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

Dear Director Churchwell:

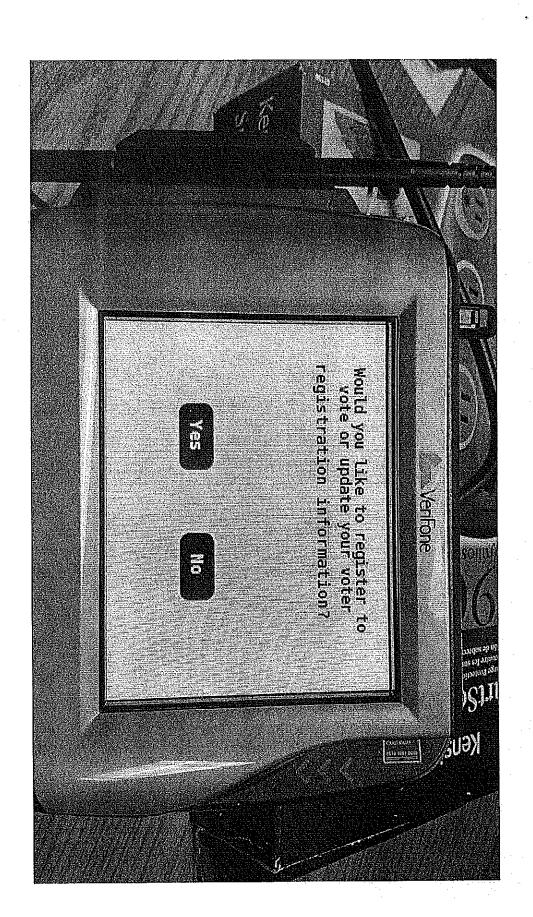
I am writing as a follow up to our recent conversation. I have researched the 118 Registration applicants who did not check off the box asking if they were a citizen. Of the 118-five sent back new registrations. Nine were changes made thru Motor Vehicles. I have enclosed the 14 applications. I have also 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

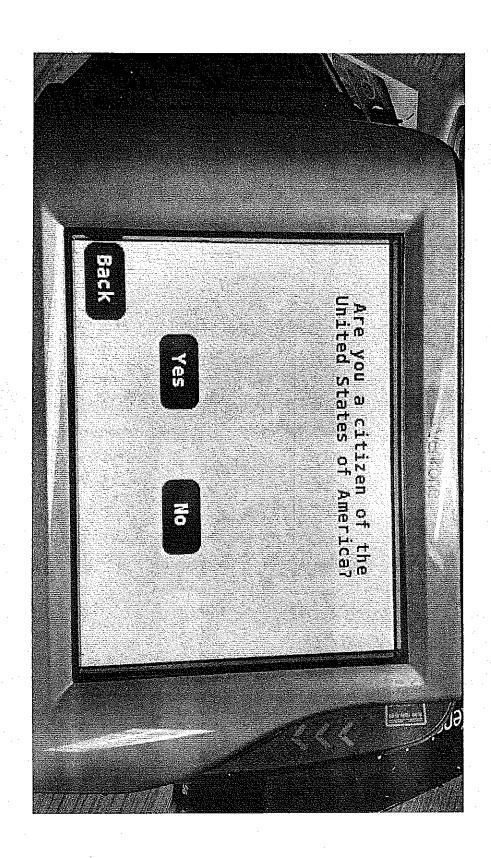
Mary. C DéSarno

Superintendent of Elections

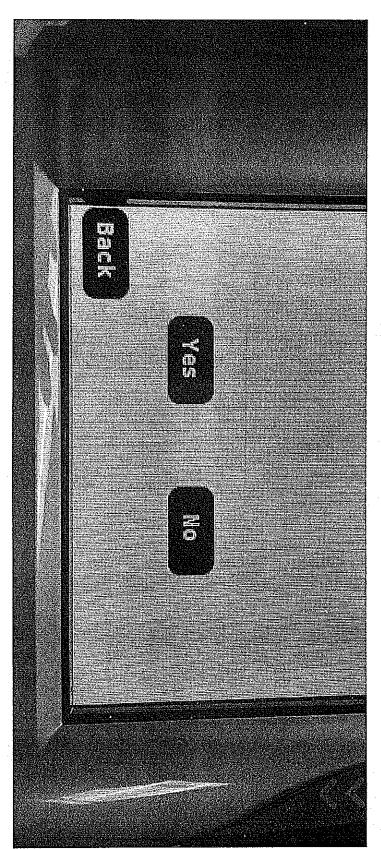
For Monmouth County

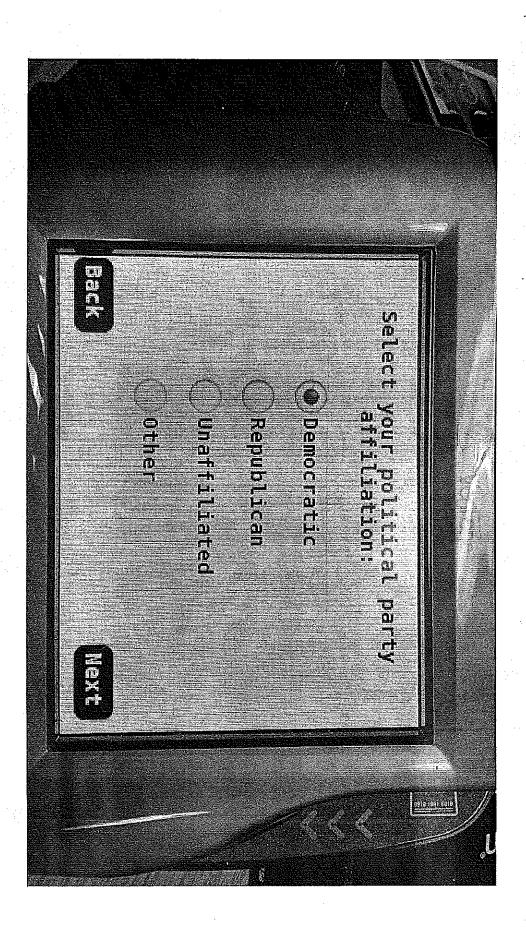


The Motor Vehicli Pad. also see reverse side

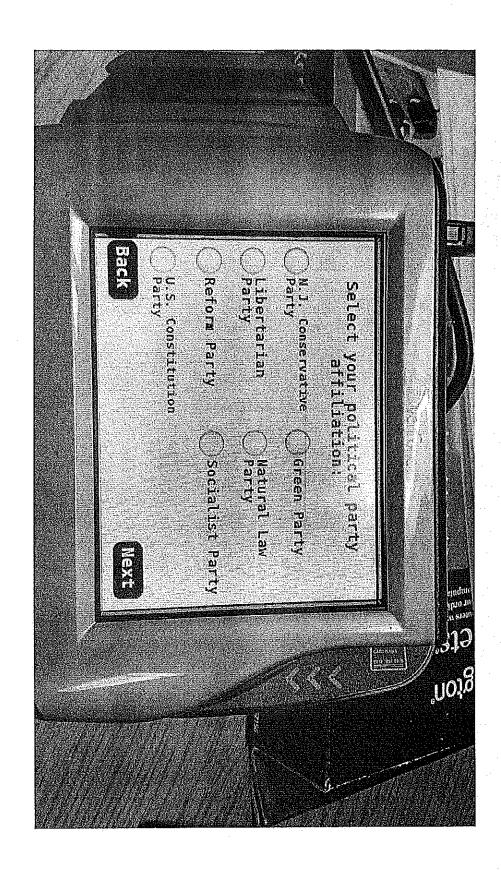


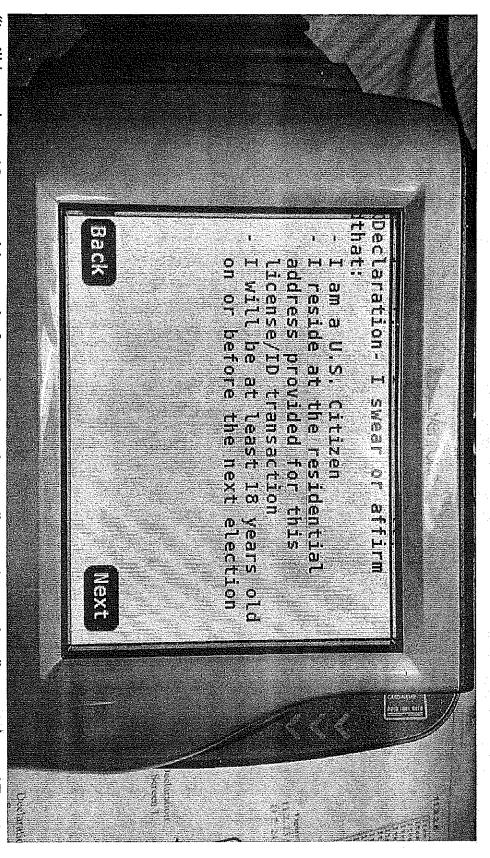
Are you at least 17 years of age?



