previous Nam MARLTON NJ 08053-1906 11/12/2014 Date

SVRS Matched Voters alect Voter Driver's License Confidence Mailing Status Date of Sirth Registration Date Residence Address SSN

Reject

* under Status Reason indicates voter has multiple status rea

Select Add Back No Action Required Print List Display Signature

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

Raject English:

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.

5 Spanish:

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

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

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1.1.55



### Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA
Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



--- 11/2/14 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: LOUDDY I PINA

### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/28/2017

**Voter Information:** 

Voter's Name: EMMANUIL PATSAROS

Voter ID:

152229702

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 11

Street Name: AUTUMN LN Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

City:

Address Line 2: Address Line 3:

State: Zip Code: Country: **Party Information:** 

Current Party: Unaffiliated

Party Privilege Date: 04/20/2012

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 04/20/2012

Registration Type: Agency with Identification

Last Action Taken Date: 05/15/2012

Status Information:

Voting Privilege Date: 05/11/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/15/2012

Deleted Reason: Administrative Action

Poll Worker Status:

**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 03 Legislative 07
Freeholder School Special Fire

**Previous Name:** 

Main Menu: Activities

#### Voter Registrati

Add/Change Vo

Voter With No L

Voter Address Change Confirmation

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

Document Imaging

Inquiries

Reports

Help

Logout



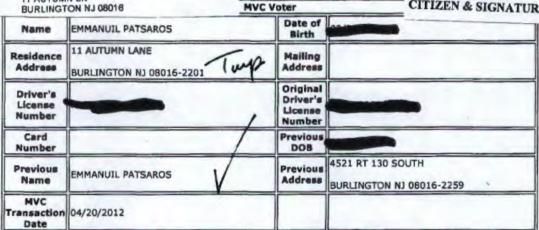


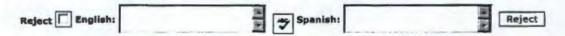
EMMANUIL PATSAROS 11 AUTUMN LN BURLINGTON NJ 08016

## - Agency

BUSSPAGA / BURLINGTON

INCOMPLETE CITIZEN & SIGNATURE





		3	VRS Matche	ed Voters					
er Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason
		- Dirth	Diren Date	Ditti Date Address	Dirth Date Address Address	Number Number	Number Number	Date Address Number Paccor	Part of Birth Date Date Date Date Date Date Date Date

this Motor Voter by clicking on the respective buttons.

* under Status Reason Indicates voter has multiple status reasons.

Select Add Back No Action Required Print List

#### 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.



## lhosen Freeholders of Burlington





New Jersey

SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS** 

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER -REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



4/26/12

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: EMMANUIL PATSAROS

**Election History:** 

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Name

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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**User Printed: BUSDLOVE** Date: 05/01/2017

**Voter Information:** 

Voter's Name: FIGAN CEVIK Voter ID: 151302855

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Number: 23

Street Name: CHAPEL HILL RD

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ

Status Information:

Voting Privilege Date: 03/17/2010

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 03/22/2010

Deleted Reason: Administrative

Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Zip: 08054

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

**Party Information:** 

Current Party: Unaffiliated

Party Privilege Date: 02/24/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 02/24/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 03/22/2010

**Inactive Confirmation Address:** 

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Districts:

Legislative 07 Ward 00 District 15 Congressional 03 Fire School Special Freeholder

Previous Name:



FIGAN CEVIK 23 CHAPEL HILL RD MOUNT LAUREL NJ 08054

## are MVC File - Change Vote

CRAW / INCOMPLETE NGTON CITIZEN & SIGNATURE

Voter With No DOB Voter Address Change Confirmation Voter Address Change Confirmation Export MVC File New Voter

#### **MVC File Change Voter**

MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack, Card Export

Maintain Voter History

Maintain County Data

Elections

System

**Duplicate Voters** 

**Batch Scanning** 

Messaging

Inquirles

Reports

Help

Logaut



**MVC Voter** 

Reject C English:	5	Spanish:	5	Reject

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

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 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.



JOANNE NYIKITA Superintendent & Commissioner

# Board of Chosen Freeholders Of The County of Burlington MOUNT HOLLY, NEW JERSEY

08060

## SUPERINTENDENT OF ELECTIONS and



COMMISSIONER OF REGISTRATIONS

151302855 M-0324 W-00 D-15

FIGAN CEVIK
23 CHAPEL HILL RD
MOUNT LAUREL NJ 08054

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 03/10/2010

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS.

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: FIGAN CEVIK

## **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: ELVIRA M ANDERSON

152072800 Voter ID:

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Suffix B:

Street Number: 5808

Municipality: MOUNT LAUREL

Postal City: MOUNT LAUREL

Status Information:

Voting Privilege Date: 11/21/2011

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/17/2011

Deleted Reason: Administrative

Action

**Poll Worker Status:** 

Unit: Suffix A:

Street Name: ADELAIDE DR

Address Line 2: Address Line 3:

TOWNSHIP

State: NJ Zip: 08054

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: 10/31/2011

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 10/31/2011 Registration Type: Agency with

Identification

Last Action Taken Date: 11/17/2011

**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:

Legislative 07 Ward 00 District 18 Congressional 03 Fire Freeholder School Special

**Previous Name:** 

ELVIRA M ANDERSON 5808 ADELAIDE DR MOUNT LAUREL NJ 0805

#### ipare MVC - Ageni

INCOMPLETE

BUSMLYNC /

CITIZEN & SIGNATURE

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

Duplicate Voters

Poll Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Help

Logout



NJ 08054	MVC	Voter	
Name	ELVIRA M ANDERSON	Date of Birth	
Residence Address	5808 ADELAIDE DRIVE MOUNT LAUREL NJ 08054-1886	Mailing Address	
Driver's License Number	- /	Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	ELVIRA'M ANDERSON	Previous Address	5805 ADELAIDE DRIVE MOUNT LAUREL NJ 08054-1886
MVC Transaction Date	10/31/2011		

Reject English: Spanish: Reject

				S	VRS Matche	d 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	Match	ning re	cords F	ound. You c	an either	choose	to take	No	Action, Ad	d or R	eject

this Motor Voter by clicking on the respective buttons.

* under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required Print List

#### 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.



## Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



--- 11/14/11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: ELVIRA M ANDERSON

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Date

Date

Date

Date

Date

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 05/01/2017

**Voter Information:** 

Voter's Name: VINICIUS R PEREIRA-PINHO

Voter ID:

152593573

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 117

Street Name: S BRIDGEBORO ST

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/16/2013

Gender: Not Entered Absentee Ballot Type: None Registration Date: 04/16/2013

Registration Type: Agency with Identification

Last Action Taken Date: 04/26/2013

Status Information:

Voting Privilege Date: 05/07/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 04/26/2013

Deleted Reason: Administrative Action

**Poll Worker Status:** 

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

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 Freeholder 02

District School

04

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

## Motor Voter - Agency

152593573 M-0310 W-02 D-04 VINICIUS R PEREIRA-PINHO

INCOMPLETE CITIZEN & SIGNATURE Compare MVC - Agency



117 S BRIDGEBORO ST DELRAN NJ 08075 VINICIUS R PEREIRA-PINHO Voter Address Change Confirmation Export 117 S BRIDGEBORO ST DELRAN NJ 08075-1805 **MVC** - Agency MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export Card Number Previous DOS Maintain Voter History 425 MORGAN AVE APT A VINICIUS R PEREIRA-PINHO Elections ALMYRA NJ 08065-2606 System Batch Scanning 04/16/2013 Document Imaging Handheld Scanning MVC Sig re Dete: 04/16/2013 Inquines Logout No Card Issued Raject English 7 Ruject **SVRS Metched Voters** 

> Voter by clicking on the respective buttons. roter has multiple status reseons.

> > Select Add Beck No Action Required Print List Display Signature

No Matching records Found. You can either choose to take No Action, Add or Reject this

BIGGIONG

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 Lest Name, First Name, DOS (er) Last Name, First Name, First Name, First Letter of Middle Name and DOS (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.



DELRAN NJ 08075



JOANNE NYIKITA Superintendent & Commissioner

## Board of Chosen Freeholders County of Burlington

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

1) o lete

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY: WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER-REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK.

VOTER SIGNATURE

4-24-13 11 Am

Unter Retused to sign.

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

I do not wish to endy to become a voter. I am not an American citizen yet, but i have my Green Card.

JOANNE NYIKITA
SUPERINTENDENT OF ELECTIONS

It is illegal for me to vote, therefore i wish this request to become a voter to be cancelled until i become a I do not recall applying to become a voter. Thoma you for your help.
.My phone # 856-9794255.

