

Logan Churchwell  
Communications&Research Director  
Public Interest Legal Foundation  
32 E. Washington Street, Suite 1675  
Indianapolis, Indiana 46204  
August 30, 2017

Dear Director Churchwell:

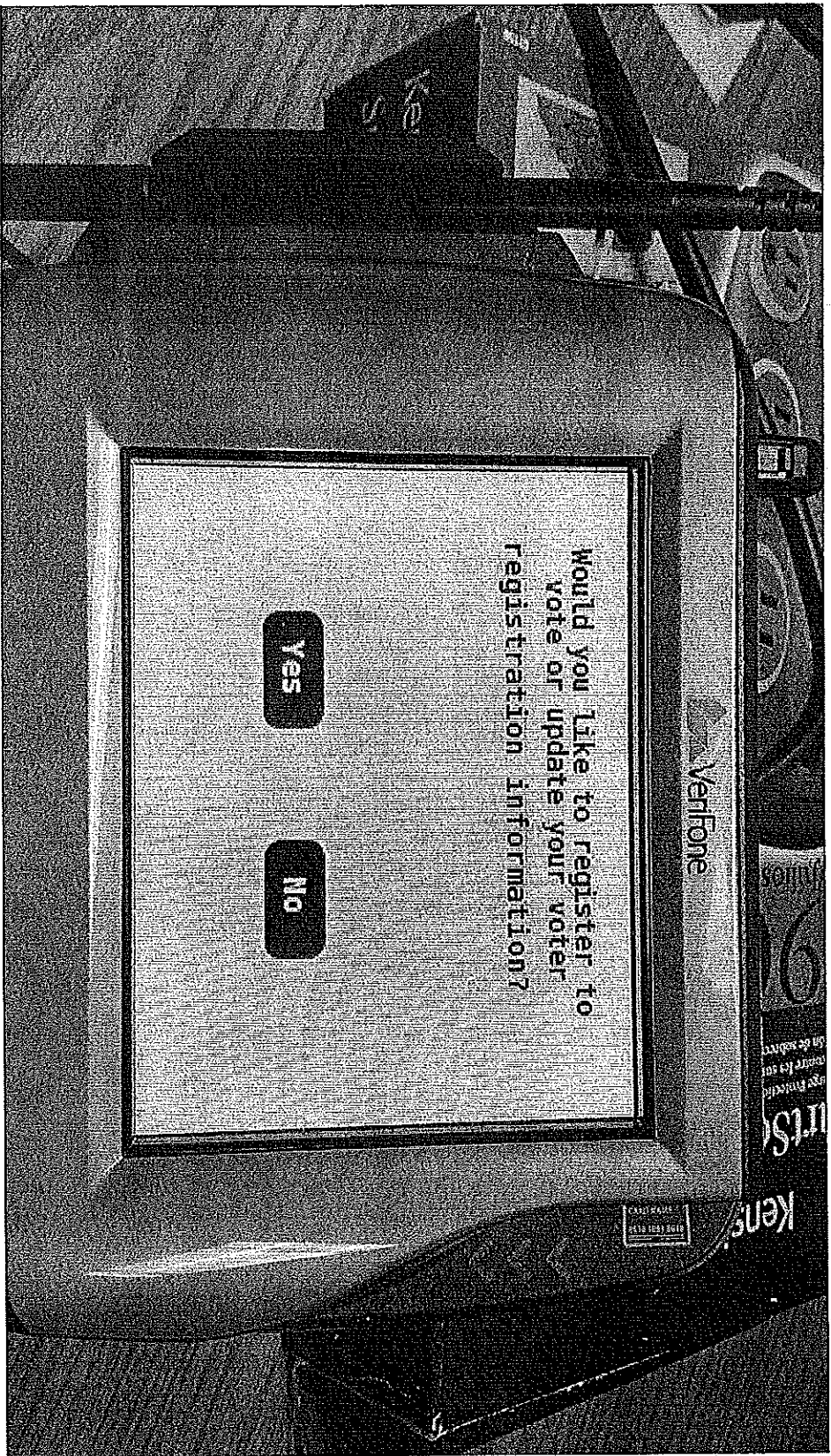
I am writing as a follow up to our recent conversation. I have researched the 118 Registration applicants who did not check off the box asking if they were a citizen. Of the 118- five sent back new registrations. Nine were changes made thru Motor Vehicles. I have enclosed the 14 applications. I have also enclosed a copy of the Motor Vehicle Pad that people use and you can see they ask them if they are a citizen yes or no. I hope this is of help should you need anything further from me please do not hesitate to call.

Kindest Regards

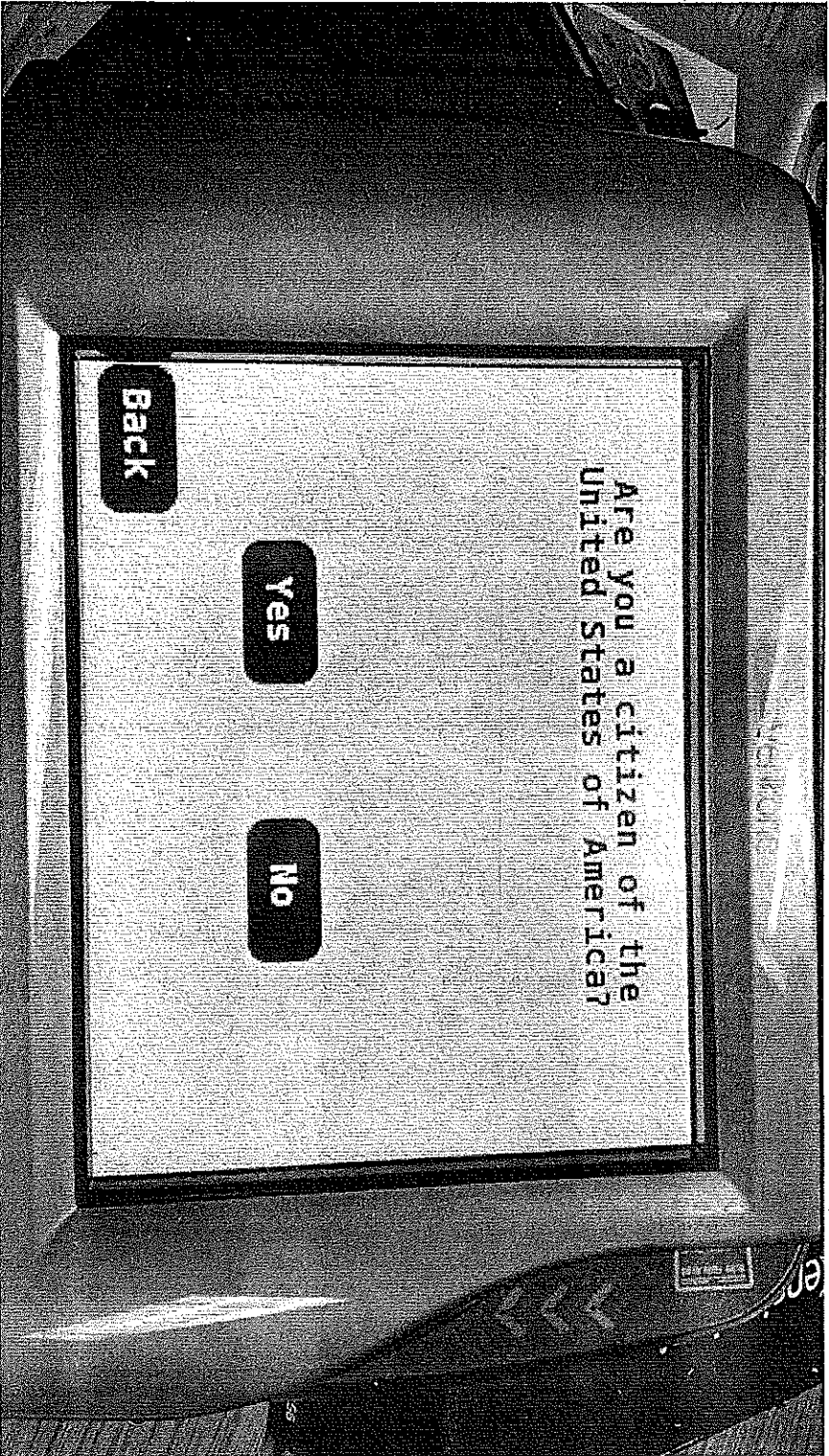
A handwritten signature in cursive script that reads "Mary C. DeSarno". The signature is written in dark ink and is positioned above the printed name.