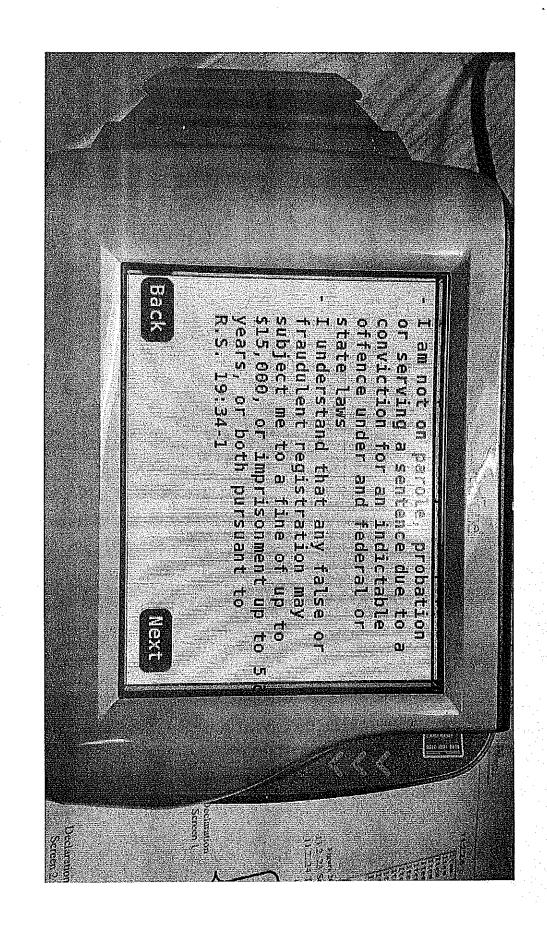


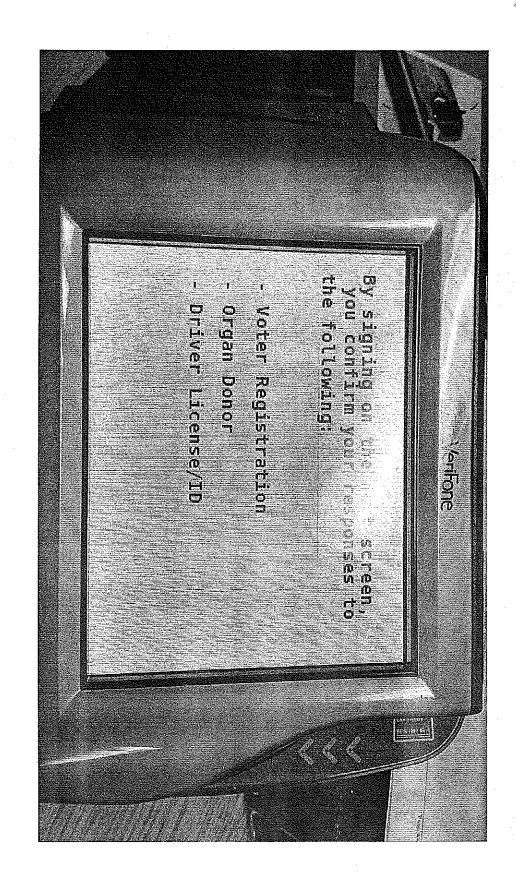
If other is selected an additional screen appears:





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





ζ,		534011977 M-1303 W-00 D-01	ı						33
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	7 C. C.	JOSE VAZQUEZ 701 MEMORIAL DR		's requi	red unle	ss marked op	tional.'	<u> </u>	Ŋ <u>"</u>
ſ	A.	ASBURY PARK NJ 07712	H Clan	hange	or Non-	olitical Party A affiliation Cha	Affiliation .		OFFICIAL SE ONLY
-	9	uraι εμμιγ: □ Name Change Are you a U.S. @ltizen?æ□.Yes.□.No.	Will you b	e 18 years of	age by the	next election?		Clerk	
		(If No, DO NOT complete this form)	(If No, DC	NOT complet	le this for	<i>n)</i> Jame or Initial			stration#
	3	Last Name	st Name	,		CIS	56		Time Stamp
l	4	Date of Birth 02-14-5	Z/						titie oramb
Ī	5	NJ Driver's License Number or MVC Non-drive	er ID Numbe	or If you DO NOT I ID, provide the k	ave a NJ Driv ast 4 digite of y	er's License of MVC N our Social Security Nu	on-l mbe	1	4721
١		☐ "I swear or affirm that I DO NOT have a N.	J Driver's Lic	ense, MVC Non	-driver ID	or a Social Secur	Ity Number:		1100
Ì	6		Apt.	Municipality		County	State Zip C	77()	
	-Z 7	Home Address (DD NOT YES PO BOX) O/ Mowalling Drive Malling Address if different from above	re Apt.	Municipality	•	County (State 2 p C		
	8	Last Address Registered to Vote ronorus	oaw Apt.	Municipality		County	State Zip C		y mail person
ł	9	Former Name if Making Name Chang	ge a D	ay Phone Nun	ober (Onlic	mail X 8/5	5-525-6	1721	
				-Mali Address		7-0-1			
	_	The state of the s		□ Vee the n	erty nem	ne is	•		
	10	Do you wish to declare a political party of (Optional)	athilauon:	□ Ño, I do n	ot wish t	o be affiliated			
	11	Gender ☐ Female ☐ Female ☐ I live at the above address ☐ I will be at least 18 years old on or before the next election	•	I will have reside et least 30 days I am not on parc sentence due to offense under a	before the de, probati a convicti ny federal	e next election on or serving a on for an indictat or state laws	. fraudulei me to a de imprison both pur	fine of up to iment up to t suant to R.S	r may subject \$15,000, 5 years, or 19:34-1
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		. 1			Da	məte		L-1117	
	>	fore kis love	D	ate 1045	<i>ƏUK</i> Ad	dressOC		•	
	_					COMM	OUTH COU F REGISTRA	VIY-	
	L	nportant Instructions fo	r sect	ions 5. f	s and	10	** *****		
	***	 Registrants who are submitting this form be required by section 5, or the information to photo if the comment with your name. 	y mail and a you provide and ourrent	are registering t cannot be verl address on it	o vote for fled, you t to avoid h	will be asked to aving to provide	identification	at the pollin	g place.
		Note: ID Numbers are Confidential and	will not be re Ities.	eleased by any	governn	ental agency. A	any person wh	o usas suoi	t Unitinals
		n	opotion & hi	y providing a co	ontact pol	nt or the locatio	n where you sp	end most o	of your time.
	1	5) If you are nomeless, you may complete to You may declare a political party affiliation previously affiliated voter who wants to co 55 days before the primary election in or the acceptance of your voter registration	on or you m change polit rder to vote	ay declare to b lical party affilia In the primary	e unaffilia	sted, regardiess scome uneffillet	ı or any puor pa ed. vou must fi	arty assisauc le this form	no later than
	N	eed More Information? Check boxe	s below if	you would lik	e to rece	ive more infor	mation about	:	ما دواند الم
		☐ voling by mail ☐ becoming a poll worker	□ polling □ voting	place access if you have a ing visual impa	bilily disability,		🛘 avallabi	e election r rnative lan	näterials in guage:

Activities 4 Inquirles 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

✓ Electio Net

Select Voter - Inquiry Voter Registration

	oters Disp	olayed: 1-1	Total voters:	1					
	Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id
Ē	0	Rejected		JOSE			11	701 MEMORIAL DR, ASBURY PARK, NJ 07712	534011977

I ✓ 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.