Office: 755 Eayrestown Road, Lumberton, New Jersey - (609) 265-5111 Fax: (609) 265-5990 Mailing Address: P.O. Box 6000, Mount Holly, New Jersey 08060

BUSOE1AD / BURLINGTON

Voter Name: VINICIUS R PEREIRA-PINHO

## **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

## Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

**Voter Information:** 

Voter's Name: NILUFER SISMAN Voter ID: 152236223

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 49G Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075 Miscellaneous:

**Party Information:** 

Current Party: Unaffiliated

Party Privilege Date: 04/25/2012

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 04/25/2012

Registration Type: Agency with Identification

Last Action Taken Date: 05/14/2012

**Status Information:** 

Voting Privilege Date: 05/16/2012

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 05/14/2012

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 Freeholder 01

District School 03

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

## Compare MVC - Agency

Voter With No DOB Voter Address Change Confirmation Voter Address Change Confirmation Export

DELRAN NJ 08075

MVC - Agency

MVC File Online Voter Voters who have Verification / Postal Notice Verif. and Ack. Card Export

Maintain Voter History

Elections

System

Batch Scanning

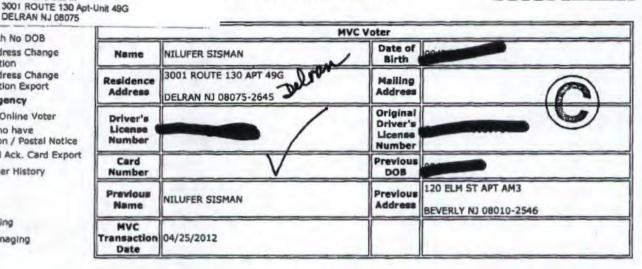
Document Imaging

Inquiries

Help

Logout





Reject English:		Spanish:	自己	Reject
-----------------	--	----------	----	--------

				5	VRS Matche	d Voters					
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing	Driver's License Number	SSN	Confidence Factor	Status	Status
No	Match			ound. You cor or Voter by						d or R	eject

* under Status Reason indicates voter has multiple status reasons.

Select Add Back No Action Required **Print List** 

#### 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.



## Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE'NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



5-10-12 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSOE1AD / BURLINGTON

Voter Name: NILUFER SISMAN

## **Election History:**

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

**Voter Information:** 

Voter's Name: VIDHYA RANGASWAMY

Voter ID: 152778900

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 27

Address Line 2: Address Line 3:

Postal City: MARLTON

State: NJ

Status Information:

Voting Privilege Date: 05/27/2014

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 06/03/2014

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Name: HATHAWAY CT

Municipality: EVESHAM TOWNSHIP

Zip: 08053

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: 05/06/2014

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 05/06/2014

Registration Type: Agency with Identification

Last Action Taken Date: 06/03/2014

**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

Freeholder

00

District School

24

Congressional Special

03

Legislative 08

Fire

**Previous Name:** 

## Motor Voter - Agency

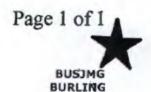
152778900 M-0313 W-00 D-24

VIDHYA RANGASWAMY

Electio Net

## INCOMPLETE FOR MISSING SIGNATURE & CITIZENSHIP

Compare MVC - Agency



27 HATHAWAY CT MARLTON NJ 08053 VIDHYA RANGASWAMY Date of Birth Voter Address Change Confirmation Export 27 HATHAWAY CT MARLTON NJ 08053-5576 MVC - Agency Original MVC File Online Voter Voters who have Verification / Postal Notice Vertf. and Ack. Card Export Previous DOS Maintain Voter History VIDHYA RANGASWAMY Elections MARLTON NJ 08053-5576 System Batch Scanning 05/06/2014 Transaction Date Document Imaging Handheld Scanning MVC Signature Date: 05/06/2014 Inquines Help Ligout No Card Issued Reject Englis Roject SVRS Matched Voters Date of Birth No Matching records Found. You can either choose to take No Action, Add or Reject this

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

Select Add Back

If Confidence Factor is 100 %, that implies Driver's License Number is matched statewide. If Confidence Factor is 30 %, that implies Last Name, First Name, Post (or) Last Name, First Name, First Name, First Letter of Middle Name and DOB (01/01/1600) matched state

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

Voter by clicking on the respective buttons.

No Action Required Print List

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





JOANNE NYIKITA Superintendent & Commissioner Deleted

Board of Chosen Freeholders

County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

X****TENTURE

X*** 05/28/2014 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

Joann nybita

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

MUC 5/6

BUSDLOVE / BURLINGTON

Voter Name: VIDHYA RANGASWAMY

## **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Affn Memo Scanned Scanned Counted
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: EYDIS E OLSEN

Voter ID: 152708233

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Name: SOMERSET LN

Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053

Status Information:

Voting Privilege Date: 12/04/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 01/02/2014

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 220

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: 11/13/2013

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 11/13/2013

Registration Type: Agency with Identification

Last Action Taken Date: 01/02/2014

**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 Freeholder 00

District School

32

Congressional

Special

03

Legislative 08

Fire

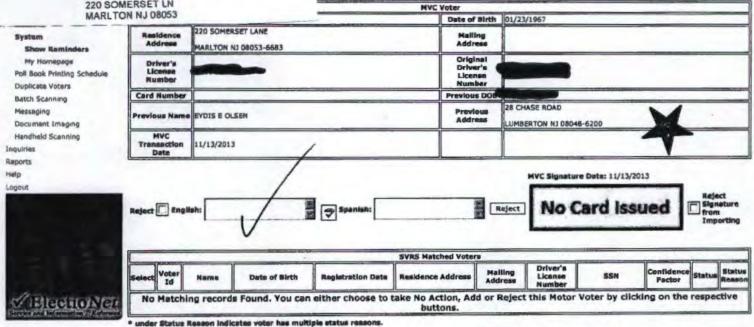
**Previous Name:** 



EYDIS E OLSEN 220 SOMERSET LN

#### Compare MVC - Agency

## INCOMPLETE CITIZEN & SIGNATURE



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, DQB (including 01/01/1800) matched statewide.

Select Add Back No Action Required Print List Display Signature

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



## JOANNE NYIKITA Superintendent & Commissioner

## Board of Chosen Freeholders County of Burlington New Jersey



220 SOMERSET LN MARLTON NJ 08053

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK





PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

SUPERINTENDENT OF ELECTIONS



**BUSDLOVE /** BURLINGTON

Voter Name: EYDIS E OLSEN

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: KHUSEN MUKHAMADIYEV

Voter ID:

151946675

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Name: HORNSBY DR Address Line 2:

Address Line 3: Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ Zip: 08053

Voting Privilege Date: 08/17/2011

Current Status: Deleted

Status Information:

Date Last Voted:

Deleted Date: 08/23/2011

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 5

Miscellaneous: Gender: Not Entered Absentee Ballot Type: None Registration Date: 07/27/2011

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/27/2011

Registration Type: Agency with Identification

Last Action Taken Date: 08/23/2011

Mailing Address: **Inactive Confirmation Address:** 

Street Number: Street Number: Suffix A: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit: Unita

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Zip Code: Country: Country:

Districts:

Legislative 08 District 09 Congressional 03 Ward 00 Freeholder School Special Fire

Previous Name:

## 5 HORNSBY DR MARLTON NJ 08053

## ompare MVC - Agency

## INCOMPLETE CITIZEN & SIGNATURE

Reject

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

Maintain Voter History

Elections

System

Batch Scanning

Document Imaging

Inquiries

Help

Logout



	M	VC Voter	
Name	KHUSEN MUKHAMADIYEV	Date of Birth	
Residence Address	5 HORNSBY DRIVE MARLTON NJ 08053-1927	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number	V	Previous DOS	
Previous Name	KHUSEN MUKHAMADIYEV	Previous Address	165 CYPRESS COURT MALTON NJ 08053-2007
MVC Transaction Date	07/27/2011		

		_		5	VRS Matche	d Voters		-			
Select	Voter Id	Name	Date of Birth	Registration Date	1	Malling	Driver's	SSN	Confidence Factor	STATULE	Status Reason

Spanish:

* under Status Reason Indicates voter has multiple status reasons.

Calact	Add Back	No Action Required	Print List
Select	MOG BACK	No Accion Required	Fillie Line

this Motor Voter by clicking on the respective buttons.

#### Note:

Reject English:

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.

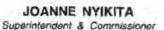
If Confidence Factor is 25 % ,that implies Soundex of Last Name, Soundex of First Name, DOB (including 01/01/1800) matched statewide.

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



## Chosen Freeholders ty of Burlington New Jersey





SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 8-18-11 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: KHUSEN MUKHAMADIYEV

## **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotin=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: ROWENA A MACARANDANG

Voter ID: 152245088

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 256

Street Name: VISTA DR Address Line 2: Address Line 3:

Municipality: EVESHAM TOWNSHIP

Postal City: MARLTON

State: NJ

Registration Type: Agency with Identification

Zip: 08053

Status Information:

Voting Privilege Date: 05/28/2012

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/21/2012

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:

Last Action Taken Date: 05/21/2012

Registration Date: 05/07/2012

Absentee Ballot Type: None

Party Information:

Miscellaneous:

Gender: Not Entered

Current Party: Unaffiliated

Party Privilege Date: 05/07/2012

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:

District 32 Ward 00 Freeholder School

Congressional Special

03

Legislative 08

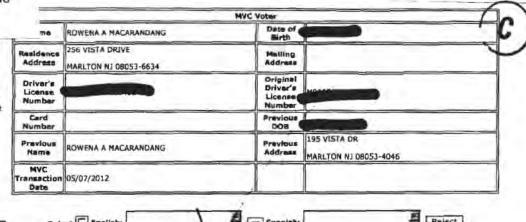
Fire

Previous Name:



## Compare MVC - Agency

## INCOMPLETE CITIZEN & SIGNATURE





Inquiries Help

	Raject	English:		V	Spa Spa	mish:				Reject	1
				SVR	S Matched Vo	oters					-
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status
		RENEE I			188 HOMESTEAD						Moved
	119078913	CORMACK	61/01/1000		PARAHUS, NJ 07652				23 70	peleted	state

* under Status Reason indicates voter has multiple



Select Add Back No Action Required Print List

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.