Mary. C DeSarno  
Superintendent of Elections  
For Monmouth County

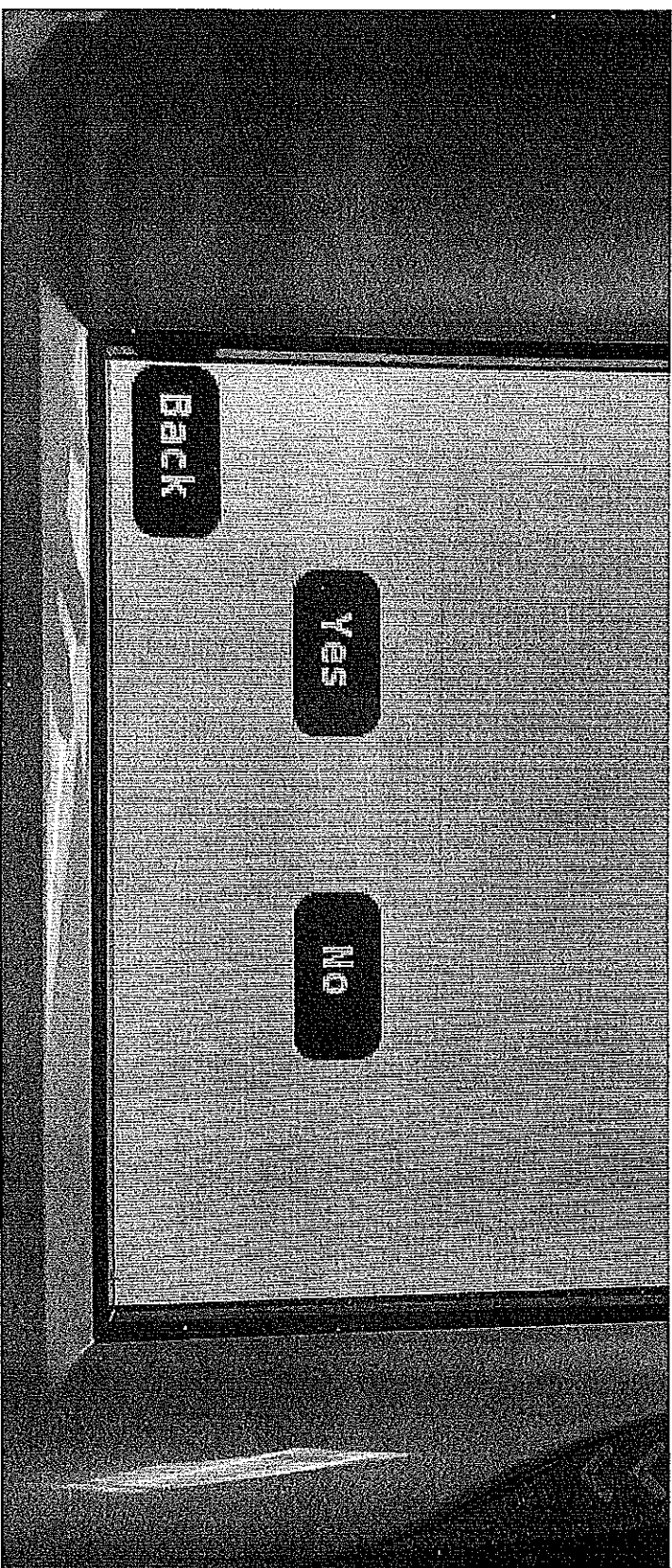




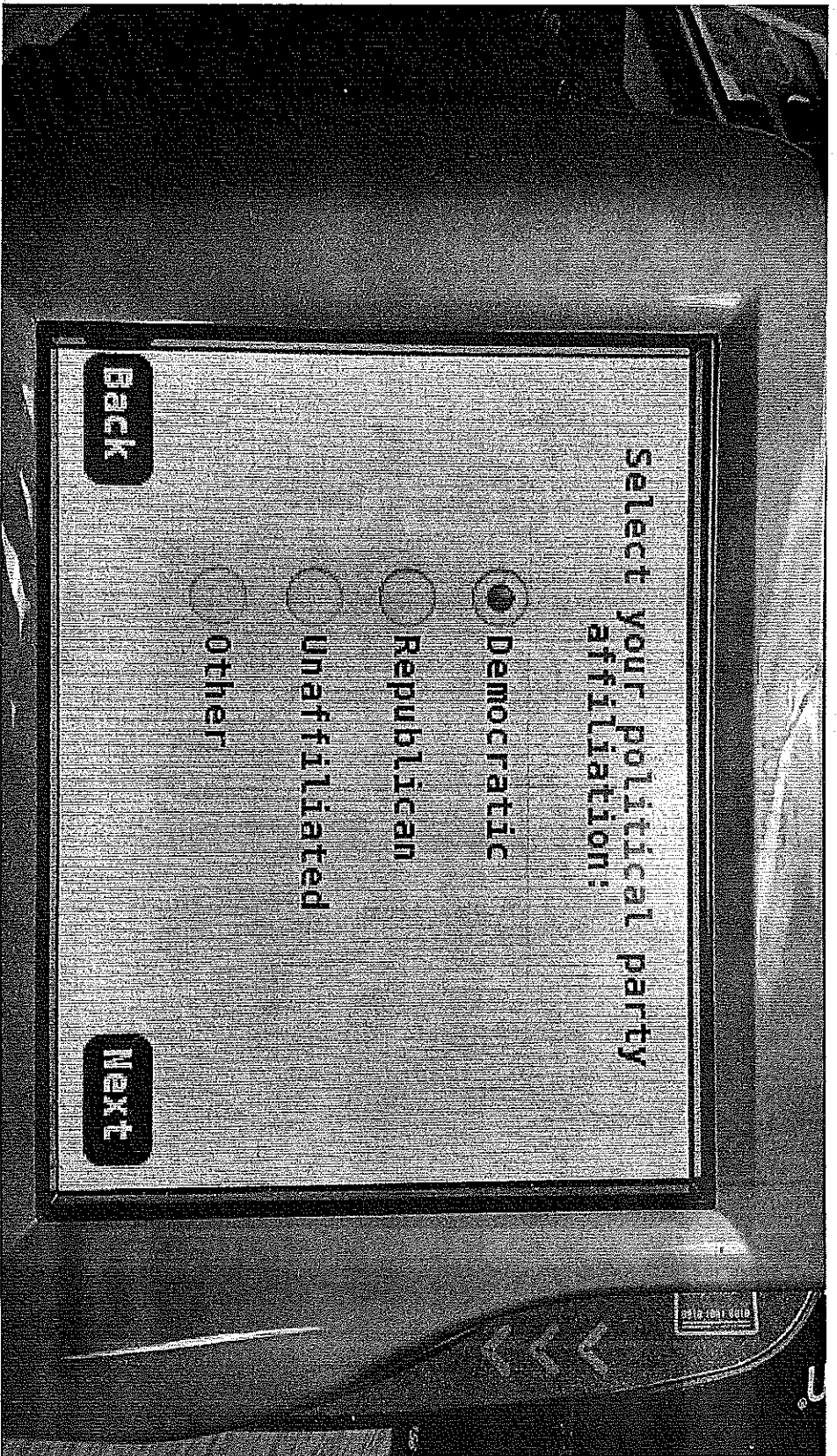
The Motor Vehicle Pad,  
also see reverse side.



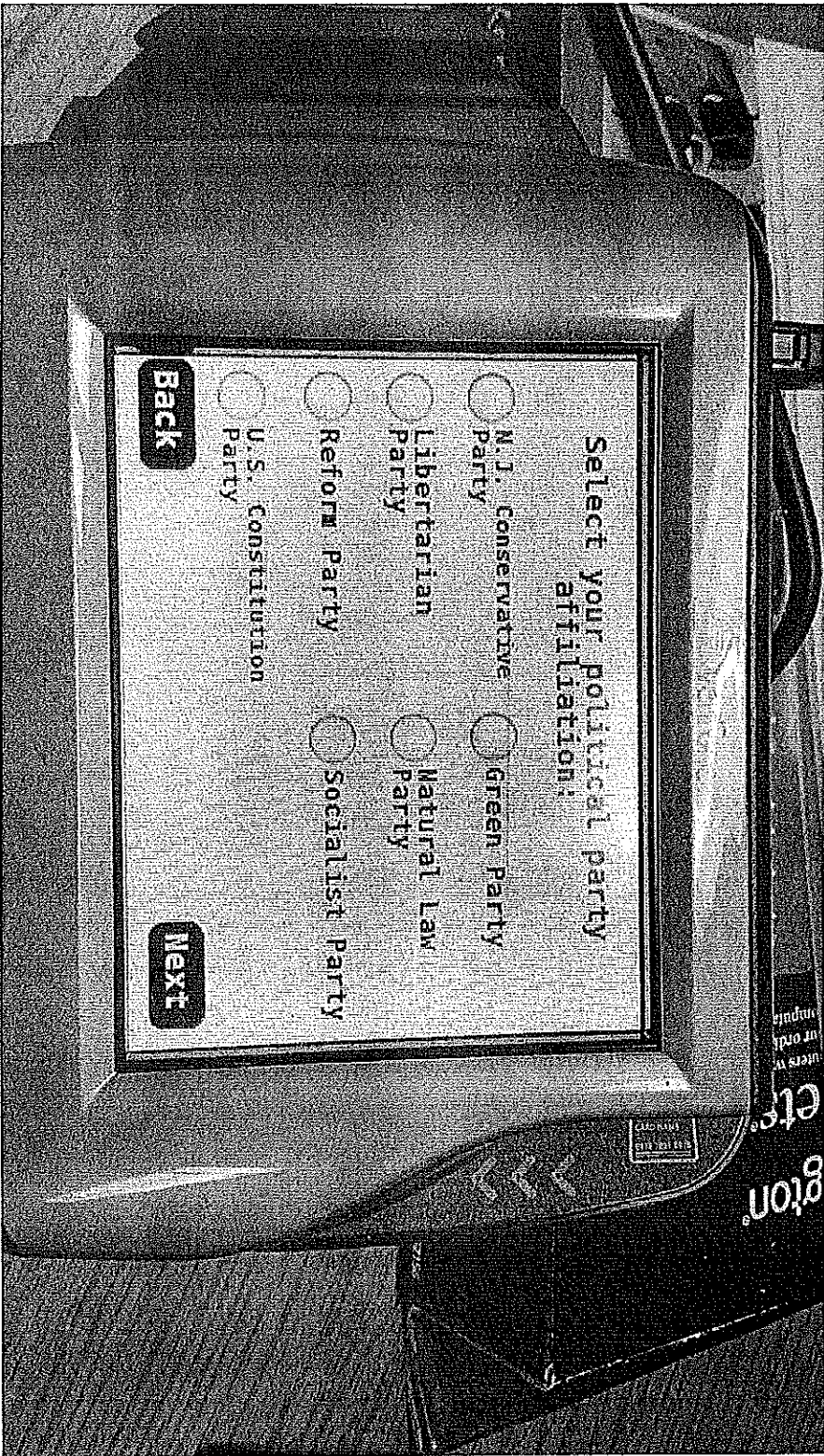
Are you at least 17 years of age?







If other is selected an additional screen appears:

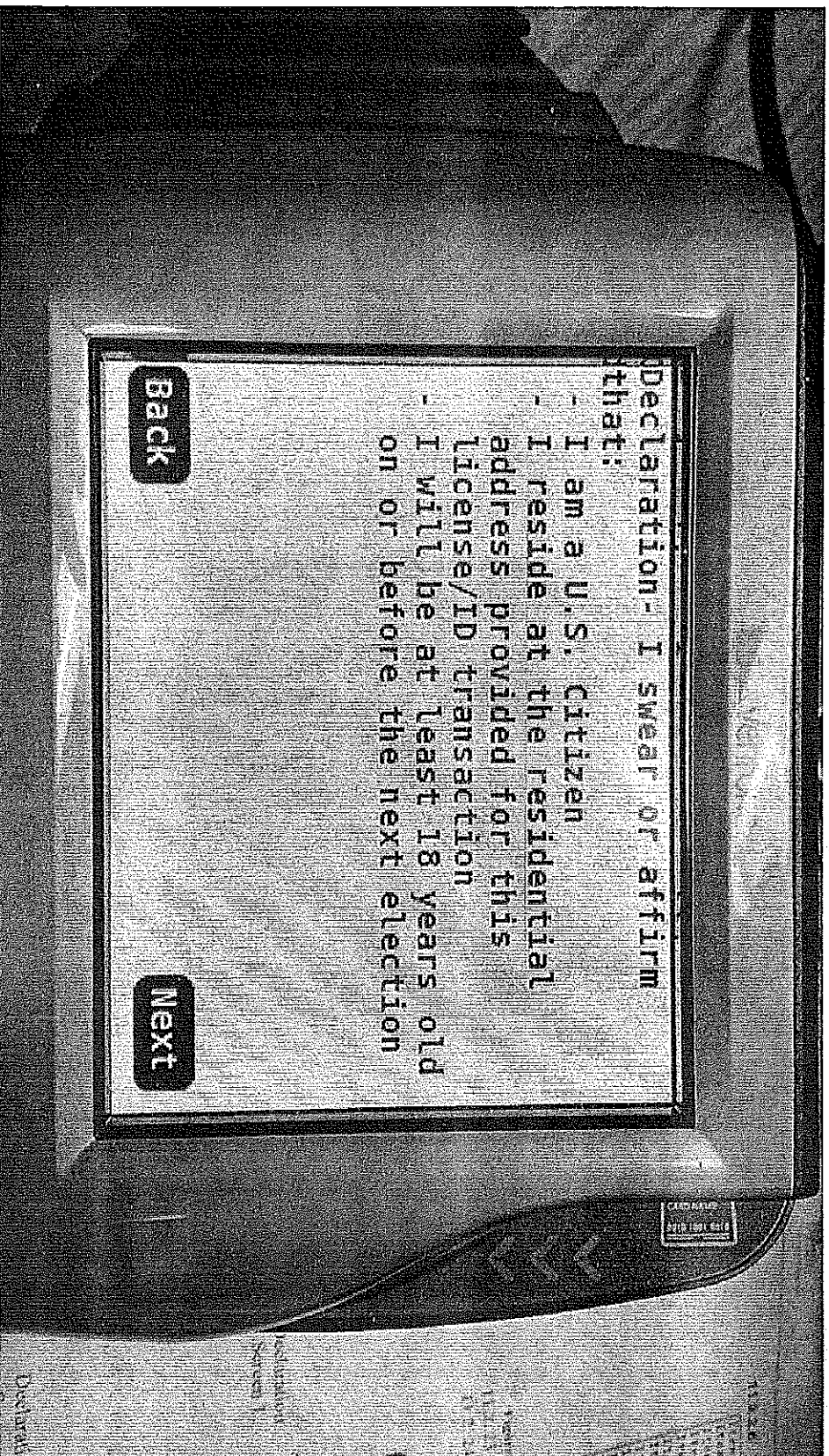


Select your political party affiliation:

- ☐ N.J. Conservative Party
- ☐ Green Party
- ☐ Libertarian Party
- ☐ Natural Law Party
- ☐ Reform Party
- ☐ Socialist Party
- ☐ U.S. Constitution Party

Back

Next



"I will be at least 18 years old on or before the next election" was changed to "I am at least 17 years old, and understand that I may not vote until reaching the age of 18."



- I am not on parole, probation or serving a sentence due to a conviction for an indictable offence under and federal or state laws

- I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, or imprisonment up to 5 years, or both pursuant to R.S. 19:34-1

Back

Next

VeriFone

By signing on this screen,  
you confirm your responses to  
the following:

- Voter Registration
- Organ Donor
- Driver License/ID

LANDMARK  
2011-12-11 11:11

JOSE VAZQUEZ  
701 MEMORIAL DR  
ASBURY PARK NJ 07712

# Registration Application

's required unless marked optional.'

What apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update or Non-affiliation Change		<input type="checkbox"/> Political Party Affiliation		FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp CITIZEN
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		
3 Last Name	First Name	Middle Name or Initial	Suffix (Jr., Sr., III)	
Vazquez	Jose	Luis	SR	
4 Date of Birth	02-14-71			
5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-ID, provide the last 4 digits of your Social Security Number		
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."				
6 Home Address (DO NOT use PO Box)	Apt.	Municipality	County	State Zip Code
701 Memorial Drive		Asbury Park	Monmouth	NJ 07712
7 Mailing Address if different from above	Apt.	Municipality	County	State Zip Code
N/A		Rio Grande	P.R.	00745
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State Zip Code
Puerto Rico			P.R.	00745
9 Former Name if Making Name Change		a. Day Phone Number (Optional) 848-525-9721		
		b. E-Mail Address (Optional)		
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.				
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I will be at least 18 years old on or before the next election • I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws • I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1			
Signature: Sign or mark and date on lines below		If applicant is unable to complete this form, print the name and address of individual who completed this form.		
x Jose Vazquez		Name _____		
Date 10-15-2016		Date OCT 18 2016		
		Address _____		
		MONMOUTH COUNTY		
		COMM. OF REGISTRATION		

## Important Instructions for sections 5, 6 and 10

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

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

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

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-858-6837)





Activities

Inquiries

Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

Reports

Help

Logout

## Select Voter - Inquiry Voter Registration

Voters Displayed: 1-1 Total voters: 1

Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id
<input checked="" type="checkbox"/>	Rejected	VAZQUEZ	JOSE			02/14/1971	701 MEMORIAL DR, ASBURY PARK, NJ 07712	534011977

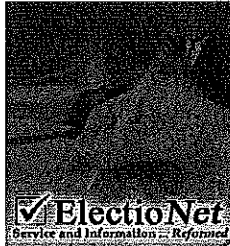
1

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

\* under Status Reason indicates voter has multiple status reasons.

MONMOUTH County Admin Message --&gt; Have a nice day.

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





Activities

Inquiries

## Inquiry - View Voter Registration

MNSMDESA /  
MONMOUTH

## Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

Reports

Help

Logout

Previous Name

Previous Address

Previous Party

## Voter Information:

Voter's Name: JOSE VAZQUEZ

Date of Birth: 02/14/1971

Voter ID: 534011977

NJ Driver's License / State ID:

Legacy ID:

Archived Legacy ID:

Telephone #:

Fax #:

Email :

## Residence Address:

County: MONMOUTH

Unit:

Suffix A:

Suffix B:

Street Number: 701

Street Name: MEMORIAL DR

Address Line 2:

Address Line 3:

Municipality : ASBURY PARK

Postal City: ASBURY PARK

State: NJ

Zip: 07712

## Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/18/2016

☐ County Committee☐ Municipal Chair☐ Provisional Ballot Registration

## Print Voter Profile

Date of Birth ☐Previous Address ☐Previous Party ☐Election History ☐Previous Name ☒Registration History ☐Polling Place ☐

## Status Information:

Voting Privilege Date:

Current Status: Rejected

Rejected Reason: Criminal Conviction, Non-Registered Felon

Date Last Voted:

Poll Worker Status:

## Miscellaneous:

Gender: Male

Military/Overseas Status: None

Registration Date: 10/18/2016

Registration Type: Mail-in with Identification

Last Action Taken Date: 10/19/2016

Memo

Display Signature

Signature History

Poll Worker History

Ward and District Audit History

Mail-In Ballots

Audit History

Deleted History

Election History

View Scanned Docs

## Mailing 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				

## Person Providing Assistance:

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

## Districts:

Municipality	Ward	District
ASBURY PARK	00	01
Congressional School	06	Legislative Special
	11	Freeholder Fire

11/07/2017 -- GENERAL ELECTION

**Next Election Date --****Name****Polling Place****Name**MOUNT CARMEL CHURCH COMMUNITY  
CENTER**Address**

1143 ASBURY AVE

ASBURY PARK NJ 07712

**Memo:**

PREVIOUSLY INCOMPLETE FAILURE TO CHECK OFF U.S.  
CITIZEN CHECKBOX; SPB FELON SENT 06/23/2017 TO 16 A  
MOS INCAR; IND ESLPV-08-02-0508A- 08/07/2017,  
MNSSMCRA

[Previous](#)

---

**MONMOUTH County Admin Message --> Have a nice day.**

---

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

1.9.4





MILES L SVIKHART III  
600 GRAND AVE Apt-Unit -6D  
ASBURY PARK NJ 07712

# Registration Application

Information is required unless marked optional.

*Swikhart III  
Miles L  
76  
New*

1 Check boxes that apply:		<input type="checkbox"/> New Registration		<input type="checkbox"/> Address Change		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>	
<input type="checkbox"/> Name Change		<input type="checkbox"/> Signature Update						Clerk	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, DO NOT complete this form)		Are you at least 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, DO NOT complete this form)						Registration #	
3 Last Name <i>Swikhart</i>		First Name <i>Miles</i>		Middle Name or Initial <i>Leopold</i>		Suffix (Jr., Sr., III) <i>III</i>		Office Time Stamp	
4 Date of Birth <i>October 4, 1998</i>									
5 NJ Driver's License Number or MVC Non-driver ID Number <i>595465507310984</i>				If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.					
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."									
6 Home Address (DO NOT use PO Box) <i>600 Grand Ave</i>		Apt. <i>6D</i>		Municipality <i>Asbury Park</i>		County <i>Monmouth</i>		State <i>NJ</i> Zip Code <i>07712</i>	
7 Mailing Address if different from above		Apt.		Municipality		County		State Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.		Municipality		County		State Zip Code	
9 Former Name, if Making Name Change				a. Day Phone Number (Optional)				<input type="checkbox"/> by mail <input type="checkbox"/> in person	
				b. E-Mail Address (Optional)					
10 Do you wish to declare a political party affiliation? (Optional)		<input type="checkbox"/> Yes, the party name is				<input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I am at least 17 years old, and understand that I may not vote until reaching the age of 18.		• I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		• I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 6 years, or both pursuant to R.S. 19:34-1			
Signature: Sign or mark and date on lines below				If applicant is unable to complete this form, print the name and address of individual who completed this form.					
<i>Miles Swikhart</i>		Date <i>9/15/16</i>		Name		Date <i>SEP 29 2016</i>		Address <i>MONMOUTH COUNTY</i>	

RECEIVED  
SEP 29 2016  
MONMOUTH COUNTY  
COMM. OF REGISTRATION

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

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

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

For further information visit [Elections.NJ.gov](http://Elections.NJ.gov) or call toll-free 1-877-NJVOTER (1-877-858-6837)



## Activities

## Inquiries

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

## Reports

## Help

## Logout

## Select Voter - Inquiry Voter Registration

MNSMDESA /  
MONMOUTH

Voters Displayed: 1-1 Total voters: 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
<input checked="" type="checkbox"/>		SVIKHART	MILES	L	3RD	10/04/1998	20 PINCKNEY RD, RED BANK, NJ 07701	532261677			Unaffiliated	RED BANK-00-04	RED BANK

1

☒ ☐ Go

Display Signature

View VR Form

View

Previous

Change

Scan/Print

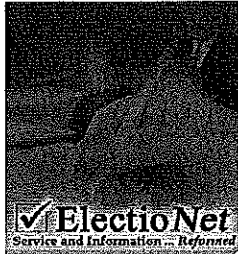
Note: If status is blank, that implies the voter status is Active.

\* under Status Reason Indicates voter has multiple status reasons.