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Activities ,	Inquiry - V	iew Voter	Regist	ration					DESA / IOUTH
•									
Voter Registration									_
Voter Mail-In Ballot Request	Previ	ous Name		Previo	ıs Addre	SS	Pre	vious Party	
Voter Mail-In Ballot	Vatau Tufau		Resi	dence Ad	dress:		Party Infor	mation:	
Voter Election History	Voter Infor			ity: MONM			Current Party		d
Voter Change Audit		: JOSE VAZQUEZ		•	OUIN		Party Privileg		
Voter Defetions		: 02/14/197	1 Suffi						
County Data	Voter ID:	534011977 icense / State	Suffi						
Polling Place	ID:	icense / State	Stre	et Number:	701		County Co	nmmittee	
Purged Voters	Legacy ID:				MEMORIA	AL DR	·		
Voter DIA	Archived Leg	•		ress Line 2:			Municipal		
MVC File	Telephone #:			ress Line 3:		DADIZ	Provision	al Ballot Re	gistration
Reports	Fax #: Email :			icipality : al City: ASI					
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Logout				07712					
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	Voting Privile	ge Date:		l er: Male			Previous Add	ress 🔲	
	Current Status	s: Rejected		ary/Overse:			Previous Part		
	Rejected Reas			stration Dat stration Typ			Election Histo	ory 🔲	
	•	-Registered Felor		ification	PG: (*1011)	III WICH	Previous Nan	, <u>=</u>	j I
	Date Last Vote		Last	Action Take	n Date:	10/19/2010	6		
✓ Electio Net	Poll Worker S	tatus:	<u>Mem</u>	<u>o</u>			Registration I	History 🔲	
Service and Information Reformed							Polling Place		
									•
		Display Signa	ture	Signatu	re Histo	ry	Poll Worker Hi	story	
			W	ard and Dis	strict Au	dit History			
	Ma	il-In Ballots	Audit	History	Dele	ted Histor	y Electio	n History	
				View 5	canned I	Docs			
	Mailing Add	ress:	·						
	Street Numbe	r Suffix	κA	s	uffix B		Street Nam	e/P.O. Box	Unit
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	City	State	1	z	ip Code				
	Country								
	Inactive Co	nfirmation Ad	ldress:						·
	Street Numbe	r Suffix	κA	s	uffix B		Street Nam	e/P.O. Box	Unit
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	Country								
	Person Prov	iding Assista	nce:	•					***
	Last Name:	First	Name:	s	uffix:				
	Street Number	r Suffix	k A	s	uffix B		Street Nam	e/P.O. Box	Unit
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	District Municipa			·d		00	District	01	
	Congress			islative		11	Freeholder		
	School		Spe			- <u>-</u>	Fire		

11/07/2017 -- GENERAL ELECTION

Next Election Date --

Name

Polling Place

Name

CENTER

Address

MOUNT CARMEL CHURCH COMMUNITY 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 PSLPV-08-02-0508A- 08/07/2017, MNSSMCRA

Previous

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

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532261677 M-1303 W-00 D-04
MILES L SVIKHART III

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

ation Application

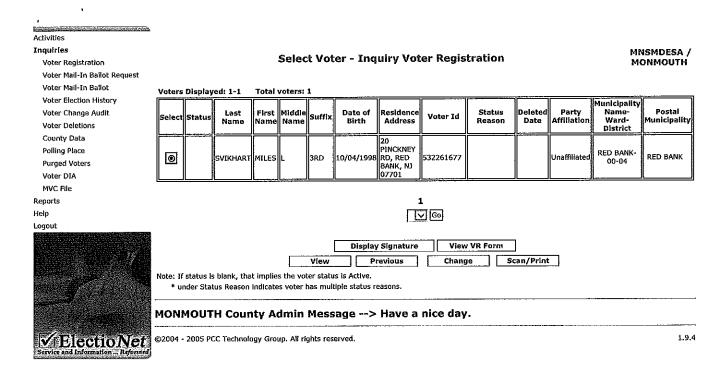
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tion is required unless marked optional. ☐ Political Party Affiliation പ പാർപാടെ Change Check boxes □ New Registration USE ONLY or Non-affillation Change □ Name Change ☐ Signature Update that apply: Clerk Are you at least 17 years of age?, ☐ Yes ☐ No Are you a U.S. Citizen? ☐ Yes . ☐ No (If No, DO NOT complete this form) (if No. DO NOT complete this form) Registration # Middle Name or Initial Suffix (1c., Sc., 111) First Name Last Name Office Time Stamp 4 Date of Birth 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. 95465507310 il swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID of a Social Security Number." State Zip Code Municipality County Home Address (DO NOT USE PO BOX) . Apt. 07712 Monmouth 6DI ASbury Pack 600 Grand AVE Malling Address if different from above State Zip Code Municipality County Apt. State Zip Code by mall
 Last Address Registered to Vote power work Apt. " County Municipality in person Former Name If Making Name Change a. Day Phone Number (Option b. E-Mail Address (Optional) 10 Do you wish to declare a political party affiliation? . 🗖 Yes, the party name is 図No, I do not wish to be affiliated with any political parly. (Optional) I understand that any felse or I will have resided in the State and county Declaration - I swear or affirm that: fraudulent registration may subject me to a fine of up to \$15,000, at least 30 days before the next election .
I am not on parole, probation or serving a Gender e i am a U.S. Citizan: □ Female o I live at the above address imprisonment up to 5 years, or both pursuant to R.S. 19:34-1 sentence due to a conviction for an indictable offense under any federal or state laws o'l am at least 17 years old, and under-√Z Male stand that I may not vote until reaching the age of 18. If applicant is unable to complete this form, print the name and addression in the complete this form. Signature: Sign or mark and date on lines below 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 6, 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 56 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: ☐ available election materials in D polling place accessibility □.voting by mail this alternative language: I voting if you have a disability, □ becoming a poll worker including visual impairment

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

HI Division of Elections - 05/07/18





a '						
Activities	Inquiry - View V	oter R	egistration			MNSMDESA / MONMOUTH
Inquiries						
Voter Registration		<u>_</u>				
Voter Mail-In Ballot Request Voter Mail-In Ballot	Previous Nan	ne	Prev	ious Address	Prev	ious Party
Voter Mail-In Ballot Voter Election History	Voter Information	n:	Residence A	Address:	Party Inforr	nation:
Voter Change Audit	Voter's Name: MILES		County: MOI		Current Party:	
Voter Deletions	SVIKHART 3RD	_	Unit:		Party Privilege	Date: 10/20/2016
County Data	Date of Birth: 10/0	-	Suffix A:			
Polling Place	Voter ID: 53226		Suffix B: Street Number	arı 70		
Purged Voters	NJ Driver's License / ID: S9546550731098			PINCKNEY RD	County Co	mmittee
Voter DIA	Legacy ID:		Address Line	2:	☐ Municipal	Chair
MVC File	Archived Legacy ID:		Address Line		Provisiona	l Ballot Registration
Reports	Telephone #: Fax #:		Municipality:			
-i elp	rax #: Emali :		Postal City: 1 State: NJ	RED BANK		
_ogout			Zip: 07701			
			•		D	p4!! -
					Print Vote	
	Status Informatio	n:	Miscellaneo		Date of Birth	
	Voting Privilege Date: 10/20/2016	:	Gender: Mai		Previous Addr	ess
	Current Status: Active	3	=	seas Status: None Date: 09/29/2016	Previous Party	' <u> </u>
	Date Last Voted:		Registration 1	Type: Agency with	Election Histor	ry 🔲
	Poll Worker Status:		Identification		Previous Name	e 🗵
			Memo	aken Date: 06/05/20)1/ Registration H	
VELLECTION et			riemo		Polling Place	
Service and Information at Reformed					, ching , lace	
					B-0 M-1 15-	
	Displa	y Signatu		ature History District Audit Histor	Poll Worker His	tory
	Mail-In Ba	lua-	Audit History	Deleted Histo	31	n History
		inots		Scanned Docs	DIY LIECTION	THEOLY
					1	
	Mailing Address:					
	Street Number	Suffix A		Suffix B	Street Name	P.O. Box Unit
	Address Line 2		s Line 3			
	City	State		Zip Code		
	Country					
	Inactive Confirma	tion Add	ress:	·		
	Street Number	Suffix /	4	Suffix B	Street Name	/P.O. Box Unit
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	City	State		Zip Code		
	Country			•	-	
	D B!J! · · ·					
	Person Providing A			Suffix:		
	Last Name: Street Number	First Na Suffix /		Suffix B	Chrock Name	e/P.O. Box Unit
	Address Line 2		s Line 3	JUHIA D	Street Name	A PAOL BOX OHIC
	Municipality	State	S EINC S	ZIp Code		
		Jule				
	Districts:					
	Districts: Municipality	RED	Ward	00	District	04
	Municipality	BANK				04
			Ward Legislative Special	00 11	District Freeholder Fire	04

Next Election Date -Name
Polling Place

Name
UNITED METHODIST CHURCH REAR
ENTRANCE

RED BANK NJ 07701

Memo:

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

Previous

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534133167 M-1323 W-00 D-05 ELIZABETH M STETTER

the Didnes of Elections - Continue

ation Application on is required unless marked optional.