JOANNE NYIKITA Superintendent & Commissioner

# Board of Chosen Freeholders County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS



DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SNATURE

S-18-2012 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: ROWENA A MACARANDANG

#### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

**Voter Information:** 

Voter's Name: GERALD B ROMAN

Voter ID:

152548056

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Name: HORNBERGER AVE

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: ROEBLING

State: NJ

Status Information:

Voting Privilege Date: 02/04/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/15/2013

Deleted Reason: Administrative Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1160

Zip: 08554

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: 01/14/2013

Miscellaneous:

Gender: Male

Absentee Ballot Type: None Registration Date: 01/14/2013

Registration Type: Agency with Identification

Last Action Taken Date: 02/15/2013

**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 01 Congressional 03 Legislative 07 Freeholder School Special Fire

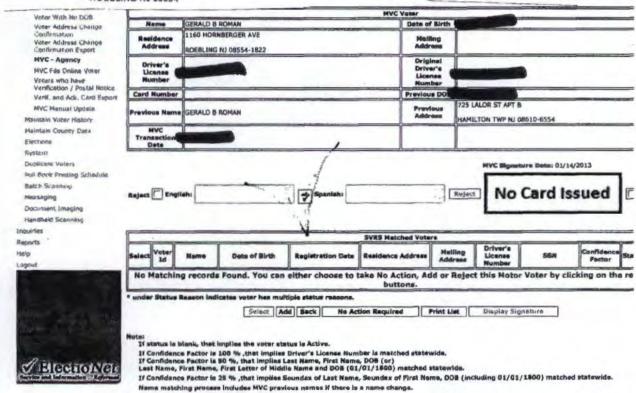
Previous Name:

GERALD B ROMAN 1160 HORNBERGER AVE ROEBLING NJ 08554

pare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE

BUSNCOS BURLINGT



Deleted



JOANNE NYIKITA Superintendent & Commissioner

# Board of Chosen Freeholders County of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

152548056 M-0315 W-02 D-01



GERALD B ROMAN 1160 HORNBERGER AVE ROEBLING NJ 08554

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT-INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 2/05/2013

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

MANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: GERALD B ROMAN

**Election History:** 

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Wemo Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Ball Type=Ballot Type CtyVotIn=County Voted in DistVotIn=District Voted In

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**User Printed: BUSDLOVE** Date: 05/02/2017

**Voter Information:** 

Voter's Name: VANESSA R ROMAN

Voter ID: 152548090

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: ROEBLING

State: NJ

Status Information:

Voting Privilege Date: 02/04/2013

Current Status: Deleted

Date Last Voted:

Deleted Date: 02/15/2013

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 1160

Street Name: HORNBERGER AVE

Zip: 08554

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: 01/14/2013

Miscellaneous:

Gender: Female

Absentee Ballot Type: None Registration Date: 01/14/2013

Registration Type: Agency with Identification

Last Action Taken Date: 02/15/2013

**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:

01 03 Legislative 07 Ward 02 District Congressional

Special Fire Freeholder School

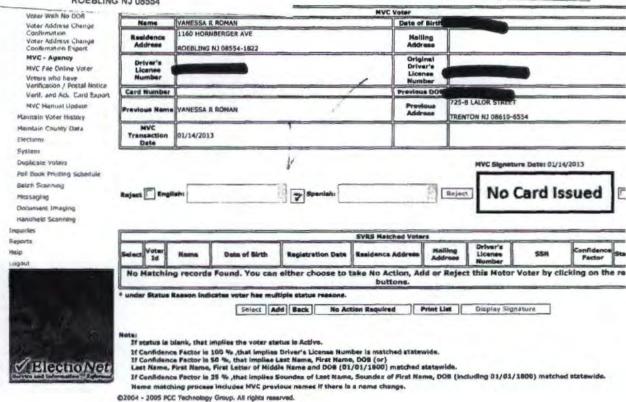
Previous Name:



VANESSA R ROMAN 1160 HORNBERGER AVE ROEBLING NJ 08554

mpare MVC - Agency

INCOMPLETE CITIZEN & SIGNATURE JELINGT





JOANNE NYIKITA Superintendent & Commissioner

# Board of Chosen Freeholders County of Burlington

New Jersey

SUPERINTENDENT OF ELECTIONS and **COMMISSIONER OF REGISTRATIONS** 

152548090 M-0315 W-02 D-01

1160 HORNBERGER AVE ROEBLING NJ 08554

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR-VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SUPERINTENDENT OF ELECTIONS

BUSDLOVE / BURLINGTON

Voter Name: VANESSA R ROMAN

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date

El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotin=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type

Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

**Voter Information:** 

Voter's Name: CELESTE A REYES

Voter ID: 151168561

Legacy ID:

Archived Legacy ID:

Status Information:

**Current Status: Deleted** 

Deleted Date: 07/14/2009

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 07/10/2009

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 440

Street Name: DENNIS AVE

Address Line 2: Address Line 3:

Municipality: PEMBERTON TOWNSHIP

Postal City: BROWNS MILLS

State: NJ Zip: 08015

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: 07/10/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/19/2009

Registration Type: Agency with Identification

Last Action Taken Date: 07/14/2009

**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 Freeholder 00

District School 04

Congressional

Special

03

Legislative 08

Fire

**Previous Name:** 



CELESTE A REYES 440 DENNIS AVE BROWNS MILLS NJ 08015

# - Change Voter

# INCOMPLETE CITIZEN & SIGNATURE

BUSDCRAW / BURLINGTON

	N	IVC Voter		<b>1</b>	
Name	CELESTE A REYES	Date of Birth			
Residence Address	BROWNS MILLS NJ 08015-1824	Mailing Address			
Driver's License Number		Original Driver's License Number			
Card Number		Previous DOB			
Previous Name	CELESTE A REYES	Previous Address	8 BROWNS MILLS NJ 08515		
MVC Transaction Date	06/19/2009				
		STE A REYES ENNIS AVE VNS MILLS NJ 08015		Reject	
Select Vote		STRATION FOR ATION IN ORDE	M FROM A MOTOR VEHICLE	Confidence Factor	Statu
11705	ARE YOU A UNITED STATES CITIZEN (YI			25 %7	
	PLEASE C	IRCLE YES OR	NO L		
1190	WE ALSO NEED	YOUR SIGNATU	RE IN INK	25 %	Deleti
٠	VOTER SIGNATURE	***	7/8/09 DATE		

BUSSPAGA / BURLINGTON

**Voter Name: CELESTE A REYES** 

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: HORLANDO MEDINA

HERNANDEZ

Voter ID:

151151027

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Street Number: 45

Street Name: BROADACRE DR

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

Status Information:

Voting Privilege Date: 05/25/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/27/2009

Deleted Reason: Administrative Action

Poll Worker Status:

Unit:

Suffix A: Suffix B:

State: NJ Zip: 08054

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: 05/04/2009

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 05/04/2009 Registration Type: Agency with

Identification

Last Action Taken Date: 05/27/2009

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 Freeholder 00

District

School

21

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

**Date Changed** 05/04/2009

Last Name

MEDINA-HERNANDEZ

First Name

HORLANDO

Middle Name

Suffix

45 BROADACRE DR

# Releted Change Voter

BUSDLOVE / BURLINGTON

INCOMPLETE CITIZEN & SIGNATURE

MVC	Voter
HORLANDO MEDINA-HERNANDEZ	Date of Birth
45 BROADACRE DRIVE MT LAUREL NJ 08054-4708	Mailing Address
	Original Driver's License Number
	Previous DOB
HORLANDO MEDINA-HERNANDEZ	Previous 837 KING CROFT Address CHERRY HILL NJ 08034-1111
	HORLANDO MEDINA-HERNANDEZ  45 BROADACRE DRIVE  MT LAUREL NJ 08054-4708

Superintendent & Commissioner

COMMISSIONER OF REGISTRATIONS

45 BROADACRE DR MOUNT LAUREL NJ 08054

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

MAY 25

BUSDLOVE / BURLINGTON

Voter Name: HORLANDO MEDINA HERNANDEZ

#### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Date

Date

Date

Date

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
Ei.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Party Information:

Miscellaneous:

Identification

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 09/26/2009

Registration Type: Agency with

Last Action Taken Date: 12/09/2009

Current Party: Unaffiliated

Party Privilege Date: 09/26/2009

**Voter Information:** 

Voter's Name: MURALIKRI MEKA

Voter ID: 151228407

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 704 Street Name: OSWEGO CT

Address Line 2: Address Line 3:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ Zip: 08054

Status Information: Mailing Address: Inactive Confirmation Address:

Voting Privilege Date: 10/17/2009 Street Number: Street Number:

Current Status: Deleted Suffix A: Suffix A:

Suffix B: Suffix B:

Suffix B: Suffix B: Street Name/P.O. Box: Street Name/P.O. Box:

Deleted Date: 12/09/2009 Street Name/P.O. Box:
Deleted Reason: Administrative Unit:

Address Line 2: Address Line 2: Address Line 3: Address Line 3:

City: City: State: State: Zip Code: Country: Country:

Districts:

Action

Date Last Voted:

Poll Worker Status:

Ward 00 District 15 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

	MURALIKRI MEKA 704 OSWEGO CT MOUNT LAUREL NJ 08054	- Change Voter	BUSRMCGU / BURLINGTON
		MVC Voter	
Name	MURALIKRI MEKA	Date of Birth	
Residence Address	704 OSWEGO COURT MT. LAUREL NJ 08054-5283	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	MURALIKRI MEKA	Previous Address	500 DIEMER DRIVE MT. LAUREL NJ 08054-3945
MVC Transaction Date	09/26/2009		
Select Vote Id No Match	ARE YOU A UNIT		CLE YES OR NO  UR SIGNATURE IN INK  Sta
	VOTER SIGNA	TURE	DATE