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

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

1.9.4



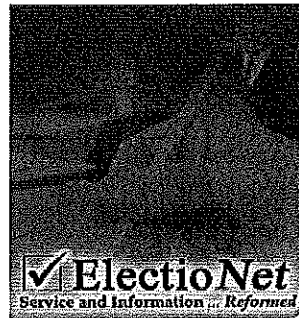




## Activities

## Inquiries

[Voter Registration](#)  
[Voter Mail-In Ballot Request](#)  
[Voter Mail-In Ballot](#)  
[Voter Election History](#)  
[Voter Change Audit](#)  
[Voter Deletions](#)  
[County Data](#)  
[Polling Place](#)  
[Purged Voters](#)  
[Voter DIA](#)  
[MVC File](#)  
[Reports](#)  
[Help](#)  
[Logout](#)



## Inquiry - View Voter Registration

MNSMDESA /  
MONMOUTH

## Previous Name

## Previous Address

## Previous Party

## Voter Information:

**Voter's Name:** MILES L  
 SVIKHART 3RD  
**Date of Birth:** 10/04/1998  
**Voter ID:** 532261677  
**NJ Driver's License / State ID:** S95465507310986  
**Legacy ID:**  
**Archived Legacy ID:**  
**Telephone #:**  
**Fax #:**  
**Email :**

## Residence Address:

**County:** MONMOUTH  
**Unit:**  
**Suffix A:**  
**Suffix B:**  
**Street Number:** 20  
**Street Name:** PINCKNEY RD  
**Address Line 2:**  
**Address Line 3:**  
**Municipality :** RED BANK  
**Postal City:** RED BANK  
**State:** NJ  
**Zip:** 07701

## Party Information:

**Current Party:** Unaffiliated  
**Party Privilege Date:** 10/20/2016

- ☐ County Committee  
☐ Municipal Chair  
☐ Provisional Ballot Registration

## Status Information:

**Voting Privilege Date:**  
 10/20/2016  
**Current Status:** Active  
**Date Last Voted:**  
**Poll Worker Status:**

## Miscellaneous:

**Gender:** Male  
**Military/Overseas Status:** None  
**Registration Date:** 09/29/2016  
**Registration Type:** Agency with Identification  
**Last Action Taken Date:** 06/05/2017  
[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

## Ward and District Audit History

## Mail-In Ballots

## Audit History

## Deleted History

## Election History

## View Scanned Docs

## Mailing 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				

## Person Providing Assistance:

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

## Districts:

Municipality	Ward	District
RED BANK	00	04
Congressional School	Legislative Special	Freeholder Fire

11/07/2017 -- GENERAL ELECTION

**Next Election Date --****Name****Polling Place****Name**UNITED METHODIST CHURCH REAR  
ENTRANCE**Address**247 BROAD ST  
RED BANK NJ 07701**Memo:**

MVC Agency  
MVC Transaction Date - 05/30/2017 ,MNSLGATE

[Previous](#)

---

**MONMOUTH County Admin Message --> Have a nice day.**

---

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

1.9.4



ELIZABETH M STETTER  
114 QUEENS DR S  
LITTLE SILVER NJ 07739

#





## Activities

## Inquiries

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

## Reports

Help

Logout

## Select Voter - Inquiry Voter Registration

Voters Displayed: 1-1 Total voters: 1

Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id
<input checked="" type="checkbox"/>		STETTER	ELIZABETH	M		12/27/1975	114 QUEENS DR S, LITTLE SILVER, NJ 07739	534133187

1

☒ Go

Display Signature

View VR Form

View

Previous

Change

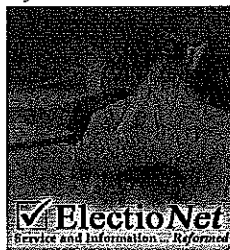
Scan/Print

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

\* under Status Reason indicates voter has multiple status reasons.

MONMOUTH County Admin Message --&gt; Have a nice day.

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





## Activities

## Inquiries

[Voter Registration](#)  
[Voter Mail-In Ballot Request](#)  
[Voter Mail-In Ballot](#)  
[Voter Election History](#)  
[Voter Change Audit](#)  
[Voter Deletions](#)  
[County Data](#)  
[Polling Place](#)  
[Purged Voters](#)  
[Voter DIA](#)  
[MVC File](#)  
[Reports](#)  
[Help](#)  
[Logout](#)

## Inquiry - View Voter Registration

MNSMDESA /  
MONMOUTH

## Previous Name

## Previous Address

## Previous Party

## Voter Information:

**Voter's Name:** ELIZABETH M  
STETTER  
**Date of Birth:** 12/27/1975  
**Voter ID:** 534133187  
**NJ Driver's License / State ID:** S82312127462756  
**Legacy ID:**  
**Archived Legacy ID:**  
**Telephone #:**  
**Fax #:**  
**Email :**

## Residence Address:

**County:** MONMOUTH  
**Unit:**  
**Suffix A:**  
**Suffix B:**  
**Street Number:** 114  
**Street Name:** QUEENS DR S  
**Address Line 2:**  
**Address Line 3:**  
**Municipality :** LITTLE SILVER  
**Postal City:** LITTLE SILVER  
**State:** NJ  
**Zip:** 07739

## Party Information:

**Current Party:** Unaffiliated  
**Party Privilege Date:** 11/08/2016

- ☐ County Committee  
☐ Municipal Chair  
☐ Provisional Ballot Registration

## Print Voter Profile

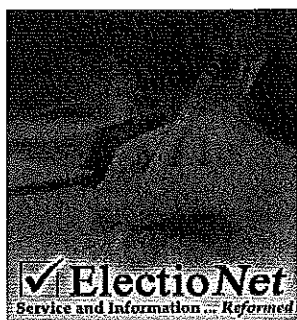
**Date of Birth** ☐  
**Previous Address** ☐  
**Previous Party** ☐  
**Election History** ☐  
**Previous Name** ☒  
**Registration History** ☐  
**Polling Place** ☐

## Status Information:

**Voting Privilege Date:**  
11/08/2016  
**Current Status:** Active  
**Date Last Voted:**  
**Poll Worker Status:**

## Miscellaneous:

**Gender:** Female  
**Military/Overseas Status:** None  
**Registration Date:** 10/18/2016  
**Registration Type:** Agency with Identification  
**Last Action Taken Date:** 05/15/2017  
[Memo](#)



## Display Signature

## Signature History

## Poll Worker History

## Ward and District Audit History

## Mail-In Ballots

## Audit History

## Deleted History

## Election History

## View Scanned Docs

## Mailing 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				

## Person Providing Assistance:

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

## Districts:

Municipality	Ward	District
LITTLE SILVER	00	05
Congressional School	Legislative Special	Freeholder Fire

11/07/2017 -- GENERAL ELECTION

**Next Election Date -- Name  
Polling Place**

Name	Address
ST. JOHN'S CHAPEL	325 LITTLE SILVER PT RD
	LITTLE SILVER NJ 07739

**Memo:**

MVC Agency  
MVC Transaction Date - 05/11/2017 ,MNSDRODR

[Previous](#)

---

**MONMOUTH County Admin Message --> Have a nice day.**

---

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

1.9.4

JAN 10 2017

33

LETISHA L PABELIS  
130 MORRIS AVE  
NEPTUNE CITY NJ 07753

# Registration Application

Information is required unless marked optional.

<input type="checkbox"/> Signature Update or Non-affiliation Change						<input type="checkbox"/> Political Party Affiliation		<b>FOR OFFICIAL USE ONLY</b> Clerk _____ Registration # _____ Office Time Stamp _____ <i>Incomplete CTW</i>
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)								
Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)								
3 Last Name		First Name		Middle Name or Initial		Suffix (Jr., Sr., III)		
Pabelis		Letisha		L				
4 Date of Birth 08/05/89								
5 NJ Driver's License Number or MVC Non-driver ID Number If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.								
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."								
6 Home Address (DO NOT use PO Box)				Apt.	Municipality	County	State Zip Code	
7 Mailing Address if different from above				Apt.	Municipality	County	State Zip Code	
130 Morris Avenue						Monmouth	NJ 07753	
8 Last Address Registered to Vote (DO NOT use PO Box)				Apt.	Municipality	County	State Zip Code	
9 Former Name if Making Name Change				a. Day Phone Number (Optional)				
				b. E-Mail Address (Optional)				
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.								
11 Gender		Declaration - I swear or affirm that:		<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		<input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1		
<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		<input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election						
Signature: Sign or mark and date on lines below				If applicant is unable to complete this form, print the name and address of individual who completed this form.				
x Letisha Pabelis Date 1/5/17				Name MAR 22 2017 Date MONMOUTH COUNTY Address COMM. OF REGISTRATION				

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

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

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

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



## Activities

## Inquiries

## Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

## Reports

## Help

## Logout

## Select Voter - Inquiry Voter Registration

MNSMDESA /  
MONMOUTH

Voters Displayed: 1-1 Total voters: 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
<input checked="" type="checkbox"/>		PABELIS	LETISHA	L		08/05/1989	704 FIFTH AVE, Apt-Unit F1, ASBURY PARK, NJ 07712	536951377			Unaffiliated	ASBURY PARK-00-08	ASBURY PARK

1

Display Signature

View VR Form

View

Previous

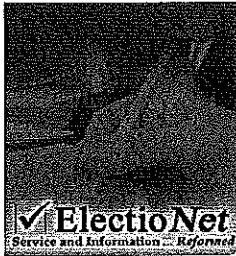
Change

Scan/Print

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

\* under Status Reason indicates voter has multiple status reasons.

MONMOUTH County Admin Message --&gt; Have a nice day.



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

1.9.4





## Activities

## Inquiries

## Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

Reports

Help

Logout

## Inquiry - View Voter Registration

MNSMDESA /  
MONMOUTH

## Previous Name

## Previous Address

## Previous Party

## Voter Information:

**Voter's Name:** LETISHA L  
PABELIS  
**Date of Birth:** 08/05/1989  
**Voter ID:** 536951377  
**NJ Driver's License / State ID:** P00104647358896  
**Legacy ID:**  
**Archived Legacy ID:**  
**Telephone #:**  
**Fax #:**  
**Email :**

## Residence Address:

**County:** MONMOUTH  
**Unit:** F1  
**Suffix A:**  
**Suffix B:**  
**Street Number:** 704  
**Street Name:** FIFTH AVE  
**Address Line 2:**  
**Address Line 3:**  
**Municipality :** ASBURY PARK  
**Postal City:** ASBURY PARK  
**State:** NJ  
**Zip:** 07712

## Party Information:

**Current Party:** Unaffiliated  
**Party Privilege Date:** 04/12/2017

- ☐ County Committee  
☐ Municipal Chair  
☐ Provisional Ballot Registration

## Status Information:

**Voting Privilege Date:**  
04/12/2017  
**Current Status:** Active  
**Date Last Voted:**  
**Poll Worker Status:**

## Miscellaneous:

**Gender:** Female  
**Military/Overseas Status:** None  
**Registration Date:** 03/22/2017  
**Registration Type:** Agency with  
Identification  
**Last Action Taken Date:** 06/19/2017  
[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

## Ward and District Audit History

## Mail-In Ballots

## Audit History

## Deleted History

## Election History

## View Scanned Docs

## Mailing 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				

## Person Providing Assistance:

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

## Districts:

Municipality	Ward	District
ASBURY PARK	00	08
Congressional School	06	11
	Legislative Special	Freeholder Fire

11/07/2017 -- GENERAL ELECTION

**Next Election Date --****Name****Polling Place****Name****Address**

ASBURY PARK H S MEDIA CENTER COMSTOCK ST. ENTRANCE

1003 SUNSET AVE

ASBURY PARK NJ 07712

**Memo:**

MVC Agency  
MVC Transaction Date - 06/16/2017 ,MNSMWADR

[Previous](#)