114 QUEENS DR 8		Mile tedeston	2711000	manou opi	2711401			
LITTLE SILVER NJ 07739		з Change re Update		tical Party A Ion-Affiliatio			FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? ☐ Yes ☐ No (If No, DO NOT complete this form)		least 17 years of a		∐Yes □ N	0		Cjerk	
	st Name		ile Nar	ne or Initial	Suffix ((dr., Sr., fl)	Registration#	
4 Date of Birth 1717717	Ξ,		J.L.K.				Office Time Slamp	
5 NJ Driver's License Number or MVC Non-drive	r IT Alumber	If you DO NOT have a N	Li Priver's l	License or MVC No	n-Dr			
B 140 Dilatio Piceiros i antinos os tala o sensimies	, 15 110111001	ID, provide the last 4 dig						
X "I swear or affirm that I DO NOT have a Na	Driver's Lice	ense. MVC Non-drive	riDors	Social Securit	y Numb		ープン	
g Home Address (DONOT USE PO BOX)								
114 QUEENS Drive			24/15	oriuta or	MV	0173	21	
7 Mailing Address if different from abov		Municipality	C	ounty	State	Zip Code	(/-	
8 Last Address Registered to Vote poworuses	Apt.	Municipality	C	ounty ,	State	Zip Code	□ by mall □ in person	
Former Name If Making Name Chang	a. Da	y Phone Number	(Optional))		,		
b. E-Mail Address (Optional)								
10 Do you wish to declare a political party affiliation? 'DYes, the party name is								
(Optional) No, I do not wish to be affiliated with any political party.								
11 Gender Declaration - I swear or affirm that: 1 will have resided in the State and county at least 30 days before the next election 1 invest the above address 1 am not on parole, probablion or serving a sentence due to a conviction for an indictable the age of 18.								
Signature: Sign or mark and date on line	woled e		name s		findivid	iusi who com	plated this form.	
111			1			ECEI	VED-	
(1) 11/18 XXX	7	In Health	Date_		-			
x Wyww S	Da	te 10/14/14	Addre	SS	·	oct i.s.	2016	
		<u> </u>			MO	NMOUTH	COUNTY	
Important Instructions for 5) Registrants who are submitting this form by required by section 5, or the information yphoto ID, or a document with your name a	r meil and ar ou provide o ind current a	e registering to vote cannot be verified,) address on it to avo	for the you will pid havin	firettime: if yo be saked to p ng to provide	COMN ou do no provide identifi	i. OF REGI of have any of a COPY of a cation at the	STRATION fthe information a current and valid polling place.	
Note: ID Numbers are Confidential and w lilegally shall be subject to criminal penal	řes.							
6) if you are homeless, you may complete s	ection 6 by	providing a contact	point o	r the location	where	you spend n	nost of your time.	
You may declare a political party affiliation previously affiliated voter who wants to class before the primary election in ordinary election in ordinary election.	range politic for to vote ic application.	cal party affiliation on the primary election	or becor on. Can	ne unaffillated npleting section	n, you r on 10 is	MUSCINE UNB S OPTIONAL	totti no izter uteri	
Need More Information? Check boxes	below if y	ou would like to r	eceive	more inform	ation	about:		
☐ voting by mail ☐ becoming a poli worker	☐ voting if	place accessibility i you have a disabil ig visual impairmen	lity, nt			vallable eleci ils alternative	ion materials in a tanguage:	
For further information visit Elections.NJ.gov	or call toll-f	ree 1-877-NJVOTI	ER (1-8	77-658-6837)			

Activities Inquirles **Select Voter - Inquiry Voter Registration** Voter Registration Voter Mail-In Ballot Request Voter Mail-In Ballot Voters Displayed: 1-1 Total voters: 1 Voter Election History Voter Change Audit First Name Middle Name Suffix Date of Birth Residence Address Voter Id Select Status Last Name Voter Deletions County Data 114 QUEENS DR 5, LITTLE SILVER, NJ 07739 534133187 ⊚ STETTER ELIZABETH 12/27/1975 Politing Place Purged Voters Voter DIA 1 MVC File **∀** Go Reports Help Logout Display Signature View VR Form 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 --> Have a nice day. ©2004 - 2005 PCC Technology Group. All rights reserved. ✓ Electio Net

Activities	Inquiry -	· View Voter	Regist	ration				MNSMI MONM	
Inquiries			-					MONIN	00111
Voter Registration									
Voter Mall-In Ballot Request	Pro	evious Name		Prev	ious Addres	s	Prev	ious Party	
Voter Mail-In Ballot			Dog		Address:		Party Inforr	nations	
Voter Election History		formation:					Current Party:		
Voter Change Audit	Voter's Na STETTER	ime: ELIZABETH M	Unit	ity: MOI :	WHOOTH		Party Privilege		
Voter Deletions		rth: 12/27/197							
County Data	Voter ID:	534133187	Suff	ix B:					
Polling Place		s License / State		et Numb			County Co	mmittee	
Purged Voters Voter DIA	Legacy ID	2127462756 •		et Name: ress Line	QUEENS (or s	Municipal	Chair	
MVC File		.egacy ID:		ress Line ress Line				l Ballot Reg	letration
Reports	Telephone	#:	Mun	icipality :	LITTLE SI	LVER	[r Danot Reg	, ioci acion
Help	Fax #:		Post	al City:	LITTLE SILVE	R			
Logout	Email :			e: NJ					
			Zip:	07739					_
							Print Vote	r Profile	
	Status In	formation:	Misc	ellaned	ous:		Date of Birth		
		ilege Date:	Gend	ler: Fen	nale		Previous Addr	ess 🔲	
	11/08/2016			•	seas Status		Previous Party		
		itus: Active	-		Date: 10/18/ Type: Agen		Election Histor		
	Date Last V Poll Worke			ification	туре: Аден	Ly WILL	Previous Name	· <u></u>	
	Poli Worke	r Status:	Last	Action Ta	aken Date:	05/15/2017			
✓ Electio Net			Mem	Ö			Registration H		
Service and Information Reformed							Polling Place		
		Display Signa			ature Histor		Poll Worker His	tory	
			L		District Aud				-
		Mail-In Ballots	Audit	History		ted History	Election	1 History	_
				viev	v Scanned D	ocs			
	Mailing A	ddress:							
	Street Nun	ıber Suffi	ix A		Suffix B		Street Name	P.O. Box	Unit
	Address Li	ne 2 Addi	ess Line :	3					
	City	State	e		Zip Code				
	Country								
	Inactive (Confirmation A	ddress:						
	Street Nun	nber Suffi	ix A		Suffix B		Street Name	P.O. Box	Unit
	Address Li	ne 2 Addi	ress Line :	3					
	City	State	e		Zip Code				
	Country								
	Person Pi	roviding Assista	ance:						
	Last Name	: First	: Name:		Suffix:				
	Street Nun	nber Suffi	ix A		Suffix B		Street Name	e/P.O. Box	Unit
	Address Li	ne 2 Addı	ress Line :	3					
	Municipalit	y State	e		Zip Code				
	Distr	icts:							
		ipality LITTI SILVI		rd		00	District	05	
	Congr Schoo	essional 04	Leg	islative cial		13	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.