## 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) natched statewide.

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

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BUSDLOVE / BURLINGTON

Voter Name: MURALIKRI MEKA

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Party Information:

Miscellaneous:

Identification

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 04/06/2009

Registration Type: Agency with

Last Action Taken Date: 05/22/2009

Current Party: Unaffiliated

Party Privilege Date: 04/06/2009

Voter Information:

Voter's Name: JUAN C MACHUCA

Voter ID: 151130190

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 05/22/2009

**Date Last Voted:** 

Deleted Reason:

Action

Voting Privilege Date: 04/27/2009

Administrative

Residence Address:

County: BURLINGTON

Unit: #D-9 Suffix A:

Suffix B:

Street Number: 215

Street Name: E CAMDEN AVE

Address Line 2: Address Line 3:

Municipality: MOORESTOWN

TOWNSHIP

Postal City: MOORESTOWN

State: NJ Zip: 08057

Address Line 3:

**Inactive Confirmation Address:** Mailing Address:

Street Number: Street Number: Suffix A: Suffix A: Suffix B: Suffix B:

Street Name/P.O. Box: Street Name/P.O. Box:

Unit: Unit: Address Line 2: Address Line 2: Address Line 3:

City: City: State: State: Zip Code: Zip Code: Country: Country:

Poll Worker Status:

Districts:

Congressional 03 Legislative 07 District 03 Ward 00 Fire Freeholder School Special

**Previous Name:** 



JUAN C MACHUCA
215 E CAMDEN AVE Apt-Unit #D-9

## Change Voter

Deleted

BUSDLOVE / BURLINGTON

INCOMPLETE					
ITIZEN	& SICNATUR	E			

	MV	C Voter	CITIZEN & SIGNATURE
Name	JUAN C MACHUCA	Date of Birth	
Residence Address	215 E CAMDEN AVE APT D9 MOORESTOWN NJ 08057-1604	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	JUAN C MACHUCA	Previous	37 BIRMINGHAM DRIVE

151130190 M-0322 W-00 D-03

JUAN C MACHUCA 215 E CAMDEN AVE Apt-Unit #D-9 MOORESTOWN NJ 08057

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(S)

Deleted

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



--- 4/24/09 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU GOD YOUR ATTENTION ON THIS MATTED

BUSDLOVE / BURLINGTON

Voter Name: JUAN C MACHUCA

#### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Name

Name

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty
Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

**Voter Information:** 

Voter's Name: JANAKBEN M PATEL

Voter ID:

151107824

Legacy ID:

Archived Legacy ID:

Status Information:

**Current Status: Deleted** 

Deleted Date: 03/23/2009

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 03/04/2009

Deleted Reason: Administrative Action

**Residence Address:** 

County: BURLINGTON

Unit: 7H
Suffix A:
Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zlp: 08075

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: 02/11/2009

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 02/11/2009

Registration Type: Agency with Identification

Last Action Taken Date: 03/15/2010

**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 03 Legislative 07 Freeholder School Special Fire

**Previous Name:** 

 Change Voter BURLINGTON INCOMPLETE CITIZEN & SIGNATURE JANAKBEN M PATEL 3001 ROUTE 130 Apt-Unit #7-H DELRAN NJ 08075 **MVC Voter** Date of Name JANAKBEN M PATEL Birth 3001 RTE 130 S APT 7H Residence Mailing Address Address **DELRAN NJ 08075-2615** Original Driver's Driver's License License Number Number Previous Card Number DOB 3 WATERS EDGE DRIVE Previous **Previous** JANAKBEN M PATEL Address Name **DELRAN NJ 08075-1895** MVC Transaction 02/11/2009 Date 151107824 M-0310 W-01 D-03 ect Rej 3001 ROUTE 130 Apt-Unit #7-H = DEAR VOTER, **DELRAN NJ 08075** onfidence Voter Select NTHIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE Id Factor AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER No Matching REGISTRATION FORM. ctive button ARE YOU A UNITED STATES CITIZEN (NO) (YES) PLEASE CIRCLE YES OR NO Note: If status is b WE ALSO NEED YOUR SIGNATURE IN INK If Confidence If Confidence Last Name, F 03-16-09. If Confidence (01/1800) matched statew * Name match VOTER SIGNATURE ©2004 - 2005 PCC

**BUSDLOVE /** 

151107824 M-0310 W-01 D-03

BUSOE1AD / BURLINGTON

Voter Name: JANAKBEN M PATEL

**Election History:** 

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo User Date Date Scanned Counted Name

> Close **Print List**

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 05/01/2017

**Voter Information:** 

Voter's Name: ISIL OKUMUS Voter ID: 151184174

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: 9F Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 07/20/2009

Gender: Not Entered Absentee Ballot Type: None Registration Date: 07/20/2009

Registration Type: Agency with Identification

Last Action Taken Date: 03/15/2010

Status Information:

Voting Privilege Date: 08/10/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 08/13/2009

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 01 District 03 Congressional 03 Legislative 07 Fire Freeholder School Special

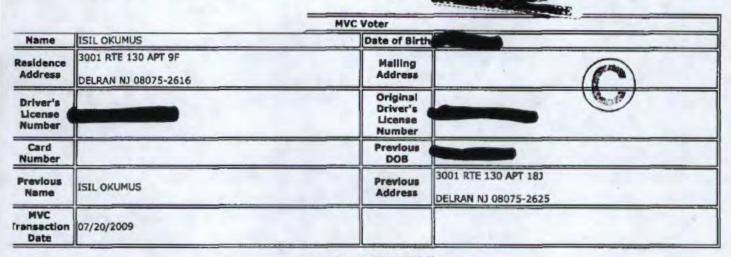
**Previous Name:** 



3001 ROUTE 130 Apt-Unit 9-F **DELRAN NJ 08075** 

· Change Voter

BUSRMCGU / BURLINGTON



Reje

151184174 M-0310 W-01 D-03

DEAR VOTER,

ISIL OKUMUS 3001 ROUTE 130 Apt-Unit 9-F DELRAN NJ 08075

Voter Narr

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ns below.

to Matching rec

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

rte: If status is biani If Confidence Fa If Confidence Fa

Last Name, First If Confidence Fac atewide.

Name matching p 2004 - 2005 PCC Tech OTHER SIGNATURE

WE ALSO NEED YOUR SIGNATURE IN INK

matched

*** 8-8-09

BUSOE1AD /
BURLINGTON

Voter Name: ISIL OKUMUS

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 05/01/2017

**Voter Information:** 

Voter's Name: DERYA KUMAS Voter ID: 151175447

Legacy ID:

**Archived Legacy ID:** 

Residence Address:

County: BURLINGTON

Unit: 29E Suffix A: Suffix B:

Street Number: 3001 Street Name: ROUTE 130

Address Line 2: Address Line 3:

Municipality: DELRAN TOWNSHIP

Postal City: DELRAN

State: NJ Zip: 08075 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/29/2009

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 06/29/2009

Registration Type: Agency with Identification

Last Action Taken Date: 03/12/2010

**Status Information:** 

Voting Privilege Date: 07/20/2009

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 07/29/2009

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:

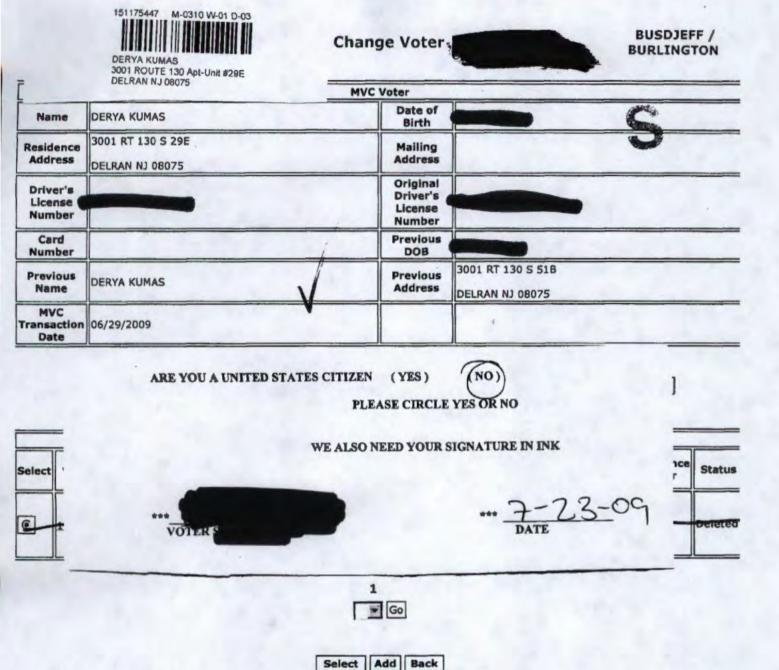
Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward 01 District 03 Congressional 03 Legislative 07 Freeholder School Special Fire

**Previous Name:** 



Note:

BUSOE1AD / BURLINGTON

Voter Name: DERYA KUMAS

**Election History:** 

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/28/2017

**Voter Information:** 

Voter's Name: MARGIT CIVALE 150791073

Voter ID: Legacy ID:

**Archived Legacy ID:** 

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 145

Street Name: CHESTERFIELD-CROSSWCKS

Address Line 2: Address Line 3:

Municipality: CHESTERFIELD TOWNSHIP

Postal City: CHESTERFIELD

State: NJ Zip: 08515

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: 10/21/2008

Miscellaneous:

Gender: Female

Absentee Ballot Type: None Registration Date: 09/28/2009 Registration Type: Agency with

Identification

Last Action Taken Date: 10/22/2009

Status Information:

Voting Privilege Date: 10/19/2009

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 10/22/2009

Deleted Reason: Administrative Action

Poll Worker Status:

**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:

Freeholder

Ward

00

District

School

02

Congressional

Special

03

Legislative 12

Fire

**Previous Name:** 



MARGIT CIVALE 145 CHESTERFIELD-CROSSWCKS RD CHESTERFIELD NJ 08515

# Welsted

Change Voter 150791093

BUSDCRAW / BURLINGTON

Transfor MCCONFILETE NO SIC

	Contract of the contract of th		11110)0	in the partitions of classes and community of the state of
		MVC Voter		send sig let
Name	MARGIT CIVALE	Date of Birth		
Residence Address	145 CHSTERFIELD-CRSSWCKS RD CHESTERFIELD NJ 08515	Mailing Address		(300)
Driver's License Number		Original Driver's License Number		
Card Number		Previous DOB		
Previous Name	MARGIT CIVALE	Previous Address	10 AZALEA WAY	AR NJ 08690-1305
MVC Transaction Date	09/28/2009			

150791073 M-0307 W-00 D-02

MARGIT CIVALE 145 CHESTERFIELD-CROSSWCKS RD CHESTERFIELD NJ 08515

DEAR VOTER.

Selec

Statu

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. IN ORDER FOR YOU TO BE IN THE POLLBOOK FOR THE UPCOMING ELECTION, WE NEED YOUR SIGNATURE.

ncompl

VOTER SIGNATURE

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

BUSOE1AD /
BURLINGTON

Voter Name: MARGIT CIVALE

**Election History:** 

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

**Voter Information:** 

Voter's Name: JOSE E LAZO Voter ID: 151303459

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 03/18/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 03/12/2010

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 5

Street Name: BALLAD LN

Address Line 2: Address Line 3:

Municipality: WILLINGBORO

TOWNSHIP

Postal City: WILLINGBORO

State: NJ Zip: 08046

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: 02/19/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None

Registration Date: 02/19/2010 Registration Type: Agency with

Identification

Last Action Taken Date: 03/18/2010

**Inactive Confirmation Address:** 

Street Number: Suffix A:

Street Name/P.O. Box:

Unit:

Suffix B:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Action

Ward Freeholder 00

District School 06

Congressional Special 03

Legislative 07

Fire

Previous Name:



JOSE E LAZO 5 BALLAD LN WILLINGBORO NJ 08048 IVC File - New Voter

INCOMPLETE CITIZEN & SIGNATURE

4.5%
7.7
Raject
river's

AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



... 3/13/10

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK VOILEOR VOLIR ATTENTION ON THIS MATTER

109040633 JACK BRIDGETON, NO 08302

115 GLENN AVE, NORWOOD, N3 107648

1 2 5 % Deleted

1 2 5 % Deleted

Next 10

Select Add Back

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

BUSSPAGA / BURLINGTON

Voter Name: JOSE E LAZO

#### **Election History:**

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

Close | Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

**Voter Information:** 

Voter's Name: MARIO S CARVALHO

Voter ID:

151167462

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 622

Street Name: W WASHINGTON ST

Address Line 2: Address Line 3:

Municipality: RIVERSIDE TOWNSHIP

Postal City: RIVERSIDE

State: NJ Zip: 08075

Miscellaneous:

Gender: Not Entered

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/15/2009

Absentee Ballot Type: None Registration Date: 06/15/2009

Registration Type: Agency with Identification

Last Action Taken Date: 07/10/2009

Status Information:

Voting Privilege Date: 07/06/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 07/10/2009

Deleted Reason: Administrative Action

**Poll Worker Status:** 

Mailing Address:

Street Number: Suffix A:

Street Name/P.O. Box:

Unit:

Suffix B:

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 Freeholder 00

District School

08

Congressional Special

03

Legislative 07

Fire

Previous Name:

MARIO S CARVALHO 622 W WASHINGTON ST

# Change Voter Dely-

BUSDLOVE / BURLINGTON

RIVERSIDE NJ 08075			CONTRELETE
		MVC Voter	CITIZEN & SIGNATURE
Name	MARIO S CARVALHO	Date of Birth	
Residence Address	622 W.WASHINGTON STREET RIVERSIDE NJ 08075-4131	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	
Previous Name	MARTO D CARVALHO	Previous Address	622 W.WASHINGTON STREET RIVERSIDE NJ 08075-4131
MVC Transaction Date	06/15/2009		

THE OFFICE IS A RECEIL I OF TOUR RESIDENCES PORT PROPERTY OF THE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

TU	NE VOLLEGE VOL	III ATERDATE	ON ON THIS MATTER	 -	-	 
			NJ 07458			
7						11

BUSSPAGA / BURLINGTON

Voter Name: MARIO S CARVALHO

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

Voter Information:

Voter's Name: FERNANDA P PEREIRA

Voter ID:

151204332

Legacy ID:

Archived Legacy ID:

County: BURLINGTON

Street Name: LINCOLN AVE

Municipality: RIVERSIDE TOWNSHIP

Postal City: RIVERSIDE

Zip: 08075

Mailing Address:

Suffix A:

Street Name/P.O. Box:

Unit:

Deleted Reason: Administrative Action

Poll Worker Status:

Date Last Voted:

Status Information:

Current Status: Deleted

Deleted Date: 09/23/2009

Voting Privilege Date: 09/05/2009

Residence Address:

Unit: Suffix A: Suffix B:

Street Number: 606

Address Line 2: Address Line 3:

State: NJ

Street Number:

Suffix B:

Address Line 2: Address Line 3:

City: State: ZIp Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/15/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 08/15/2009

Registration Type: Agency with Identification

Last Action Taken Date: 09/23/2009

**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 Freeholder 00

District School

03

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 



FERNANDA P PEREIRA 606 LINCOLN AVE RIVERSIDE NJ 08075

#### Change Voter

#### INCOMPLETE CITIZEN & SIGNATURE



		MVC	Voter	
Name	FERNANDA P PEREIRA		Date of Birth	- Heleto
Residence Address	606 LINCOLN AVENUE RIVERSIDE NJ 08075-3012		Mailing Address	
Driver's License Number			Original Driver's License Number	
Card Number			Previous DOB	
Previous Name	FERNANDA P PEREIRA	1.	Previous Address	209 BRIDGEBORO ST RIVERSIDE NJ 08075-3203
MVC Transaction Date	08/15/2009	٧		

AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (Y

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



--- Q-16-09 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

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

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BUSSPAGA / BURLINGTON

Voter Name: FERNANDA P PEREIRA

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 04/27/2017

**Voter Information:** 

Voter's Name: SUELI S SCHNIDER

Voter ID:

151218871

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 101

Street Name: MAYLAND AVE

Address Line 2: Address Line 3:

Municipality: RIVERSIDE TOWNSHIP

Postal City: RIVERSIDE

State: NJ Zip: 08075

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

State:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/10/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/10/2009

Registration Type: Agency with Identification

Last Action Taken Date: 09/23/2009

Status Information:

Voting Privilege Date: 10/01/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 09/23/2009

Deleted Reason: Administrative Action

**Poll Worker Status:** 

Address Line 3: City:

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 Freeholder 00

District School

07

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

Change Vote

INCOMPLETE CITIZEN & SIGNATURE BUSDCRAW / BURLINGTON

RIVERSIDE NJ 08075 **MVC Voter** Date of Name SUELI S SCHNIDER Birth 101 MAYLAND AVE Mailing Residence Address Address RIVERSIDE NJ 08075-3753 Original Driver's Driver's License License Number Number Card **Previous** Number DOB 100 MAYLAND AVE **Previous** Previous SUELI S SCHNIDER Name Address RIVERSIDE NJ 08075-3752 MVC Transaction 09/10/2009 Date

AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN

(YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

*** ATURE

*** 9-19-09 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER

Note:

BUSSPAGA / BURLINGTON

Voter Name: SUELI S SCHNIDER

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

**Voter Information:** 

Voter's Name: INGVILD B COSTELLO

Voter ID: 151150921

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 05/22/2009

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 05/25/2009

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 1010 Street Name: W 4TH ST

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ Zip: 08518

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: 05/04/2009

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 05/04/2009

Registration Type: Agency with Identification

Last Action Taken Date: 05/22/2009

**Inactive Confirmation Address:** 

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

City: State: Zip Code:

Country:

Districts:

Ward 03 District 01 Congressional 03 Legislative 07 Freeholder School Special Fire

Previous Name:

151150921 M-0315 W-03 D-01

INGVILD B COSTELLO 1010 W 4TH ST FLORENCE N. 108518

#### hange Voter

Deleted

INCOMPLETE CITIZEN & SIGNATURE



FLORENCE NJ 08518 **MVC Voter** Date of Name INGVILD B COSTELLO Birth . 1010 W FOURTH STREET Residence Mailing Address Address FLORENCE NJ 08518-1004 Original Driver's Driver's License License Number Number Previous Card Number DOS

151150921 M-0315 W-03 D-01

INGVILD & COSTELLO 1010 W 4TH ST FLORENCE NJ 08518

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

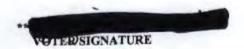
ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

Deleted

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 20-May-09

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

BUSDLOVE / BURLINGTON

Voter Name: INGVILD B COSTELLO

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted

Close **Print List** 

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: AMRIK SINGH Voter ID: 151177286