---

**MONMOUTH County Admin Message --> Have a nice day.**

---

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

1.9.4



# New Jersey Voter Registration

Please print clearly

534125321 M-1342 W-00 D-01



RICHARD MASER  
52 WASHINGTON ST  
RUMSON NJ 07760

tion

76

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registrant <input type="checkbox"/> Name Change		on		<b>FOR OFFICIAL USE ONLY</b>	
2 Are you a U.S. Citizen? <input checked="" type="radio"/> Yes <input type="radio"/> No (If No, DO NOT complete this form)		(If No, DO NOT complete this form)		Clerk	
3 Last Name <b>Maser</b>	First Name <b>Richard</b>	Middle Name or Initial <b>Henderson</b>	Suffix (Jr., Sr., III) <b>II</b>	Registration #	
4 Date of Birth <b>02/10/1997</b>				Office Time Stamp	
5 NJ Driver's License Number or MVC Non-driver ID Number <b>M 0 7 3 2 6 5 5 6 8 0 2 9 7 3</b>		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.		Citation	
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."					
6 Home Address (DO NOT use PO Box) <b>52 Washington</b>	Apt.	Municipality <b>Rumson</b>	County <b>Monmouth</b>	State <b>NJ</b>	Zip Code <b>07760</b>
7 Mailing Address if different from above	Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change		a. Day Phone Number (Optional) <b>7327576139</b>			
		b. E-Mail Address (Optional)			
10 Do you wish to declare a political party affiliation? (Optional)		<input checked="" type="radio"/> Yes, the party name is <b>Republican</b> <input type="radio"/> No, I do not wish to be affiliated with any political party.			
11 Gender <input type="radio"/> Female <input checked="" type="radio"/> Male	Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I am at least 17 years old, and understand that I may not vote until reaching the age of 18. • I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws • I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1				
Signature: Sign or mark and date on lines below		If applicant is unable to complete this form, print the name and address of individual who completed this form.			
x <u><i>Richard Maser</i></u> Date <u>10/16/16</u>		Name <b>RECEIVED</b> Date <b>OCT 18 2016</b> Address <b>MONMOUTH COUNTY</b>			

## 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 party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 65 days before the primary election in order to vote in the primary election. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

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

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

For further information visit [Elections.NJ.gov](http://Elections.NJ.gov) or call toll-free 1-877-NJVOTER (1-877-668-6837)



## Activities

## Inquiries

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

## Reports

## Help

## Logout

## Select Voter - Inquiry Voter Registration

Voters Displayed: 1-1 Total voters: 1

Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id
<input checked="" type="checkbox"/>	Active Need ID	MASER	RICHARD	H	III	02/10/1997	52 WASHINGTON ST, RUMSON, NJ 07760	534125321

1

☒ Go

Display Signature

View VR Form

View

Previous

Change

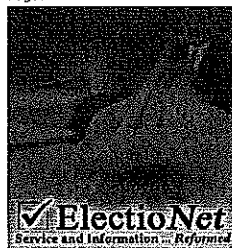
Scan/Print

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

\* under Status Reason indicates voter has multiple status reasons.

MONMOUTH County Admin Message --&gt; Have a nice day.

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







RICHARD H MASER III  
52 WASHINGTON ST  
RUMSON NJ 07760

# Registration Application

Information is required unless marked optional.

that apply: <input type="checkbox"/> Name Change		<input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b> Clerk Registration # Office Time Stamp C/T <input type="checkbox"/> by mail <input type="checkbox"/> in person
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				
3 Last Name <u>MASER</u>		First Name <u>Richard</u>		Middle Name or Initial <u>H</u>	Suffix (Jr., Sr., III) <u>III</u>	
4 Date of Birth <u>2-10-97</u>						
5 NJ Driver's License Number or MVC Non-driver ID Number <u>M07326556802976</u> If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____						
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box) <u>52 Washington St</u>		Apt.	Municipality <u>Rumson</u>	County <u>Monmouth</u>	State <u>NJ</u>	Zip Code <u>07760</u>
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change		a. Day Phone Number (Optional) _____ b. E-Mail Address (Optional) _____				
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I am at least 17 years old, and understand that I may not vote until reaching the age of 18. • I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws • I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1				
Signature: Sign or mark and date on lines below  x <u>Richard Maser</u> Date <u>7-6-17</u>				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date <u>JUL 11 2017</u> Address <u>MONMOUTH COUNTY</u> <u>COMM. OF REGISTRATION</u>		

## Important Instructions for sections 5, 6 and 10

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

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

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 55 days before the primary election in order to vote in the primary election. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

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

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

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







**NJ**  
**V**  
Please

533815465 M-1305 W-00 D-02



CHRIS LEYDON  
205 LINCOLN AVE  
AVON NJ 07717

82

# Application

marked optional.

1 Check boxes that apply:						Political Party Affiliation Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				Are you at least 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				Clerk	
3 Last Name <u>Leydon</u>		First Name <u>Chris</u>		Middle Name or Initial <u>S</u>		Suffix (Jr., Sr., III)		Registration #	
4 Date of Birth <u>09/28/1999</u>						Office Time Stamp			
5 NJ Driver's License Number or MVC Non-driver ID Number <u>L29781247109874</u>						If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____			
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."									
6 Home Address (DO NOT use PO Box) <u>205 Lincoln Ave</u>				Apt.	Municipality <u>Avon</u>	County <u>Monmouth</u>	State <u>NJ</u>	Zip Code <u>07717</u>	<input type="checkbox"/> by mail <input type="checkbox"/> in person
7 Mailing Address if different from above				Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)				Apt.	Municipality	County	State	Zip Code	
9 Former Name If Making Name Change						a. Day Phone Number (Optional) _____ b. E-Mail Address (Optional) _____			
10 Do you wish to declare a political party affiliation? (Optional)						<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I am at least 17 years old, and understand that I may not vote until reaching the age of 18.		• I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		• I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1			
Signature: Sign or mark and date on lines below  x <u>[Signature]</u> Date <u>10/10/16</u>						If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date <u>OCT 18 2016</u> Address <u>MONMOUTH COUNTY</u> <u>COMM OF REGISTRATION</u>			

## Important Instructions for sections 5, 6 and 10

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

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

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 55 days before the primary election in order to vote in the primary election. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

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

- ☐ voting by mail  
☐ becoming a poll worker

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

- ☐ available election materials in this alternative language:

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



## Activities

## Inquiries

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

## Reports

Help

Logout

## Select Voter - Inquiry Voter Registration

MNSMDESA /  
MONMOUTH

Voters Displayed: 1-1 Total voters: 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
<input checked="" type="checkbox"/>		LEYDON	CHRISTOPH			09/28/1987	205 LINCOLN AVE, Apt-Unit REAR, AVON, NJ 07717	533815465			Unaffiliated	AVON-00-02	AVON

1

Display Signature

View VR Form

View

Previous

Change

Scan/Print

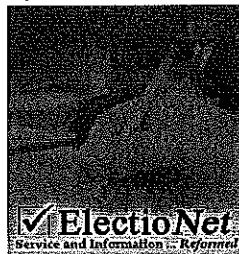
Note: If status is blank, that implies the voter status is Active.

\* under Status Reason indicates voter has multiple status reasons.

MONMOUTH County Admin Message --&gt; Have a nice day.

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

1.9.4

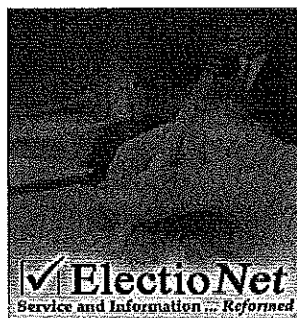




## Activities

## Inquiries

[Voter Registration](#)  
[Voter Mail-In Ballot Request](#)  
[Voter Mail-In Ballot](#)  
[Voter Election History](#)  
[Voter Change Audit](#)  
[Voter Deletions](#)  
[County Data](#)  
[Polling Place](#)  
[Purged Voters](#)  
[Voter DIA](#)  
[MVC File](#)  
[Reports](#)  
[Help](#)  
[Logout](#)



## Inquiry - View Voter Registration

MNSMDESA /  
MONMOUTH

## Previous Name

## Previous Address

## Previous Party

## Voter Information:

**Voter's Name:** CHRISTOPH J LEYDON  
**Date of Birth:** 09/28/1987  
**Voter ID:** 533815465  
**NJ Driver's License / State ID:** L29781247109874  
**Legacy ID:**  
**Archived Legacy ID:**  
**Telephone #:**  
**Fax #:**  
**Email :**

## Residence Address:

**County:** MONMOUTH  
**Unit:** REAR  
**Suffix A:**  
**Suffix B:**  
**Street Number:** 205  
**Street Name:** LINCOLN AVE  
**Address Line 2:**  
**Address Line 3:**  
**Municipality :** AVON  
**Postal City:** AVON  
**State:** NJ  
**Zip:** 07717

## Party Information:

**Current Party:** Unaffiliated  
**Party Privilege Date:** 11/08/2016

- ☐ County Committee  
☐ Municipal Chair  
☐ Provisional Ballot Registration

## Status Information:

**Voting Privilege Date:** 11/08/2016  
**Current Status:** Active  
**Date Last Voted:**  
**Poll Worker Status:**

## Miscellaneous:

**Gender:** Male  
**Military/Overseas Status:** None  
**Registration Date:** 10/18/2016  
**Registration Type:** Agency with Identification  
**Last Action Taken Date:** 05/22/2017  
[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

## Ward and District Audit History

## Mail-In Ballots

## Audit History

## Deleted History

## Election History

## View Scanned Docs

## Mailing 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				

## Person Providing Assistance:

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

## Districts:

Municipality	Ward	District
AVON	00	02
Congressional 04	Legislative 30	Freeholder
School	Special	Fire

Next Election Date -- Name 11/07/2017 -- GENERAL ELECTION

**Polling Place****Name****Address**

AVON MUNICIPAL BUILDING GYM 301 MAIN ST

AVON NJ 07717

**Memo:**

MVC Agency  
MVC Transaction Date - 05/17/2017 ,MNSPPETR

[Previous](#)

---

**MONMOUTH County Admin Message --> Have a nice day.**

---

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

1.9.4



CHRISTOPHER W HUETH JR.  
415 WASHINGTON AVE  
SPRING LAKE NJ 07762

# tion Application

is required unless marked optional.