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lation Application

LETISHA L PABELIS 130 MORRIS AVÉ	tion is required unie			FOR OFFICIAL				
NEPTUNE CITY NJ 07753	ss Change DP	olitical Party Af	fillation	USE ONLY				
more white meadisto original mailile	ture Update or Non-	aniliation Chan	ge	Clerk				
a Are you a U.S. Cilizen? □ Yes □ No' Will you be	18 years of age by the	next election? "	1917es II No	Cierk				
(If No, DO NOT complete this form) " (If No, DO	NOT complete this for	n)		Registration#				
2 Last Name First Name		lame or Initial	Sumix (Jr., St., III)	rtogroudners is ,				
Tapus lets	Dan I F			Office Time Stamp.				
4 Date of Birth 08 05 89				Salos jano saarq				
5 NJ Driver's License Number.or MVC Non-driver ID Number	Lifvou DO NOT have a NJ Driv	er'e License or MVC Non	-Driver					
5 jas bitter a ricejaja Millinor, ottavo (torromor io trans-	ID, provide the last 4 digits of y	our Social Security Numb	98r. <u> </u>	20 Constant				
The same and the s	MIC Non-driver ID	r a Social Security	/ Number."	working)				
"I swear or affirm that I DO NOT have a NJ Driver's Lice Home Address (no Not issee to Box) Apt.	Municipality	County	State Zip Code	77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
6 Homa Address (20 NOT USS FO BOX) Apt.			Samble Lyn See 18 8 40					
7 Mailing Address if different from above Apt.	Municipality		State Zip Code					
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Last Address Desistand to Vote source and Ant	Municipality	County 8	State Zip Code	□ by mall `				
8 F881 Vddtesa Vsfilateten to Anna tonyotrasional Ann	," ₄ * \$	<u> </u>		☐ in person				
Former Name If Making Name Change Page 10 Pag	y Phone Number (Option							
. ja. Da				$(\mathcal{F}_{i},\mathcal{F}_{i})$				
b. E-	Mall Address (Optional)	<u></u>						
40 Day which to declare a nelltical party offiliation? IT Yes, the party name is								
10 Do you wish to declare a political party affiliation? Yes, the party name is								
Committee of the state of the s								
14 Constant 100 Sweat of animates at least 30 days before the next election fraudulant registration may subject								
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Signature: Sign or mark and date on lines below	nam	e and address of	individual who com	pleted this form.				
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x Ketishalabelo Da	10-10-17-17-17-17-17-17-17-17-17-17-17-17-17-	TOOD GOMM.	OF REGISTRATI	ON A				
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Important Instructions for section	ons 5, 0 anu	jŲ hadent limas litera	i do not have snuð	Sine information				
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photo ID, or a document with your name and ourrent a	annot be veniced, you v	vina to provide k	dentification at the	polling place.				
priore its, or a document with your mains and outself a		ontal ananou An	u narenn who uses	such numbers				
Note: ID Numbers are Confidential and will not be re	leased by any governin	sinai agency. An	y pordon mile dese	,				
illegally shall be subject to criminal penalties. 6) If you are nomeless, you may complete section 6 by	neoulding a contact noin	it or the location i	where you spend n	nost of your time.				
b) It you are nomeless, you may complete section 6 by	Providing a contact both	tot tito tanzinit.	f any ngar nogy of	liation. If you are a				
10) You may declare a political party affiliation or you ma	y deciere to be unamilia	(eu, leästuiese n	vou must file this	form no later than				
previously affiliated voter who wants to change politic 55 days before the primary election in order to vote in	ai party allillarion of Dol The orimony election: C	oilnes priisico enco	n 10 la OPTIONAL	and will not affect				
the acceptance of your voter registration application.	i era huittal à electrous e	Citibionia acono						
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Need More Information? Check boxes below if y	ou would like to recel	ve more inform	ation about:					
Need More Information? Check boxes below if y	lace accessibility	ve more inform	🗆 avallable elec					
Ci voting by mall Ci polling p	ou would like to recel place accessibility you have a disability, g visual impairment	ve more inform	ation about:					

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Activities Inquiries Voter Registration Voter Mail-In Ballot Request Voter Mail-In Ballot	Select Voter - Inquiry Voter Registration MNSMDESA MONMOUTI													
Voter Man-in Banot Voter Election History	Voters	Display	ed: 1-1	Total	voters:	1		ir	ı———		1			
Voter Change Audit Voter Deletions	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
County Data Polling Place Purged Voters Voter DIA	0		PABELIS	LETISHA	L		08/05/1989	704 FIFTH AVE, Apt- Unit F1, ASBURY PARK, NJ 07712	536951377			Unaffillated	ASBURY PARK-00-08	ASBURY PARK
MVC File Reports			Ant				100							
Help Logout								1	(Go)					
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Activities	Inquiry - View Vo	MNSMDESA /					
Inquiries	andmit areas a		9.20.00.		МОММОИТН		
Voter Registration							
Voter Mail-In Ballot Request	Previous Name		Prev	ious Address	Previous Party		
Voter Mail-In Ballot Voter Election History	Voter Information:		Residence Address:		Party Information:		
Voter Change Audit	Voter's Name: LETISHA L		County: MONMOUTH		Current Party: Unaffiliated		
Voter Deletions	PABELIS		Unit: F1		Party Privilege Date: 04/12/2017		
County Data	Date of Birth: 08/05		Suffix A:				
Polling Place	Voter ID: 5369513		Suffix B: Street Numb	er: 704			
Purged Voters	NJ Driver's License / State ID: P00104647358896		Street Name:		County Committee		
Voter DIA	Legacy ID:		Address Line	2:	Municipal Chair		
MVC File	Archived Legacy ID:		Address Line 3:		Provisional Ballot Registration		
Reports	Telephone #: Fax #:	• •		ASBURY PARK			
Help	Email :		Postal City: / State: NJ	ASBURT PARK			
Logout			Zip: 07712				
			•				
					Print Voter Profile Date of Birth Previous Address		
.	Status Information:	:	Miscellaned				
	Voting Privilege Date: 04/12/2017		Gender: Fen				
	Current Status: Active		•••	seas Status: None Date: 03/22/2017	Previous Party		
	Date Last Voted:		_	ype: Agency with	Previous Party Election History		
	Poll Worker Status:		Identification		Previous Name 🔛		
			Last Action Ta	iken Date: 06/19/201	Registration History		
VELlectio Net			Denis		Polling Place		
Service and Information Reformed					roming rince		
	Display	Signatur		ature History District Audit History	Poll Worker History		
	Add I You Dollar						
	Mail-In Balle	DES	Audit History	Deleted Histor Scanned Docs	y Election History		
			1 0100	Scanned Does			
	Mailing Address:						
	Street Number	Suffix A		Suffix B	Street Name/P.O. Box Unit		
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	City State			Zip Code			
	Country						
	Inactive Confirmation						
	Street Number	Suffix A			Street Name/P.O. Box Unit		
	Address Line 2 Address		· 				
	City	State		Zip Code			
	Country						
	Person Providing As						
	Last Name:	First Na		Suffix:			
	Street Number Suffix A				Street Name/P.O. Box Unit		
	Address Line 2 Address						
	Municipality	State		Zip Code			
	Districts:						
	Municipality	ASBURY PARK	Ward	00	District 08		
	Congressional	06	Legislative	11	Freeholder		
	School		Special		Fire		

Next Election Date -- Name
Polling Place Name
Asbury PARK H S MEDIA CENTER COMSTOCK 1003 SUNSET AVE
ST. ENTRANCE
ASBURY PARK NJ 07712

Memo:

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

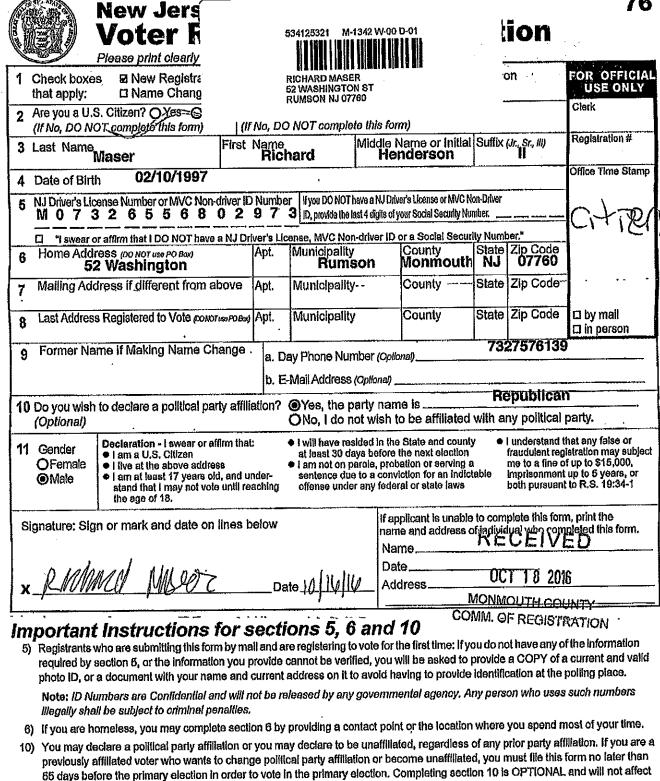
Previous

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

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☐ available election materials in

this alternative language:



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

D polling place accessibility

☐ voting if you have a disability,

including visual impairment

the acceptance of your voter registration application.