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 07/21/2009

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 07/29/2009

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 132

Street Name: DELAWARE AVE

Address Line 2: Address Line 3:

Municipality: FLORENCE TOWNSHIP

Postal City: FLORENCE

State: NJ Zip: 08518

Mailing Address: **Inactive Confirmation Address:** 

Street Number: Street Number: Suffix A: Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Suffix B:

Street Name/P.O. Box:

**Party Information:** 

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 07/08/2009

Last Action Taken Date: 07/21/2009

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 07/08/2009

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 02

District School

01

Congressional Special

03

Legislative 07

Fire

Previous Name:



AMRIK SINGH 132 DELAWARE AVE FLORENCE NJ 08518 ange Voter

Deleted

INCOMPLETE CITIZEN & SIGNATURE

RLINGTON

	PEORENCE NO DESTO	-		
		MV	C Voter	
Name	AMRIK SINGH		Date of Birti	
Residence Address	132 DELAWARE AVE. FLORENCE NJ 08518-1604		Mailing Address	
Driver's License Number		í	Original Driver's License Number	
Card Number		7	Previous DOB	
Previous Name	AMRIK SINGH		Previous Address	F 13 SHIRLEY LANE  LAWRENCEVILLE NJ 08648-1428
MVC Transaction Date	07/08/2009	1	1	

Reject English: Spanish: Reject AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)



PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

200

7-18-2009 DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK VOIL FOR VOID ATTENTION ON THIS MATTER

BUSDLOVE / BURLINGTON

Voter Name: AMRIK SINGH

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

**Voter Information:** 

Voter's Name: GARTH O FRANCIS

Voter ID:

151174407

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 45

Street Name: LANGDON RD

Address Line 2: Address Line 3:

Municipality: BURLINGTON TOWNSHIP

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/23/2009

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 06/23/2009

Registration Type: Agency with Identification

Last Action Taken Date: 07/28/2009

Status Information:

Voting Privilege Date: 07/14/2009

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 07/28/2009

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 Freeholder 00

District School 12

Congressional Special 03

Legislative 07

Fire

**Previous Name:** 

151174407	M-0306 W-00 D-12
110101111	114 () ( <b>311) 124</b> () <b>. 2</b> 10
CARTHARA	****

GARTH O FRANCIS 45 LANGDON RD

#### Change Voter

BUSDLOVE / BURLINGTON

INCOMPLETE CITIZEN & SIGNATURE BURLINGTON NJ 08016 **MVC Voter** Date of Name **GARTH O FRANCIS** Birth 45 LANGDON RD Residence Mailing Address Address BURLINGTON NJ_08016-2946 NY Original Driver's Driver's License License Number Number Previous Card Number DOB 7110 MILLENIUM WAY Previous Previous **GARTH O FRANCIS** Address Name WILLINGBORO NJ 08046-1039 MVC Transaction 06/23/2009 Date



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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BUSOE1AD / BURLINGTON

Voter Name: GARTH O FRANCIS

#### **Election History:**

El Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

#### Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOF1AD Date: 04/27/2017

Voter Information:

Voter's Name: REGINA RODRIGUEZ

Voter ID:

151092458

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 102

Street Name: JUNIPER ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016

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: 12/20/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 12/20/2008

Registration Type: Agency with Identification

Last Action Taken Date: 03/02/2009

Status Information:

Voting Privilege Date: 01/10/2009

**Current Status: Deleted** 

**Date Last Voted:** 

Deleted Date: 03/02/2009

Deleted Reason: Administrative Action

**Poll Worker Status:** 

**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 Freeholder 02

District

School

02

Special

Congressional

03

Legislative 07

Fire

**Previous Name:** 



## hange Voter

BUSDLOVE / BURLINGTON

INCOMPLETE CITIZEN & SIGNATURE

		MVC Voter	The second secon
Name	REGINA RODRIGUEZ	Date of Birth	
Residence Address	102 JUNIPER S BURLINGTON NJ 08016-1404	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card		Previous 151092458 M-0305 W-0 REGINA RODRIGUEZ 10Z JUNIPER ST BURLINGTON NJ 08016	D-02

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED. AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

BUSOE1AD / BURLINGTON

Voter Name: REGINA RODRIGUEZ

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted
Name

#### Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD

Date: 04/27/2017

**Voter Information:** 

Voter's Name: MIRNA T PENA HENRIOUEZ

Voter ID:

151089064

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: #200 Suffix A:

Suffix B:

Street Number: 320

Street Name: CONROW ST

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016 Miscellaneous:

Gender: Not Entered

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/28/2008

Absentee Ballot Type: None Registration Date: 11/28/2008

Registration Type: Agency with Identification

Last Action Taken Date: 08/09/2010

Status Information:

Voting Privilege Date: 12/19/2008

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 08/09/2010

Deleted Reason: Administrative Action

Poll Worker Status:

Mailing Address: Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

City:

Address Line 2: Address Line 3:

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 Freeholder 02

District School

02

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 

**Date Changed** 11/28/2008

**Last Name** 

PENA-HENRIQUEZ

**First Name** 

MIRNA

Middle Name

Suffix

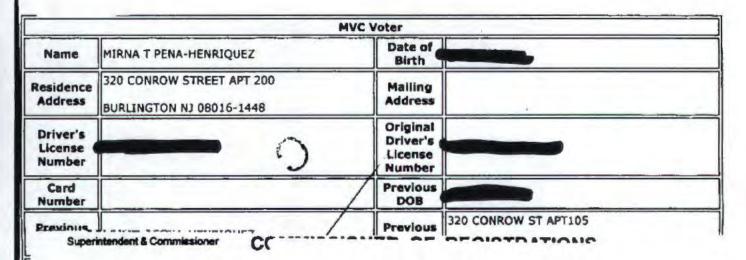




INCOMPLETE CITIZEN & SIGNATURE

nge Voter

BUSDLOVE / BURLINGTON



151089064 M-0305 W-02 D-02

MIRNA T PENA-HENRIQUEZ 320 CONROWST Apt-Unit #200 BURLINGTON NJ 08016

DEAR VOTER.

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

2-7-09 DATE

BUSOE1AD / BURLINGTON

Voter Name: MIRNA T PENA HENRIQUEZ

#### **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted

#### Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOF1AD Date: 04/27/2017

Voter Information:

Voter's Name: PALMINDER SINGH

Voter ID:

151284195

Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Deleted Date: 03/16/2010

Date Last Voted:

Poll Worker Status:

Voting Privilege Date: 01/19/2010

Deleted Reason: Administrative Action

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 810

Street Name: W ROUTE 130

Address Line 2: Address Line 3:

Municipality: BURLINGTON CITY

Postal City: BURLINGTON

State: NJ Zip: 08016

Mailing Address:

Street Number: Suffix A: Suffix A:

Suffix B: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

**Inactive Confirmation Address:** 

Street Number:

Street Name/P.O. Box:

Party Information:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 12/29/2009

Last Action Taken Date: 03/16/2010

Registration Type: Agency with Identification

Current Party: Unaffiliated

Party Privilege Date: 12/29/2009

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward District 03 Congressional 03 Legislative 07 04 Fire Freeholder School Special

**Previous Name:** 

PALMINDER SINGH 810 W ROUTE 130 BURLINGTON N. 108018 ange Voter

Deleted

BUSMLYNC / BURLINGTON

INCOMPLETE

=	BURLINGTON NJ 08016	MVC Voter	CITIZEN & SIGNATURE
Name	PALMINDER SINGH	Date of Birt	h
Address	B10 W ROUTE 130 BURLINGTON NJ 08016-1267	Mailing Address	
Driver's License Number		Original Briver's License Number	
Card Number		Previous DOB	
Previous Name	PALMINDER SINGH	Previous Address	3 SHELBURNE STREET BURLINGTON NJ 08016-4308
MVC ransaction Date	12/29/2009		

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK



*** 03 03 10

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

BUSOE1AD / BURLINGTON

Voter Name: PALMINDER SINGH

**Election History:** 

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo User Date Date
Name

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSOE1AD Date: 04/27/2017

Voter Information:

Voter's Name: RITA I DASILVA Voter ID: 151080233

Legacy ID:

Archived Legacy ID:

Residence Address: County: BURLINGTON

Unit: Suffix A:

Suffix B:

Street Number: 103 Street Name: DORY CT

Address Line 2: Address Line 3:

Municipality: BEVERLY CITY

Postal City: BEVERLY

State: NJ Zip: 08010 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/03/2008

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 11/12/2008

Registration Type: Agency with Identification

Last Action Taken Date: 10/09/2014

Status Information:

Voting Privilege Date: 12/03/2008

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 10/09/2014

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 Freeholder 00

District School 01

Congressional

Special

03

Legislative 07

Fire

**Previous Name:** 



RITA I DASILVA 103 DORY CT BEVERLY NJ 08010 inge Voter

INCOMPLETE CITIZEN & SIGNATURE

> BUSDJEFF / BURLINGTON

		MVC Voter	
Name	RITA I DASILVA	Date of Birth	
Residence Address	103 DORY COURT BEVERLY NJ 08010-1063	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous	
Previous Name	RITA I CHOYCE	Previous Address	103 DORY COURT BEVERLY NJ 08010-1063
MVC ransaction Date	11/12/2008		

Reject AGENCY. WE NEED IMPORTANT INFORMATION IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

No Ma

Note:

Ic



--- 01/23/09 DATE

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

BUSOE1AD / BURLINGTON

Voter Name: RITA I DASILVA

#### **Election History:**

El.Date

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo User Date Date Scanned Scanned Counted Name