<input type="checkbox"/> Change <input type="checkbox"/> Signature Update or Non-affiliation Change		<input type="checkbox"/> Political Party Affiliation		<b>FOR OFFICIAL USE ONLY</b>	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Clerk	
3 Last Name <u>Hueth</u>		First Name <u>Christopher</u>		Middle Name or Initial <u>W</u>	
4 Date of Birth <u>7/6/1992</u>		Suffix (Jr., Sr., III) <u>JR</u>		Registration #	
5 NJ Driver's License Number or MVC Non-driver ID Number <u>1A91201248607924</u>		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.		Office Time Stamp	
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."					
6 Home Address (DO NOT use PO Box) <u>415 Washington Ave</u>		Apt.		Municipality <u>Spring Lake</u>	
7 Mailing Address if different from above		Apt.		County <u>Monmouth</u>	
8 Last Address Registered to Vote (DO NOT use PO Box)		Municipality		State <u>NJ</u> Zip Code <u>07762</u>	
9 Former Name if Making Name Change		a. Day Phone Number (Optional) <u>201</u>		<input type="checkbox"/> by mail <input type="checkbox"/> in person	
		b. E-Mail Address (Optional) <u>chuehth@gmail.com</u>			
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.					
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I am at least 17 years old, and understand that I may not vote until reaching the age of 18. • I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws • I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1			
Signature: Sign or mark and date on lines below <u>Ch Hueth</u>		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date <u>OCT 17 2016</u> Address <u>MONMOUTH COUNTY</u> <u>COMM. OF REGISTRATION</u>			

## Important Instructions for sections 5, 6 and 10

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

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

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 55 days before the primary election in order to vote in the primary election. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

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

- ☐ voting by mail  
☐ becoming a poll worker

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

- ☐ available election materials in this alternative language:

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





## Activities

## Inquiries

## Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

## Reports

Help

Logout

## Select Voter - Inquiry Voter Registration

Voters Displayed: 1-1 Total voters: 1

Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id
<input checked="" type="checkbox"/>		HUETH	CHRISTOPHER	W	Jr.	07/06/1992	415 WASHINGTON AVE, SPRING LAKE, NJ 07762	533600461

1

☒ Go

Display Signature

View VR Form

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.

MONMOUTH County Admin Message --&gt; Have a nice day.

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







CHRISTOPHER W HUETH JR,  
415 WASHINGTON AVE  
SPRING LAKE NJ 07762

# ation Application

on is required unless marked optional.

<input type="checkbox"/> Change <input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation <input type="checkbox"/> or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>  Clerk  Registration #  Office Time Stamp  CIT		
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				
3 Last Name <u>Hueth</u>		First Name <u>Christopher</u>				
Middle Name or Initial <u>W</u>		Suffix (Jr., Sr., III) <u>Jr.</u>				
4 Date of Birth <u>July 6, 1992</u>		5 NJ Driver's License Number or MVC Non-driver ID Number <u>H91201248607924</u> If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____ <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."				
6 Home Address (DO NOT use PO Box) <u>415 Washington Ave</u>		Apt.	Municipality <u>Spring Lake</u>	County <u>Monmouth</u>	State <u>NJ</u>	Zip Code <u>07762</u>
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change		a. Day Phone Number (Optional) <u>732-996-1403</u> b. E-Mail Address (Optional) _____				
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I am at least 17 years old, and understand that I may not vote until reaching the age of 18. <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1				
Signature: Sign or mark and date on lines below  <u>CH Hueth</u> Date <u>7/17/17</u>				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date <u>JUL 20 2017</u> Address <u>MONMOUTH COUNTY</u>		

COMM. OF REGISTRATION

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

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

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

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



MEIKA C LASZLO  
4111 BELMAR BLVD  
NEPTUNE NJ 07753

#



## Activities

## Inquiries

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

## Reports

## Help

## Logout

## Select Voter - Inquiry Voter Registration

Voters Displayed: 1-1 Total voters: 1

Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id
<input type="checkbox"/>		LASZLO	MEIKA	C		12/05/1970	4111 BELMAR BLVD, WALL, NJ 07753	530911692

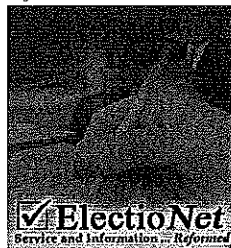
1

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

\* under Status Reason indicates voter has multiple status reasons.

**MONMOUTH County Admin Message --> Have a nice day.**

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



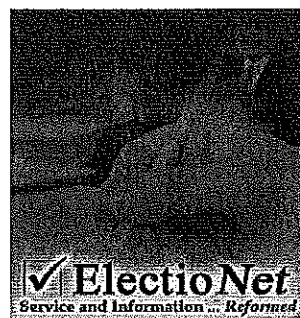




## Activities

## Inquiries

[Voter Registration](#)  
[Voter Mail-In Ballot Request](#)  
[Voter Mail-In Ballot](#)  
[Voter Election History](#)  
[Voter Change Audit](#)  
[Voter Deletions](#)  
[County Data](#)  
[Polling Place](#)  
[Purged Voters](#)  
[Voter DIA](#)  
[MVC File](#)  
[Reports](#)  
[Help](#)  
[Logout](#)



## Inquiry - View Voter Registration

MNSMDESA /  
MONMOUTH

## Previous Name

## Previous Address

## Previous Party

## Voter Information:

**Voter's Name:** MEIKA C  
 LASZLO  
**Date of Birth:** 12/05/1970  
**Voter ID:** 530911692  
**NJ Driver's License / State  
 ID:** L07835376362704  
**Legacy ID:**  
**Archived Legacy ID:**  
**Telephone #:**  
**Fax #:**  
**Email :**

## Residence Address:

**County:** MONMOUTH  
**Unit:**  
**Suffix A:**  
**Suffix B:**  
**Street Number:** 4111  
**Street Name:** BELMAR BLVD  
**Address Line 2:**  
**Address Line 3:**  
**Municipality :** WALL  
**Postal City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753

## Party Information:

**Current Party:** Unaffiliated  
**Party Privilege Date:** 09/15/2016

- ☐ County Committee  
☐ Municipal Chair  
☐ Provisional Ballot Registration

## Status Information:

**Voting Privilege Date:**  
 09/15/2016  
**Current Status:** Active  
**Date Last Voted:**  
**Poll Worker Status:**

## Miscellaneous:

**Gender:** Female  
**Military/Overseas Status:** None  
**Registration Date:** 08/25/2016  
**Registration Type:** Agency with  
 Identification  
**Last Action Taken Date:** 07/24/2017  
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

## Ward and District Audit History

## Mail-In Ballots

## Audit History

## Deleted History

## Election History

## View Scanned Docs

## Mailing 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				

## Person Providing Assistance:

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

## Districts:

Municipality	Ward	District
WALL	00	01
Congressional	04	30
School	Legislative	Freeholder
	Special	Fire
		02

Next Election Date -- Name

11/07/2017 -- GENERAL ELECTION

**Polling Place****Name****Address**

CENTRAL SCHOOL

2007 ALLENWOOD RD

WALL NJ 07719

**Memo:**

MVC Agency  
MVC Transaction Date - 07/17/2017 ,MNSPPETR

[Previous](#)

---

**MONMOUTH County Admin Message --> Have a nice day.**

---

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

1.9.4



ALAN J HOPSON  
48 STEEPLECHASE CT  
OCEANPORT NJ 07757

76

# Registration Application

Information is required unless marked optional.

CHECK BOXES that apply: <input type="checkbox"/> NEW Registration <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Clerk		Registration #	
3 Last Name <u>HOPSON</u>		First Name <u>ALAN</u>		Middle Name or Initial <u>J.</u>		Office Time Stamp	
4 Date of Birth <u>5.10.62</u>		5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.		CT2	
<input type="checkbox"/> I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number.							
6 Home Address (DO NOT use PO Box) <u>48 STEEPLECHASE CT</u>		Apt.	Municipality <u>OCEANPORT</u>	County <u>MONMOUTH</u>	State <u>NJ</u>	Zip Code <u>07757</u>	Office Time Stamp
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code	Office Time Stamp
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code	<input type="checkbox"/> by mail <input type="checkbox"/> in person
9 Former Name if Making Name Change		a. Day Phone Number (Optional) _____ b. E-Mail Address (Optional) _____					
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below <u>Alan Hopson</u> Date <u>4/11/17</u>				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name <u>APR 17 2017</u> Date <u>MONMOUTH COUNTY</u> Address <u>COMM. OF REGISTRATION</u>			

## Important Instructions for sections 5, 6 and 10

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

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

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

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

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

☐ voting by mail  
☐ becoming a poll worker

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

☐ available election materials in  
 this alternative language:

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



## Activities

## Inquiries

Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

## Reports

Help

Logout

## Select Voter - Inquiry Voter Registration

Voters Displayed: 1-1 Total voters: 1

Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id
<input type="checkbox"/>		HOPSON	ALAN	J		05/10/1962	49 STEEPLECHASE CT, OCEANPORT, NJ 07757	537316502

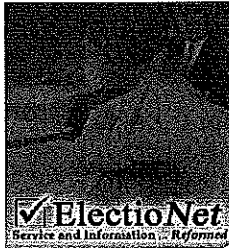
1

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

\* under Status Reason Indicates voter has multiple status reasons.

**MONMOUTH County Admin Message --> Have a nice day.**

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







ALAN J HOPSON  
49 STEEPLECHASE CT  
OCEANPORT NJ 07757

# ration Application

ation is required unless marked optional.

that apply: <input type="checkbox"/> Name Change		<input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Clerk			
3 Last Name <u>HOPSON</u>		First Name <u>ALAN</u>		Middle Name or Initial <u>J</u>	Suffix (Jr., Sr., III)		Registration #
4 Date of Birth <u>5/10/1962</u>							Office Time Stamp
5 NJ Driver's License Number or MVC Non-driver ID Number <u>H65470157105622</u> If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____ <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) <u>49 STEEPLECHASE CT</u>		Apt.	Municipality <u>OCEANPORT</u>	County <u>MONMOUTH</u>	State <u>NJ</u>	Zip Code <u>07757</u>	
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code	
9 Former Name if Making Name Change		a. Day Phone Number (Optional) _____ b. E-Mail Address (Optional) _____					
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I am at least 17 years old, and understand that I may not vote until reaching the age of 18. <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below  x <u>Alan Hopson</u> Date <u>4/21/17</u>				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____ RECEIVED APR 28 2017 MONMOUTH COUNTY COMM. OF REGISTRATION			

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

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

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

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





JAVON L HINDS  
6 GARY DR  
NEPTUNE NJ 07763

# tration Application

Information is required unless marked optional.