□ voting by mail

D becoming a poll worker

Activities									
Inquiries .									
Voter Registration						Select '	Voter - Inquir	y Voter Registratio)N
Voter Mail-In Ballot Request									
Voter Mali-In Ballot	Votore Die	played: 1-1	Total voters:	1					
Voter Election History	V01213 313	prayad. 1-1	1000110000	<u>-</u>	1	ı .	1	<u> </u>	T
Voter Change Audit	Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id
Voter Deletions	36,66	June	Lust Humid	T.I.St Hallo					
County Data		Active Need			i	ļ	02/10/1007	52 WASHINGTON ST,	534125321
Politing Place	▣	ID	MASER	RICHARD	<u> </u>	III	02/10/1997	RUMSON, NJ 07760	534125321
Purged Voters					•				
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	Note: If stat	us Is blank, th	at implies the vo	ter status is Activ	ve.				
	* vлder	Status Reasor	indicates voter	has multiple stat	us reasons.				
	•								
	MONMO	UTH Cou	nty Admin	Message -	-> Have a nic	e day.			
	©2004 - 200	5 PCC Techno	logy Group. All ri	ghts reserved.					
Service and information Reformed									

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tration Application mation is required unless marked optional.

	RUMSON NJ 077	760		A.	- 5 19		ecu e		
<u> </u>	that apply:		□ Sign	ess Change ature Update	or N	tical Party A on-affiliatio	n Cha		FOR OFFICIAL USE ONLY
2	Are you a U.S. Citiz (If No, DO NOT con	1 Y		t least 17 years of NOT complete th	-	Ma(Yes □ N	lo .	•	Clerk
3	Last Name MY		Name	ard Mic	ddle Nan	ne or Initial	Suffix	(Jr., Sr., III)	Registration #
4	Date of Birth	-10 - 97	/	,0. 0				<u> </u>	Office Time Stamp
5	NJ Driver's License No	umber or MVC Non-driver IE							
 		that I DO NOT have a NJ Dr							1
6	Home Address (po		Apt.	Municipality				Zip Code	(?)
ļ	52 WAShingle	mst-		@ Rumsur				d 7760	9
7	_	f different from above	Apt.	Municipality				Zip Code	
8	Last Address Regis	tered to Vote (po,NOT USS POBON)	Apt.	Municipality	Co	ounty	State	Zip Code	□ by mail □ in person
9	Former Name if N	Making Name Change	a D	ay Phone Number	Ontional			<u> </u>	
		:		•	• • • •				
		·	b. E.	-Mail Address (Optic	onal)				
10	Do you wish to dec	lare a political party affilia	ation?	☐ Yes, the party	name is	s			
'	(Optional)			No, I do not w	ish to be	e affiliated v	with ar	ny political p	party.
44	Declar	ration - I swear or affirm that		I will have resided	·····		•		nat any false or
11	☐ Female ☐ Female ☐ I am ☐ I am ☐ I am ☐ I am	a U.S. Citizen e at the above address at least 17 years old, and ur d that I may not vote until rea age of 18.	nder-	at least 30 days be I am not on parole, sentence due to a offense under any	efore the r , probatior convictior	next election n or serving a n for an indicta	i able i	raudulent regione to a fine of mprisonment	stration may subject up to \$15,000, up to 5 years, or to R.S. 19:34-1
Si	gnature: Sign or m	ark and date on lines b	elow		If applica	ant is unable nd address of	individ	dig who comp	n, print the pleted this form.
					Name.	<u>J</u>	UL 1	1 2017	<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
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Щ				• •		COMM.	OF R	EGISTRATI	<u>ON</u>
	Registrants who are required by section to photo ID, or a document of the section	tructions for s submitting this form by mai 5, or the Information you p nent with your name and c	il and are rovide c current a	e registering to vote annot be verified, y address on it to avo	e for the fi you will b old having	rst time: If yo e asked to p g to provide i	rovide a dentific	a COPY of a ation at the p	current and valid olling place.
	illegally shall be sub	are Confidential and will no pject to criminal penalties.							
	-	, you may complete section		-					
10)	previously affiliated 55 days before the	political party affiliation or voter who wants to chang primary election in order to our voter registration appli	e politic vote in	al party affiliation o	r become	e unaffiliated	, you m	ust file this fo	orm no later than
Nee	ed More Informa	tion? Check boxes bel	ow if yo	ou would like to re	eceive n	nore inform	ation a	bout:	
	☐ voting by mail	Πţ	olling p	lace accessibility			□ ava	ailable electio	on materials in

□ voting if you have a disability,

including visual impairment

this alternative language:

☐ becoming a poll worker



Vi Ples 533815465 M-1305 W-00 D-02

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	– Plet (HRIS LEYDON	EMS#1# JID #10	narked op	tional.	<u> </u>			
1 Check boxes that apply:	s p	05 LINCOLN AVE WON NJ 07717		al Party /			FOR OFFICIAL USE ONLY		
2 Are you at U.S	MCUlzent Indyes Fin. OT complete this form)	No Are you a	t least 17 years of NOT complete th	age? ☐ Yes ☐ N	vio		Clerk		
3 Last Name		First Name		Idle Name or Initial	Suffix	(Jr., Sr., III) ·	Registration #		
4 Date of Birth	59/28						Office Time Stamp		
L297	ense Number or MVC No 812471	0987	ID, provide the last 4 o	NJ Driver's License or MVC N ligits of your Social Security Nu	mper		CHZE		
	r affirm that I DO NOT have PO Box)	ve a NJ Driver's Liα Apt.	ense, MVC Non-driv Municipality	County	State	Zip Code			
1 0	_	3 '	Avon	Monwath		07717			
7 Malling Add	. Ace dress if different from	above Apt.	Municipality	County	ĺ	Zlp Code			
8 Last Address	s Registered to Vote po	мотияновы) Apt.	Municipality	County	State	Zip Code	□ by mall □ in person		
Former Name If Making Name Change a, Day Phone Number (Options)									
b. E-Mail Address (Optional)									
10 Do you wish	to declare a political p		□ Yes, the party	name is					
(Optional)		· · · · · · · · · · · · · · · · · · ·	No, I do not v	vish to be aniliated					
11 Gender	Declaration - I swear or I am a U.S. Citizen I live at the above ad I am at least 17 years stand that I may not with age of 18.	lress old, and under-	 at least 30 days i I am not on parole sentence due to 	In the State and count refore the next election o, probation or serving a conviction for an indic y federal or state laws	• · B	fraudulent regi me to a fine o imprisonment	hat any false or Istration may subject If up to \$15,000, up to 5 years, or to R.S. 19:34-1		
Signature: Sig	n or mark and date o	n lines below		If applicant is unable	ete oen Hadid	well win Leon	g, print the pleted this form.		
1	/		, t	Name	OCT	1 8 2016			
1 (1 / / .		Ds	Winder	AddressMO			•		
× / / /		D8	310 10/10/18			THEODNI EGISTRAT			
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illegelly sha	II be subject to criminal	penalties.							
6) If you are he	omeless, you may com	plete section 6 by	providing a conta	or bolut of the location	of envi	i yuu openu II nilor nami afi	Most of your minor Milation, if vou are a		
previously a 55 days bet the accepte	eclare a political party a affiliated voter who wan fore the primary election ance of your voter regist	ts to change politi n in order to vote ration epplication	ical party affiliation In the primary elec	or become unanillate tion. Completing sect	ion 10 l ·	s OPTIONAL	MINISTER PROPERTY.		
Need More In	formation? Check	boxes below if	you would like to	receive more infor	mation	about:			
☐ voting by		□ polling □ voting	piace accessibility if you have a disa ng visual impairm	/ pility,	□а	valiable elec his alternativ	tion materials in e language:		

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Activities														
Inquiries													MM	ISMDESA /
Voter Registration				56	elect .	rotei	Tudai	ry voter	Registr	ation			MO	НТИОМИС
Voter Mail-In Ballot Request														
Voter Mall-In Ballot	Voters	Display	red: 1-1	Total vot	ers: 1									
Voter Election History													Municipality	
Voter Change Audit	Select	Status	Last	First	Middle	Suffix	Date of	Residence	Voter Id	Status Reason	Deleted	Party Affillation	Name- Ward-	Postal Municipality
Voter Deletions	/		Name	Name	Name		Birth	Address		Reason	Date	Attiliation	District	MUNICIPANTY
County Data								205		r'				
Polling Place	l '							LINCOLN AVE, Apt-						
Purged Voters	0	Ì	LEYDON	CHRISTOPH	כ		09/28/1987	Unit REAR,	533815465			Unaffiliated	AVON-00-02	AVON
Voter DIA	1							AVON, N3 07717						l l
MVC File	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	07717						المسيد
Reports														
Help								1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
Logout									Go					
70							Display Si	gnature	View V	R Form]			
				1	Vi	ew	Prev	ious	Change	Sc	an/Print			
	Note: If	status k	s blank, ti	hat implies th	ne voter	status is	Active.							
1 (1 48) A			-	n indicates v				ons.						
APPENDING TO SERVICE STATE OF THE SERVICE STATE OF														
	MON	моит	H Cou	ınty Adn	nin M	essa	ge> H	ave a ni	ce day.					
Electionet	©2004 -	2005 P	CC Techno	ology Group.	All right	s reserv	ed.				•			1.9.4