> Close **Print List**

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

**Voter Information:** 

Voter's Name: NAIRA MURADYAN

Voter ID: 151267499

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 717A

Street Name: COUNTRY CLUB PKWY

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ

Status Information:

Voting Privilege Date: 11/27/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 12/03/2009

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Address Line 2: Address Line 3:

Zip: 08054

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: 11/06/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 11/06/2009 Registration Type: Agency with

Identification

Last Action Taken Date: 09/02/2011

**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 Freeholder School

Congressional Special

03 Legislative 07

Fire

Previous Name:



**Change Voter** 

INCOMPLETE CITIZEN & SIGNATURE BUSDCRAW / BURLINGTON

				MVC Voter					
Name	NAIRA MURADYAN			Date of Birth					
Residence Address		RY CLUB PARKWAY		Mailing Addres				4	
Driver's License Number		•		Origina Driver's License Numbe			-		
Card Number			1	Previou DOB	S				
Previous Name	NAIRA MURADYAN			Previou Addres	5	323 COBBLE CREEK CIRCLE CHERRY HILL NJ 08003-1839			
MVC Transaction Date	11/06/2009	De	letec	lepho.	4	115	Cit	1201	7
	Reject En			Spanis Smatched Voter	n:	Ca		2-3-	09
Select Vot	er Id Nam	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence / Factor	Status
6 1101	59195 NORA MARTIN	EZ 01/01/1800	89/23/1996	253 OGÓEN AVE, Apt-Unit 1, JERSEY CITY, NJ 07307			`	25 %	Deleted

1 Go

Select Add Back

Note:

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

**BUSDLOVE** / BURLINGTON

Voter Name: NAIRA MURADYAN

#### **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

> Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/01/2017

Voter Information:

Voter's Name: KEZIBAN KARATAS Voter ID: 151293108

Voter ID: Legacy ID:

Archived Legacy ID:

Status Information:

Current Status: Deleted

Poll Worker Status:

Date Last Voted: 04/20/2010

Deleted Date: 04/26/2010

Voting Privilege Date: 02/20/2010

Deleted Reason: Administrative

Residence Address:

County: BURLINGTON

Unit: 9
Suffix A:
Suffix B:

Street Number: 215

Street Name: E CAMDEN AVE

Address Line 2: Address Line 3:

Municipality: MOORESTOWN

TOWNSHIP

Postal City: MOORESTOWN

State: NJ Zip: 08057

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: 01/30/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 01/30/2010

Registration Type: Agency with Identification

Last Action Taken Date: 04/26/2010

**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:

Action

Ward 00 District 03 Congressional 03 Legislative 07 Freeholder School Special Fire

**Previous Name:** 



215 E CAMDEN AVE Apt-Unit 9 MOORESTOWN NJ 08057

Sch 10
Prsey R

NOT 2-3 100

## REGISTERED

ional Ballot Affirmation Statement

N	Reason for Provisional Ballot (Check one) /5/2/93/08  Moved within the county after registering without notifying election office  Registration information missing from poll book  Did not show required ID  Poll book indicates you are a Mell-in Ballot voter, but did not apply for, receive, or return such ballot
-	2 I am a US citizen  Yes No 3 I am 18 or older Yes No
	Last Kanafas First Kezi Dan Mi. Suffix
SCH TON TO	Municipality Moorestown county BURLINGOZIP Code 28057  Mailing Address, if different from above:
D E T A	6 Please Fill Out Only Il You Moved within the County after Registering Without Notifying Election Office Previous Home Address  Municipality County Zip Code
T	7 Date of Birth Monti
Н	9 NJ Driver's License (DL#) or MVC Non-driver ID (ID#) Telephone Number (Option of ID#, last four digits of your Social Security Number (SS)
1	10 ☐ I affirm that I do not have a DL#/ID# or SSN
	11 Political Party
	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.
	Name of person providing assistance  A deleteD

nrta us citizen @ (GOU) 403

BUSDLOVE / BURLINGTON

#### Voter Name: KEZIBAN KARATAS

Elect	tion	Histo	rv:

El.Date & El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted

04/20/2010-

STATE- Annual SCHOOL School StatesCHOOL10 Provisional REJECTED BURLINGTON MOORESTOWN 00 03 JDOVEY 04/30/2010 04/20/2010

ELECTION

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/01/2017

**Voter Information:** 

Voter's Name: KAREN VARDANYAN

Voter ID: 151267548

Legacy ID:

Archived Legacy ID:

Residence Address:

Street Number: 717

Street Name: COUNTRY CLUB PKWY

Address Line 2:

Municipality: MOUNT LAUREL

TOWNSHIP

Postal City: MOUNT LAUREL

State: NJ

Status Information:

Voting Privilege Date: 11/27/2009

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 12/03/2009

Deleted Reason: Administrative

Action

Poll Worker Status:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Address Line 3:

Zip: 08054

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: 11/06/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 11/06/2009 Registration Type: Agency with

Identification

Last Action Taken Date: 12/03/2009

**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:

00 District Congressional 03 Legislative 07 Ward 07 Freeholder School Special Fire

**Previous Name:** 



MOUNT LAUREL NJ 08054

Change Voter

INCOMPLETE CITIZEN & SIGNATURE

Number

BUSDCRAW / BURLINGTON

			MVC Voter					1.
Name	KAREN VARDANYAN		Date (					
Residence Address	717 A COUNTRY CLUB PKWY		Mailin Addre	- 11				
Driver's License Number			Origin Driver Licens Numb	s a				
Card Number			Previo DOB	us				
Previous Name	KAREN VARDANYAN	1	Previo Addre	us	OBBLE CREEK			
MVC Transaction Date	11/06/2009	Deler	ted 1	104	au	15 (	?itize	eh
	Reject English:	Per t	Spanis		Call	- 18 N	Reject	
Select Voter	Name Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License	SSN	Confidence Factor	Status

Select Add Back

No Matching records Found. You can Add or Reject this Motor Voter by clicking on the respective buttons below.

# 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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BUSSPAGA / BURLINGTON

Voter Name: KAREN VARDANYAN

#### **Election History:**

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Scanned Counted Name

# Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

Voter Information:

Voter's Name: RABIA A SHEIKH

Voter ID:

151943539

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: B Suffix A: Suffix B:

Street Number: 2

Street Name: VILLAGE OF STONEY RUN

Address Line 2: Address Line 3:

Municipality: MAPLE SHADE TOWNSHIP

Postal City: MAPLE SHADE

State: NJ Zip: 08052

Mailing Address:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Deleted Reason: Administrative Action

Address Line 3:

Poll Worker Status:

Status Information:

Current Status: Deleted

Deleted Date: 08/11/2011

**Date Last Voted:** 

Voting Privilege Date: 08/13/2011

Street Number:

Address Line 2:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 08/13/2011

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 07/23/2011

Registration Type: Agency with Identification

Last Action Taken Date: 09/02/2011

**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 Freeholder 00

District School

15

Congressional

Special

01

Legislative 6

Fire

**Previous Name:** 



RABIA A SHEIKH 2813 ROUTE 73 Apt-Unit 2B MAPLE SHADE NJ 08052

# Compare MVC - Agency

#### INCOMPLETE CITIZEN & SIGNATURE

BUSKFRAZ / BURLINGTON

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

Duplicate Voters

Pall Book Printing Schedule

Batch Scanning

Messaging

Document Imaging

Inquiries

Reports

Logout



	MVC	Voter	
Name	RABIA A SHEIKH	Date of Birth	
Residence Address	28 STONEY RUN 2813 R+. 73	Malling Address	
Driver's License Number		Original Driver's Lisense Number	
Card Number		Previous DOB	
Previous Name	RABIA A SHEIKH	Previous Address	10 CLOVER PATH APT A MAPLE SHADE NJ 08052-8457
MVC Transaction Date	07/23/2011		

Reject English:	È	Spanish:		Reject
-----------------	---	----------	--	--------

				S	VRS Match	ed Voters					
Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Malling Address	Driver's License Number	55N	Confidence Factor	Status	Status Reason
No I	Match			ound. You o						d or R	eject

* under Status Reason Indicates voter has multiple status reasons.

Salact	Add Back	No Action Required	Print List
Science	warm   macer	ten section readmen	Laure cone

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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# Chosen Freeholders ty of Burlington New Jersey



SUPERINTENDENT OF ELECTIONS and COMMISSIONER OF REGISTRATIONS

JOANNE NYIKITA Superintendent & Commissioner

DEAR VOTER,

THIS OFFICE IS IN RECEIPT OF YOUR REGISTRATION FORM FROM A MOTOR VEHICLE AGENCY. WE NEED IMPORTANT INFOR<del>MATION</del> IN ORDER TO PROCESS YOUR VOTER REGISTRATION FORM.