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Clerk		Registration #		Office Time Stamp	
3 Last Name <b>Hinds</b>		First Name <b>JAVON</b>		Middle Name or Initial		Suffix (Jr., Sr., III)			
4 Date of Birth		Month <b>07</b> Day <b>15</b> Year <b>1999</b>							
5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.							
<input type="checkbox"/> I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number.									
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code			
<b>6 Gary Dr.</b>		<input checked="" type="checkbox"/>	<b>Neptune</b>	<b>Mon</b>	<b>NJ</b>	<b>07757</b>			
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code			
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code	<input type="checkbox"/> by mail <input type="checkbox"/> in person		
9 Former Name if Making Name Change		Day Phone Number (Optional)		<b>732-361-3169</b>					
10 Do you wish to declare a political party affiliation? (Optional)		<input type="checkbox"/> Yes, the party name is		<input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.					
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I will be at least 18 years old on or before the next election		• I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		• I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1			
Signature: Sign or mark and date on lines below		If applicant is unable to complete this form, print the name and address of individual who completed this form.		<b>RECEIVED</b>					
x <b>JHinds</b>		Name		Date					
Date <b>3/28/17</b>		Address		<b>APR 17 2017</b>					
				<b>MONMOUTH COUNTY</b>					
				<b>COMM. OF REGISTRATION</b>					

## Important Instructions for sections 5, 6 and 10

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

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

- ☐ absentee voting  
☐ becoming a poll worker

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

- ☐ available election materials in this alternative language

For further information visit [www.NJElections.org](http://www.NJElections.org) or call toll-free 1-877-NJVOTER (1-877-858-6837)



## Activities

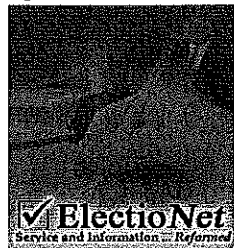
## Inquiries

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

## Reports

## Help

## Logout



## Select Voter - Inquiry Voter Registration

Voters Displayed: 1-1 Total voters: 1

Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id
<input type="checkbox"/>		HINDS	JAVON	L		07/15/1999	6 GARY DR, NEPTUNE TWP, NJ 07753	537315789

1

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

\* under Status Reason indicates voter has multiple status reasons.

MONMOUTH County Admin Message --&gt; Have a nice day.

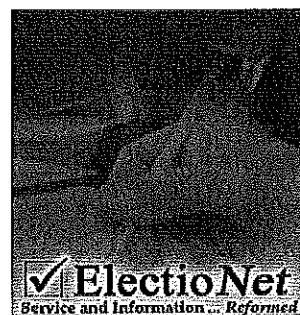
©2004 - 2005 PCC Technology Group. All rights reserved.



## Activities

## Inquiries

[Voter Registration](#)  
[Voter Mail-In Ballot Request](#)  
[Voter Mail-In Ballot](#)  
[Voter Election History](#)  
[Voter Change Audit](#)  
[Voter Deletions](#)  
[County Data](#)  
[Polling Place](#)  
[Purged Voters](#)  
[Voter DIA](#)  
[MVC File](#)

[Reports](#)[Help](#)[Logout](#)

## Inquiry - View Voter Registration

MNSMDESA /  
MONMOUTH

Previous Name

Previous Address

Previous Party

## Voter Information:

**Voter's Name:** JAVON L HINDS  
**Date of Birth:** 07/15/1999  
**Voter ID:** 537315789  
**NJ Driver's License / State ID:** H44753907307992  
**Legacy ID:**  
**Archived Legacy ID:**  
**Telephone #:**  
**Fax #:**  
**Email :**

## Residence Address:

**County:** MONMOUTH  
**Unit:**  
**Suffix A:**  
**Suffix B:**  
**Street Number:** 6  
**Street Name:** GARY DR  
**Address Line 2:**  
**Address Line 3:**  
**Municipality :** NEPTUNE TWP  
**Postal City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753

## Party Information:

**Current Party:** Democratic\*  
**Party Privilege Date:** 07/15/2017

- ☐ County Committee  
☐ Municipal Chair  
☐ Provisional Ballot Registration

## Status Information:

**Voting Privilege Date:** 07/15/2017  
**Current Status:** Active  
**Date Last Voted:**  
**Poll Worker Status:**

## Miscellaneous:

**Gender:** Male  
**Military/Overseas Status:** None  
**Registration Date:** 04/17/2017  
**Registration Type:** Agency with Identification  
**Last Action Taken Date:** 07/17/2017  
**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

Ward and District Audit History

Mail-In Ballots

Audit History

Deleted History

Election History

View Scanned Docs

## Mailing 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				

## Person Providing Assistance:

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

## Districts:

Municipality	Ward	District
NEPTUNE TWP	00	19
Congressional	04	11
School	Legislative	Freeholder
	Special	Fire
		01

11/07/2017 -- GENERAL ELECTION

**Next Election Date --****Name****Polling Place****Name**GREEN GROVE SCHOOL FRONT  
ENTRANCE**Address**909 GREEN GROVE RD  
NEPTUNE NJ 07753**Memo:**

MVC Agency  
MVC Transaction Date - 07/15/2017 ,MNSRBISH

[Previous](#)

---

**MONMOUTH County Admin Message --> Have a nice day.**

---

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

1.9.4



WOODROW T DEBOCKLER JR.  
5 ALFRED CT  
NEPTUNE NJ 07753

82

# Registration Application

Registration is required unless marked optional.

<input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Dress Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>	
2. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Are you at least 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)	
3 Last Name <b>DeBockler</b>	First Name <b>Woodrow</b>	Middle Name or Initial <b>T.</b>	Suffix (Jr., Sr., III) <b>Jr.</b>
4 Date of Birth <b>07/29/1967</b>		Registration #	
5 NJ Driver's License Number or MVC Non-driver ID Number <b>D208278883 07676</b>		Office Time Stamp	
If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____ <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."			
6 Home Address (DO NOT use PO Box) <b>5 Alfred CT</b>	Apt.	Municipality <b>Neptune</b>	County <b>Monmouth</b> State <b>NJ</b> Zip Code <b>07753</b>
7 Mailing Address if different from above	Apt.	Municipality	County State Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box) <b>34 Barker Ave.</b>	Apt.	Municipality <b>Shrewsbury</b>	County <b>Monmouth</b> State <b>NJ</b> Zip Code <b>07724</b>
9 Former Name If Making Name Change		<input type="checkbox"/> by mail <input type="checkbox"/> in person	
		a. Day Phone Number (Optional) _____ b. E-Mail Address (Optional) _____	
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I am at least 17 years old, and understand that I may not vote until reaching the age of 18. • I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws • I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1		
Signature: Sign or mark and date on lines below <b>x Woodrow T DeBockler Jr.</b> Date <b>11/28/2016</b>		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name <b>RECEIVED</b> Date <b>DEC 13 2016</b> Address <b>MONMOUTH COUNTY</b>	

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

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

- ☐ voting by mail  
☐ becoming a poll worker

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

- ☐ available election materials in this alternative language:

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





## Activities

## Inquiries

## Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

## Reports

Help

Logout

## Select Voter - Inquiry Voter Registration

MNSMDESA /  
MONMOUTH

Voters Displayed: 1-1 Total voters: 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
<input checked="" type="checkbox"/>		DEBOCKLER	WOODROW	T	JR	07/29/1967	698 CARLOCK AVE, PERTH AMBOY, NJ 08861	535563534			Unaffiliated	PERTH AMBOY-06- 09	PERTH AMBOY

1

Display Signature

View VR Form

View

Previous

Change

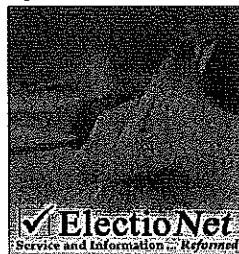
Note: If status is blank, that implies the voter status is Active.

\* under Status Reason indicates voter has multiple status reasons.

MONMOUTH County Admin Message --&gt; Have a nice day.

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

1.9.4





Activities

Inquiries

## Inquiry - View Voter Registration

MNSMDESA /  
MONMOUTH

## Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

Reports

Help

Logout

Previous Name

Previous Address

Previous Party

## Voter Information:

Voter's Name: WOODROW T  
DEBOCKLER JR

Date of Birth: 07/29/1967

Voter ID: 535563534

NJ Driver's License / State  
ID: D20827888307676

Legacy ID:

Archived Legacy ID:

Telephone #:

Fax #:

Email :

## Residence Address:

County: MIDDLESEX

Unit:

Suffix A:

Suffix B:

Street Number: 698

Street Name: CARLOCK AVE

Address Line 2:

Address Line 3:

Municipality : PERTH AMBOY

Postal City: PERTH AMBOY

State: NJ

Zip: 08861

## Party Information:

Current Party: Unaffiliated

Party Privilege Date: 12/13/2016

- ☐ County Committee
- ☐ Municipal Chair
- ☐ Provisional Ballot Registration

## Status Information:

Voting Privilege Date:  
07/04/2017

Current Status: Active

Date Last Voted:

Poll Worker Status:

## Miscellaneous:

Gender: Male

Military/Overseas Status: None

Registration Date: 06/13/2017

Registration Type: Agency with  
Identification

Last Action Taken Date: 07/11/2017

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

Ward and District Audit History

Mail-In Ballots

Audit History

Deleted History

Election History

View Scanned Docs

## Mailing 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				

## Person Providing Assistance:

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

## Districts:

Municipality	Ward	District
PERTH AMBOY	06	09
Congressional School	06	Freeholder Fire
	Legislative Special	

11/07/2017 -- GENERAL ELECTION

**Next Election Date -- Name  
Polling Place**

Name	Address
FLYNN SCHOOL	850 CHAMBERLAIN AVE
	PERTH AMBOY NJ 08861

**Memo:**

```
citiz complete per MVC Agency - 07/11/2017,  
LMATHEWS  
MVC Agency  
MVC Transaction Date - 06/13/2017 ,LMATHEWS
```

[Previous](#)

---

**MONMOUTH County Admin Message --> Have a nice day.**

---

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

1.9.4



AHMYA C CROZIER  
701 SAYRE ST  
NEPTUNE NJ 07753

76

# ition Application

*n is required unless marked optional.*

<b>1</b> Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>	
<b>2</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Are you at least 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)	
<b>3</b> Last Name: <u>CROZIER</u>		First Name: <u>Ahmya</u>	
Middle Name or Initial: <u>Camara</u>		Suffix (Jr., Sr., III)	
<b>4</b> Date of Birth: <u>12/25/1998</u>		Office Time Stamp	
<b>5</b> NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.	
<input checked="" type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."			
<b>6</b> Home Address (DO NOT use PO Box) <u>701 Sayre Street</u>		Apt. <u>Neptune</u>	
Municipality <u>Neptune</u>		County <u>Monmouth</u>	
State <u>NJ</u>		Zip Code <u>07753</u>	
<b>7</b> Mailing Address if different from above		Apt. <u>Neptune</u>	
Municipality <u>Neptune</u>		County <u>Monmouth</u>	
State <u>NJ</u>		Zip Code <u>07753</u>	
<b>8</b> Last Address Registered to Vote (DO NOT use PO Box)		Apt. <u>Neptune</u>	
Municipality <u>Neptune</u>		County <u>Monmouth</u>	
State <u>NJ</u>		Zip Code <u>07753</u>	
<b>9</b> Former Name if Making Name Change		a. Day Phone Number (Optional) <u>732-685-2674</u>	
		b. E-Mail Address (Optional) <u>CROZIER.AHMYA@aol.com</u>	
<b>10</b> Do you wish to declare a political party affiliation? (Optional)		<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.	
<b>11</b> Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: • I am a U.S. Citizen • I live at the above address • I am at least 17 years old, and understand that I may not vote until reaching the age of 18.	
Signature: Sign or mark and date on lines below  <u>x Ahmya Crozier</u>		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____	

cut?