Activities Inquirles	Inquiry - View	Voter Re	MNSMDESA / MONMOUTH				
Voter Registration							
Voter Mail-In Ballot Request	Previous Na	me	Prev	ious Address	Previous Party		
Voter Mail-In Ballot	Voter Information		Residence .	Δddress:	Party Information:		
Voter Election History			County: MO		Current Party: Unaffiliated		
Voter Change Audit Voter Deletions	Voter's Name: CHRI LEYDON	STOPHI	Unit: REAR	1,00111	Party Privilege Date: 11/08/2016		
	Date of Birth: 09/	28/1987	Suffix A:				
County Data Polling Place	Voter ID: 5338	15465	Suffix B:				
Purged Voters	NJ Driver's License ID: L297812471098		Street Numb	er: 205 : LINCOLN AVE	County Committee		
Voter DIA	Legacy ID:	′ ¬	Address Line		Municipal Chair		
MVC File	Archived Legacy ID	:	Address Line		Provisional Ballot Registration		
Reports	Telephone #:		Municipality	: AVON			
Help	Fax #:		Postal City:	AVON			
Logout	Email :		State: NJ Zip: 07717				
	Status Informati Voting Privilege Dat	- ' '	Miscellane		Print Voter Profile Date of Birth Previous Address		
	11/08/2016		Military/Ove	seas Status: None	Previous Party		
	Current Status: Acti	ve	_	Date: 10/18/2016	Previous Party Election History Previous Name		
	Date Last Voted:		Identification	Type: Agency with	Previous Name		
	Poll Worker Status:		Last Action T	aken Date: 05/22/201			
✓ Electio Net			<u>Memo</u>		Registration History		
Service and Information Reformed					Polling Place		
	Disp Mail-In E	lay Signatui Ballots	Ward and Audit History	District Audit History Deleted History V Scanned Docs	Poll Worker History y Election History		
	Mailing Address:						
	Street Number	Suffix A		Suffix B	Street Name/P.O. Box Unit		
	Address Line 2	Address	s Line 3	-1			
	City	State		Zip Code			
	Country						
	Inactive Confirm			A	Charle Name (D.C. Day 1977)		
	Street Number	Suffix A		Suffix B	Street Name/P.O. Box Unit		
	Address Line 2		s Line 3	= 1 - 0 - 1 -			
	City	State		Zip Code			
	Country						
	Person Providing			C. Set.			
	Last Name:	First Na		Suffix: Suffix B	Street Name/P.O. Box Unit		
	Street Number	Suffix #		Sumx b	Street Name/P.O. Box Omt		
	Address Line 2 Municipality	State	s Line 3	Zip Code			
	Districts: Municipality Congressional	AVON 04	Ward Legislative	00 30	District 02 Freeholder		
	School		Special		Fire		

Polling Place	Name AVON MUNICIPAL BL	Address ILDING GYM 301 MAIN ST	
		AVON NJ 07717	
Memo:			
MVC A MVC T	gency ransaction Date - 05/17/2	2017 ,MNSPPETR ^	
**************************************		<u> </u>	
	Previous]	
MONMOUTH County	Admin Message> H	lave a nice day.	. 104
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533600461 M-1348 W-00 D-01

tion Application

	CHRISTOPHER W HUETH JK. 415 WASHINGTON AVE	-	's required (uniess	marked op	ional.			
	SPRING LAKE NJ 07762				itical Party A		on ., ,	FOR OFFICIAL USE ONLY	
umr abbit.	Philaine chande	_	uure Update or N				·	Clerk :	
2 Are you a U.S	. Cilizen?	Are you at	least 17 years of a	uge? 's form)	☑ Yes ☐ N	U			
3. Last Name		St Name	· Mide		me or initial	Suffix (Registration #	
4 Date of Birth	7/6/1992		×					Office Time Stamp	
5 NJ Driver's Lice	ense Number or MVC Non-drive	r ID Numbe	r If you DO NOT have at	NJ Driver's	License or MVC No	n-Daver			
4912	01248603	7970	ID, provide the last 4 di						
	affirm that I DO NOT have a NJ		ense, MVC Non-drive	er ID or	a Social Securi	ly Numb	er." Zip Code		
6 Home Addr	OBS (DO NOT use PO Box)	Apt.	Municipality ミットング し ல		County Muses II		07762		
	iress different from abov	e Apt,	Municipality		County		Zip Code		
'	•								
.8 Last Address	Registered to Vote poworum Po	Apt.	Municipality	C	County	State	Zip Code	□ by mail □ in person	
g Former Name if Making Name Change a, Day Phone Number (Optional) Thr									
	b. E-Mall Address (Optional) Chrether gmail. com								
10 Do you wish to declare a political party affiliation? Yes, the party name is									
Declaration - I swear or affirm that: I man a U.S. Cilizen I man a U.S. Cilizen I live at the above address I am not on parole, probation or serving a sentence due to a conviction for an iridictable offense under any federal or state laws I will have resided in the State and county at least 30 days before the next ejection fraudulent registration may audiped me to a fine of up to \$15,000, imprisonment up to 5 years, or offense under any federal or state laws I understand that any false or fraudulent registration for an iridictable of imprisonment up to 5 years, or offense under any federal or state laws I understand that any false or fraudulent registration may audiped me to a fine of up to \$15,000, imprisonment up to 5 years, or offense under any federal or state laws								stration may subject Fup to \$15,000, up to 5 years, or	
Signature; Sign	or mark and date on line	s below		If appli	cant le unable and address o	td gom findivic	plate this form	n-print the plotoe this form.	
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6) If you are ho	meless, you may complete s	ection 6 by	providing a contact	t point c	or the location	where	you spend n	nost of your time.	
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For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

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

ation Application on is required unless marked optional.