ARE YOU A UNITED STATES CITIZEN (YES)

(NO)

PLEASE CIRCLE YES OR NO

WE ALSO NEED YOUR SIGNATURE IN INK

VOTER SIGNATURE

DATE

PLEASE PROVIDE THE MISSING INFORMATION AND SIGN THIS FORM IN THE SPACE PROVIDED, AND RETURN TO THIS OFFICE IN THE RETURN ENVELOPE PROVIDED.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

JOANNE NYIKITA

SUPERINTENDENT OF ELECTIONS

BUSSPAGA / BURLINGTON

Voter Name: RABIA A SHEIKH

# **Election History:**

El.Date
& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Memo Scanned Scanned Counted Name

Close Print List

Ei.Date=Election Date
Ei.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type
Bai.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSSPAGA Date: 05/02/2017

**Voter Information:** 

Voter's Name: VANESSA MOSER Voter ID: 151607895

Voter ID: Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A: Suffix B:

Street Number: 107

Street Name: AMSTERDAM DR Address Line 2:

Address Line 3:

Municipality: LUMBERTON TOWNSHIP

Postal City: LUMBERTON

State: NJ Zip: 08048 Miscellaneous:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 11/12/2010

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 11/12/2010

Registration Type: Agency with Identification

Last Action Taken Date: 12/20/2010

Status Information:

Voting Privilege Date: 12/03/2010

Current Status: Deleted

**Date Last Voted:** 

Deleted Date: 12/20/2010

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 Freeholder 00

0

District

03

Congressional

Special

03

Legislative 08

Fire

**Previous Name:** 

Activitie Voter	151607895 M-0317 W-00 D-03 VANESSA MOSER					/C - Age	ncy		INCOMPLETE CITIZEN & SIGNATURE					
		MSTERDAM DR ERTON NJ 08048				MVC Voter								
Elections	Nam	_	VANESS	SA MOSER			Date of							
System Show Reminders	Reside			STERDAM			Birth Malling Address							
My Homepage Duplicate Voters Poll Book Printing Schedule	Drive Licen Numi	squa	LUMBERTON NJ 08048-3104				Original Driver's License Number			- '	>			
Batch Scanning Messaging	Car						Previous							
Document Imaging Inquiries	Previo Nam		VANESSA MOSER				Previous Address		4248F GANDER WAY MCGUIRE AFB NJ 08641-4161					
Reports Help Logout	Transac Dat	ction	11/12/2	2010	. /									
	Reject		nglish:	<b>V</b>		¥ 7	Spanish					Reject		
					5	VRS Matche	ed Voters							
	Select	Voter	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status	Status Reason		
V Blastolia			- 1	this Mot	ound. You o	clicking	on the re	to take	No		d or R	eject		
,	- • under	statu	Ross		Add Back		ion Requi		Pri	nt List				

### 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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BUSSPAGA / BURLINGTON

Voter Name: VANESSA MOSER

#### **Election History:**

El.Date

& El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn

Name

User Date Date Scanned Counted

Close Print List

EI.Date=Election Date
EI.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

El.Type=Election Type
Bal.Type=Ballot Type
CtyVotIn=County Voted In
DistVotIn=District Voted In

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User Printed: BUSDLOVE Date: 05/02/2017

**Voter Information:** 

Voter's Name: VITO RUSSO Voter ID: 151154376

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Address Line 2:

Municipality: EASTAMPTON TOWNSHIP

Postal City: EASTAMPTON

State: NJ Zip: 08060

Status Information:

Voting Privilege Date: 06/01/2009

Current Status: Deleted

Date Last Voted:

Deleted Date: 05/29/2009

Deleted Reason: Administrative Action

Poll Worker Status:

Unit: Suffix A: Suffix B:

Street Number: 1302

Street Name: MONMOUTH RD

Address Line 3:

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: 05/11/2009

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 05/11/2009

Registration Type: Agency with Identification

Last Action Taken Date: 05/29/2009

**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 03 Legislative 08 Fire Freeholder School Special

**Previous Name:** 

		VITO RUSSO 1302 MONMO	M-0311 W-00 D-02	hange Voter	INCOMPLETE	BUSDLOVE / BURLINGTON
		EASTAMPTO		MVC Voter	CITIZEN & SIGNATU	RE
Na	me VITO	RUSSO		Date of Birth	- Voye	
	ence	HTUOMNOM 2		Mailing Address		
Lice	er's nse	ata (mala)	-	Original Driver's License Number		,
	rd iber			Previous DOB		-
Prev	IIVIII	RUSSO	V	Previous Address	207 ROUTE 530 SOUTHAMPTON NJ 08088-164	45
M's Trans	action 05/1	1/2009				
	Reje	ct [		151154376 M-03	311 W-00 D-02	
Select		DEAR NI	VOTER,	VITO RUSSO 1302 MONMOUTH EASTAMPTON NJ	RD 08060	RVEHICLE
Select	Reje	DEAR THIS	OFFICE IS IN DECEL	VITO RUSSO 1302 MONMOUTH EASTAMPTON NJ	RD RD	R VEHICLE Stat
_	Reje Voter Id	DEAR NI THIS VII AGEN RO REGIS	OFFICE IS IN RECEIP CY. WE NEED IMPO	VITO RUSSO 1302 MONMOUTH EASTAMPTON NJ PT OF YOUR RECISTRAT ORTANT INFORMATION TES CITIZEN (YES)	ION FORM FROM A MOTO IN ORDER TO PROCESS YO	R VEHICLE Stat
•	Voter Id	DEAR NI THIS CONTROL REGISTER VIT ARE YER	OFFICE IS IN RECEIP ICY. WE NEED IMPO STRATION FORM.	VITO RUSSO 1302 MONMOUTH EASTAMPTON NJ PT OF YOUR RECISTRAT ORTANT INFORMATION TES CITIZEN (YES) PLEASE CIRCLE	IN ORDER TO PROCESS YOU (NO)  YES OR NO	R VEHICLE STATE
	Voter Id 101089063	DEAR NI THIS CONTROL REGISTRO VIT ARE YERRO VIT RIZ	OFFICE IS IN RECEIP ICY. WE NEED IMPO STRATION FORM.	VITO RUSSO 1302 MONMOUTH EASTAMPTON NJ PT OF YOUR RECISTRAT ORTANT INFORMATION TES CITIZEN (YES)	IN ORDER TO PROCESS YOU (NO)  YES OR NO	R VEHICLE State UR VOTER  Delet

**BUSDLOVE** / BURLINGTON

Voter Name: VITO RUSSO

# **Election History:**

El.Type El.Code Bal.Type Bal.Status CtyVotIn MutyVotIn WdVotIn DistVotIn Pty Affn Memo Scanned Counted Name

> Close Print List

El.Date=Election Date El.Code=Election Code MutyVotIn=Municipality Voted In WdVotIn=Ward Voted In PtyAffn=Party Affiliation

El.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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JESSICA A RYDER 5C TUDOR CT EASTAMPTON NJ 08060 pare MVC - Agency

BUSRMCGU / BURLINGTON

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

MyC Manual Update Maintain Voter History

Maintain County Data

Elections System

Poli Book Printing Schadule

**Duplicate Voters** Batch Scanning

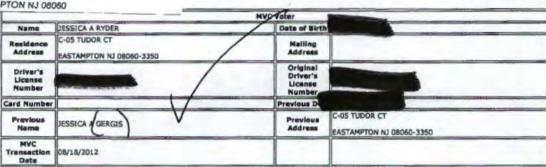
Messaging

Document Imaging

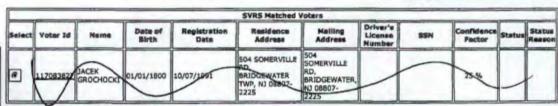
Inquiries Reports

Help









" under Status Reason Indicates voter has multiple status reaso

1 Go

Select Add Back No Action Required Print List Displ	play Signature
-----------------------------------------------------	----------------

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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User Printed: BUSDLOVE Date: 05/02/2017

Voter Information:

Voter's Name: JESSICA A RYDER

Voter ID:

152323805

Legacy ID:

Archived Legacy ID:

Residence Address:

County: BURLINGTON

Unit: Suffix A:

Suffix B: Street Number: 5C

Street Name: TUDOR CT Address Line 2:

Address Line 3:

Municipality: EASTAMPTON TOWNSHIP

Postal City: EASTAMPTON

State: NJ Zip: 08060

Miscellaneous: Gender: Male

Absentee Ballot Type: None

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 09/08/2012

Registration Date: 08/18/2012

Registration Type: Agency with Identification

Last Action Taken Date: 05/07/2014

Status Information:

Voting Privilege Date: 09/08/2012

Current Status: Deleted Date Last Voted: 11/05/2013 Deleted Date: 05/07/2014

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 Freeholder 00

District

School

03

Congressional Special

03

Legislative 08

Fire

Previous Name:

BUSDLOVE / BURLINGTON

Voter Name: JESSICA A RYDER

Ele	ction	Hi	sto	rv:
			200	

El.Date & Name	El.Type	El.Code	Bal.Type Bal.Status	CtyVotIn	MutyVotIn	WdVotIn	DistVotIn	Pty Affn	Memo	User Scanned	Date Scanned	Date Counted
11/05/2013 GENERAL ELECTION	General	STATE GE 2013	Machine	BURLINGTON	EASTAMPTON TOWNSHIP	00	03			BUSMLYNC	11/22/2013	11/05/2013
10/16/2013 SPECIAL GENERAL ELECTION FOR US SENATE	General	STATE SPECIAL GE 2013	Machine	BURLINGTON	EASTAMPTON TOWNSHIP	00	03			BUSMLYNC	12/19/2013	10/16/2013
11/05/2012 GENERAL ELECTION	General	GE 2012	Machine	BURLINGTON	EASTAMPTON TOWNSHIP	00	03			BUSJMGRI	01/11/2013	11/06/2012

Close Print List

El.Date=Election Date
El.Code=Election Code
MutyVotIn=Municipality Voted In
WdVotIn=Ward Voted In
PtyAffn=Party Affiliation

EI.Type=Election Type Bal.Type=Ballot Type CtyVotIn=County Voted In DistVotIn=District Voted In

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