RECEIVED  
OCT 11 2016

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

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

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

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



<b>School</b>	<b>Special</b>	<b>Fire</b>	<b>01</b>
---------------	----------------	-------------	-----------

<b>Next Election Date -- Name</b>	11/07/2017 -- GENERAL ELECTION
-----------------------------------	--------------------------------

<b>Polling Place</b>	<b>Name</b>	<b>Address</b>
	LIBERTY FIRE HOUSE	1520 MONROE AVE
		NEPTUNE NJ 07753

**Memo:**

MVC Agency  
MVC Transaction Date - 06/07/2017 ,MNSDHILL

Close

---

**MONMOUTH County Admin Message --> Have a nice day.**

---

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

1.9.4



**Inquiry - View Voter Registration****MNSMDESA /  
MONMOUTH****Voter Information:****Voter's Name:** AHMYA C  
CROZIER**Date of Birth:** 12/25/1998**Voter ID:** 533058466**NJ Driver's License / State  
ID:** C76190146362982**Legacy ID:****Archived Legacy ID:****Telephone #:** 732-685-2674**Email :****Residence Address:****County:** MONMOUTH**Unit:****Suffix A:****Suffix B:****Street Number:** 701**Street Name:** SAYRE ST**Address Line 2:****Address Line 3:****Municipality :** NEPTUNE TWP**Postal City:** NEPTUNE**State:** NJ**Zip:** 07753**Party Information:****Current Party:** Democratic\***Party Privilege Date:** 06/07/2017**Provisional Ballot Registration****Status Information:****Voting Privilege Date:**  
12/25/2016**Current Status:** Active**Date Last Voted:****Date Last Voted:****Poll Worker Status:****Miscellaneous:****Gender:** Female**Military/Overseas Status:** None**Registration Date:** 10/11/2016**Registration Type:** Agency with  
Identification**Last Action Taken Date:** 06/14/2017**Memo**

mvc agency

**Mailing Address:**

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

**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		
Municipality	State	Zip Code	

**Districts:**

Municipality	Ward	District
NEPTUNE TWP	00	11
Congressional 04	Legislative 11	Freeholder

## Inquiry - Voter Change Audit History

MNSMDESA /  
MONMOUTH

Voter Name: JUDITH E CIRCOSTA

Change Audit History:						
Audit Date/Time	Type	Change Date	Change Reason	Changed User ID	Type of Change	Change Memo
04/28/2017 02:51 PM	Change	04/28/2017	Voter Requested	MNSCMOUN	Phone, Status, Other	
04/18/2017 11:44 AM	Change	04/12/2017	User Corrected	MNSCMOUN	Other	
04/18/2017 09:35 AM	Add		New Voter	MNSCMOUN		

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





JUDITH E CIRCOSTA  
51 A PIAZZA TASSO  
FREEHOLD NJ 07728

# ration Application

ation Is required unless marked optional.

that apply: <input type="checkbox"/> Name Change		<input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				Clerk	
3 Last Name CIRCOSTA		First Name JUDITH		Middle Name or Initial E		Suffix (Jr., Sr., III) _____	
4 Date of Birth JULY 9 1952						Registration #	
5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License or MVC Non-Driv ID, provide the last 4 digits of your Social Security Number.				Office Time Stamp	
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) 51A PIAZZA TASSO		Apt. _____		Municipality FREEHOLD		County NJ Zip Code 07728	
7 Mailing Address if different from above 51A PIAZZA TASSO		Apt. _____		Municipality FREEHOLD		County NJ Zip Code 07728	
8 Last Address Registered to Vote (DO NOT use PO Box) 8611 BOYSENBERRY DR.		Apt. _____		Municipality TAMPA		County FL. Zip Code 33635	
9 Former Name if Making Name Change		a. Day Phone Number (Optional) 917-843-3463		b. E-Mail Address (Optional) LCIRCOSTA1@ICLOUD.COM		<input type="checkbox"/> by mail <input type="checkbox"/> in person	
10 Do you wish to declare a political party affiliation? (Optional)		<input checked="" type="checkbox"/> Yes, the party name is DEM.		<input type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I am at least 17 years old, and understand that I may not vote until reaching the age of 18.		<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		<input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1	
Signature: Sign or mark and date on lines below				<b>RECEIVED</b> If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			
x Judith E Cirsta Date 4-22-17				APR 28 2017 MONMOUTH COUNTY COMM. OF REGISTRATION			

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

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

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

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



537336857 M-1319 W-00 D-12



JUDITH E CIRCOSTA  
51 A PIAZZA TASSO  
FREEHOLD NJ 07728

# tion Application

is required unless marked optional.

ange: ☐ Political Party Affiliation  
Update or Non-affiliation Change

FOR OFFICIAL  
USE ONLY

2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Clerk	
3 Last Name <b>CIRCOSTA</b>		First Name <b>JUDITH</b>		Middle Name or Initial <b>E</b>	
4 Date of Birth Month <b>07</b> Day <b>09</b> Year <b>1952</b>		5 NJ Driver's License Number or MVC Non-driver ID Number _____ If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number, _____		Registration #  Office Time Stamp	
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."					
6 Home Address (DO NOT use PO Box) <b>51 A PIAZZA TASSO</b>		Apt. _____ Municipality <b>FREEHOLD</b>		County _____ State <b>NJ</b> Zip Code <b>07728</b>	
7 Mailing Address if different from above		Apt. _____ Municipality _____		County _____ State _____ Zip Code _____	
8 Last Address Registered to Vote (DO NOT use PO Box) <b>8611 BOYSENBERRY DR.</b>		Apt. _____ Municipality <b>TAMPA</b>		County <b>HILLSBOROUGH</b> State <b>FL</b> Zip Code <b>33635</b>	
9 Former Name if Making Name Change		Day Phone Number (Optional) _____			
10 Do you wish to declare a political party affiliation? <input checked="" type="checkbox"/> Yes, the party name is <b>DEMOCRATE</b> (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.					
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1			
Signature: Sign or mark and date on lines below x <u>Judith E. Circosta</u> Date <u>4.4.17</u>		If applicant is unable to complete this form, print the name and address of individual who completed this form. <b>RECEIVED</b> Name _____ Date <u>APR 12 2017</u> Address _____ <b>MONMOUTH COUNTY</b> <b>COMM. OF REGISTRATION</b>			

## 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.

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

☐ absentee voting  
☐ becoming a poll worker

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

☐ available election materials in this alternative language:

For further information visit [www.NJElections.org](http://www.NJElections.org) or call toll-free 1-877-NJ-VOTER (1-877-658-6837)



## Activities

## Inquiries

## Voter Registration

Voter Mail-In Ballot Request

Voter Mail-In Ballot

Voter Election History

Voter Change Audit

Voter Deletions

County Data

Polling Place

Purged Voters

Voter DIA

MVC File

## Reports

Help

Logout

## Select Voter - Inquiry Voter Registration

MNSMDESA /  
MONMOUTH

Voters Displayed: 1-1 Total voters: 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
<input checked="" type="checkbox"/>		AKERELE	MARTIN	O		06/29/1998	234 ORCHARD ST, ABERDEEN, NJ 07735	532014634			Unaffiliated	ABERDEEN-00-04	CLIFFWOOD BEACH

1

☒ Go

Display Signature

View VR Form

View

Previous

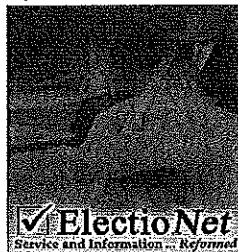
Change

Scan/Print

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

\* under Status Reason Indicates voter has multiple status reasons.

MONMOUTH County Admin Message --&gt; Have a nice day.



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

1.9.4







MARTIN AKERELE  
234 ORCHARD ST  
CLIFFWOOD BEACH NJ 07735

# Registration Application

Registration is required unless marked optional.

Press Change <input type="checkbox"/> Political Party Affiliation <input type="checkbox"/> Signature Update or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b> Clerk _____ Registration # _____ Office Time Stamp CIT + need id	
that apply: <input type="checkbox"/> Name Change			
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			
Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			
3 Last Name	First Name	Middle Name or Initial	Suffix (Jr., Sr., III)
Akerekle	Martin		
4 Date of Birth 06-29-1998			
5 NJ Driver's License Number or MVC Non-driver ID Number			
If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number, _____			
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."			
6 Home Address (DO NOT use PO Box)	Apt.	Municipality	County State Zip Code
234 Orchard Str, Keyport			Monmouth NJ 07735
7 Mailing Address if different from above	Apt.	Municipality	County State Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County State Zip Code
9 Former Name if Making Name Change		a. Day Phone Number (Optional) 732	
		b. E-Mail Address (Optional)	
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender	Declaration - I swear or affirm that: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male • I am a U.S. Citizen • I live at the above address • I will be at least 18 years old on or before the next election		
	• I will have resided in the State and county at least 30 days before the next election • I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		
	• I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1		
Signature: Sign or mark and date on lines below		If applicant is unable to complete this form, print the name and address of individual who completed this form.	
X <u>Martin Akerekle</u> Date _____		Name _____ Date _____ Address _____ MONMOUTH COUNTY COMM. OF REGISTRATION	

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

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

- ☐ voting by mail  
☐ becoming a poll worker

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

- ☐ available election materials in this alternative language:

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





MARTIN O AKERELE  
234 ORCHARD ST  
CLIFFWOOD BEACH NJ 07735

# Registration Application

Registration is required unless marked optional.

that apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b>	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Clerk	
3 Last Name <u>AKERELE</u>		First Name <u>MARTIN</u>	Middle Name or Initial <u>O</u>	Registration #	
4 Date of Birth <u>6-29-96</u>				Office Time Stamp	
5 NJ Driver's License Number or MVC Non-driver ID Number <u>A48585257606982</u>		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____			
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."					
6 Home Address (DO NOT use PO Box) <u>234 Orchard St, Cliffwood Beach, NJ 07735</u>		Apt.	Municipality <u>Monmouth</u>	County <u>Keyport</u>	State <u>NJ</u>
7 Mailing Address if different from above		Apt.	Municipality	County	State
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State
9 Former Name if Making Name Change		a. Day Phone Number (Optional) <u>848-468-9582</u>			
		b. E-Mail Address (Optional) _____			
10 Do you wish to declare a political party affiliation? (Optional)		<input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I am at least 17 years old, and understand that I may not vote until reaching the age of 18. <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1			
Signature: Sign or mark and date on lines below		If applicant is unable to complete this form, print the name and address of individual who completed this form.			
x <u>J. Montano</u> Date <u>9/20/16</u>		Name _____ Date <u>SEP 23 2016</u> Address <u>MONMOUTH COUNTY</u> <u>COMM. OF REGISTRATION</u>			

## Important Instructions for sections 5, 6 and 10

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

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

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 55 days before the primary election in order to vote in the primary election. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

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

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

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