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2	Are you a U. (If No, DO N	S. Citizen? Yes [OT complete this form		ı at least 17 years DO NOT complete	of age	? 10 Yes □ l rm)	No		Clerk
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4	Date of Birt	h Jul. 6.	1992						Office Time Stamp
5	H917	cense Number or MVC N COLZ481 or affirm that I DO NOT h	on-driver ID Num	4 ID, provide the las	t 4 digits of	ver's License or MVC N your Social Security Nu	mber		CIT
6	Home Add	TESS (DO NOT use PO Box)	Apt.	Municipality	THAG ID	County		Zip Code	
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8		s Registered to Vote @		Municipality		County	State	Zip Code	□ by mail □ in person
9	Former Na	me if Making Name	Change a.	Day Phone Numb	er (Optic	nal) <u>737</u> ~	996.	1403	
			b.	E-Mail Address (C	ptional) _				·
10	Do you wish (Optional)	to declare a political	party affiliation?	Yes, the par XNo, I do not	ty nam wish to	e is be affiliated	with ar	ıy political p	party.
11	Gender □ Female પ્ર•Male	Declaration - I swear or I am a U.S. Cltizen ■ I live at the above add ■ I am at least 17 years stand that I may not with the age of 18.	lress old, and under-	 I am not on pare 	before to ble, prob a convi	he next election ation or serving a ction for an indicta	f r able, i	raudulent regis ne to a fine of mprisonment (at any false or stration may subject up to \$15,000, up to 5 years, or to R.S. 19:34-1
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lm	portant	Instructions	for sect	ions 5. 6 a	nd '	COM	M. OF	REGISTRA	TION
5)	Registrants w required by se	ho are submitting this fo ection 5, or the informa document with your n	orm by mail and a tion you provide	re registering to vo cannot be verified	ote for th I, you wi	e first time: If you ill be asked to p	rovide a	COPY of a	current and valid
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Please print clearly in ink.	All Information is requir	ed unless marked opti	onal.	14.
1 Check boxes ✓ New Registration that apply: ☐ Name Change	☐ Address Change ☐ Signature Update	□ Political Party Af or Non-affiliation (Change	FOR OFFICIAL USE ONLY
2 Are you a U.S. Cilizen? I Yes II No (If No, DO NOT complete this form)	Willyou be 18 years of a (If No, DO NOT con	ge bý the next election? · C oplete this form)		Clerk
	Name ELV.C-	Middle Name or Initial	Suffix (Jr., Sr., III)	Registration#:
	05 Year [197]		<u> </u>	Office Time Stamp
5 NJ Driver's License Number of MVC Non-driver	provide the last 4 d	a NJ Driveral Leanse or MVC Non-Drh glis olyour Social Security Number.		TITLE
6 Home Address (DO NOT use PO Box)	Apt. Municipality	County	State Zip Code	
All Belmar Blod	wall	Monmost	NJ 07753	٠
7 Mailing Address If different from above	Apt. Municipality	County	State Zip Code	
8 Last Address Registered to Vote (DONOTUSO POBL	Apt Municipality	ans Franklin	State Zip Code	□ by mail □ in person
g Former Name if Making Name Change	·.	Day Phone Number (Optional) (SO2)	28-057	_
10 Do you wish to declare a political party	affillation? Dies, the	party name is		
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11 Gender □ Fernate □ Male □ Male □ Declaration 1 is wear or affirm • I am a U.S. Cilizen • I live at the above address • I will be at least 18 years old on or before the next election	 at least 30 days I am not on pard sentence due to 	ed in the State and county before the next election ie, probation or serving e a conviction for an indict der any federal or state la	fraudulent re me to a fine Imprisonmen	pistration may subject of up to \$15,000; t up to 5 years, uant to R.S. 19:34-1
Signature: Sign or mark and date on line	es below	If applicant is unable and address of individual	to complete this t dual who complete	orm, print the name ad this form.
x Maile C. Lisol Date 8/20/16	-	Name DEC Addres AUG	EIVE D	Date`
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Note: ID Numbers are Confidential and such numbers lilegally shall be s	wiii not be released by a abject to criminal penalt	any governmental agent les.	y. Any person with) US68 ***
6) If you are homaless, you may complete	section 6 by providing a c	contact point or the local	ion where you sper	id most of your time.
10) You may declare a political affiliation or section 10 is OPTIONAL and will not affer following parties: Democratic, Republication	er ine accepiance of you	יייעעט נוטווסווסווטוו מטטטו	CHEST LANGE A COLOR GOVERN	The state of the s
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Polling Place Name Address CENTRAL SCHOOL 2007 ALLENWOOD RD WALL NJ 07719 Memo: 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 49 STEEPLECHASE CT OCEANPORT NJ 07757

ration Application

nation is required unless marked optional.

	<u></u>								
that apply: 🖸 Name Change	☐ Address Change ☐ Political Party Affiliation ☐ Signature Update ☐ or Non-affiliation Change						FOR OFFICIAL USE ONLY		
2 Are you a U.S. Citizen? Q Yes Q No (If No, DO NOT complete this form)	Willyou (If No,	be 18 years of a DO NOT con	ge by the r oplete thi	nextelection? 🖸 's form)	Yes 🗀 N	lo	Clerk		
3 Last Name First	Middle Name or Initial Suffix (Jr., Sr., III)					Jr., Sr., III)	Registration #		
4 Date of Birth 5.10.62									
5 NJ Driver's License Number or MVC Non-driver ID Number Ityou DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.									
্ৰণ swear or affirm that I DO NOT have a NJ Dri	er's Licen		ver ID or a		, · · · · · · · · · · · · · · · · · · ·		CT		
6 Home Address (DO NOT use PO Box)	Apt.	Municipality ひのでとう	><<	County Month	いつ State	Zip Code			
7 Mailing Address if different from above	g Address if different from above Apt Municipality Con								
8 Last Address Registered to Vote (DONOT use PO Box)	Apt	Municipality		County	State	Zip Code	□ by mali □ in person		
9 Former Name If Making Name Change	a. Da	ay Phone Num	iber (Optio	onel)					
·	b. E	-Mall Address	(Optional)_						
10 Do you wish to declare a political party af (Optional)	liation?	☐ Yes, the p ☐ No, I do s	party nar not wish	ne is to be affiliated	with an	y political p	party.		
11 Gender : Declaration - I swear or affirm the same U.S. Clitzen I Female Mark Male : Declaration - I swear or affirm the same U.S. Clitzen I live at the above address I will be at least 18 years old on or before the next election	•	I will have reside at least 30 days I am not on parole sentence due to a offense under an	before the e, probalion a convictor y federal c	next election or serving a of for an indictable or state laws	fr m lr	audulent regi ne to a fine of appisonment o r both pursua	nat any faise or stration may subject up to \$15,000, up to 5 years, nt to R.S. 19:34-1		
Signature: Sign or mark and date on lines be	low		nan		of indivi	dual who co	rm, print the impleted this form.		
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				COMM.	JF RE	GISTRATI	ON		
Important Instructions for	sectio	ons 5, 6	and 1	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 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 hoxes below if you would like to receive more information about:

	Q voting	hu	mall
٠	J VUIII L	UV	man

Decoming a poil worker

a poiling place accessibility

O voting if you have a disability, including visual impairment avallable election materials in
 this alternative language:

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

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Voter Mail-In Ballot Request									
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ALAN J HOPSON 49 STEEPLECHASE CT OCEANPORT NJ 07757

NJ Division of Elections - 02/92/16

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Ľ		LECHASE CT		OCEANP	Ri	Herwanson	177	97757	· ·
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ľ		•	b. E	-Mail Address	(Optional) _				
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11	Gender 🏻 Female 🗷 Male	Declaration - I swear or affir • I am a U.S. Citizen • I live at the above address • I am at least 17 years old, stand that I may not vote to the age of 18.	and under-	at least 30 da • I am not on po sentence due	ys before t arole, prob to a convi	State and county the next election atlon or serving a iction for an indict al or state laws	able	fraudulent regi: me to a fine of imprisonment	nat any false or stration may subject up to \$15,000, up to 5 years, or to R.S. 19:34-1
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Ne	-	ormation? Check boxe	• •	ou would like	to receiv	/e more inform	ation a	ibout:	
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JAVON L HINDS 6 GARY DR NEPTUNE NJ 07763

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3 Last Name Fig.	at Name		Middle	ame or initial	Suffix	Jr., Sr., (11)	Registration#
4 Date of Birth Month 0 7 Da	<i>i</i> [∐5] Ye	ar [] 9 9	191				Office Time Stamp
5 NJ Driver's License Number of MVC Non-driver		1D, provide the	last 4 digits of yo	s License or MVC Non-D our Social Security North	er.		, 572
1 swear or affirm that I DO NOT have a NJ	river's Licens	se, MVC Non-	a to Oi revisi	Social Security I	lumber."		1
B Home Address (DO NOT use PO Box)	Apt	Municipality	*	County	State	Nib Cona	! !
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6) Registrants who are submitting this form information required by section 5, or the invalid photo ID, or a document with your na Note: ID Numbers are Confidential and linguity shall be subject to crimin	by mail and formation you me and our will not be sell penalties	d are register provide can ent address o released by i.	ring to vote tot be verific in it to avoid any govern	for the first time ed, you will be as I having to provid Imental agency.	e identif Any pe	ication at the erson who u	poiling place. ses such numbers
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You may declare a political affiliation or section 10 is OPTIONAL and will not affe following parties: Democratic, Republica	of the accer n, Green, L	stance of you berterlan, No	r voter regi atural Law,	Reform, or Unit	ed State	ter can amil se Constituti	ate with one of the on,

·		

✓ Electio Net

Voter Id

Activities Inquirles **Select Voter - Inquiry Voter Registration** Voter Registration Voter Mail-In Ballot Request Voter Mail-In Ballot Voters Displayed: 1-1 Total voters: 1 Voter Election History Voter Change Audit Middle Name Suffix Date of Birth Residence Address Status First Name Select **Last Name** Voter Deletions County Data 6 GARY DR, NEPTUNE TWP, NJ 07753 07/15/1999 537315789 • HINDS MOVON Polling Place Purged Voters Voter DIA MVC File **∨** Go Reports Help View VR Form Display Signature Logout Change Previous 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.

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Activities	Inquiry - View V	w Voter Registration				MNSMDESA / MONMOUTH		
Inquiries								
Voter Registration								
Voter Mail-In Ballot Request	Previous Name	3	Prev	ious Addre	SS	Prev	ious Party	
Voter Mail-In Ballot	Vatau Information		Residence /	∆ddress:		Party Infor	mation:	
Voter Election History	Voter Information		Residence Address: County: MONMOUTH			Current Party:		
Voter Change Audit	Voter's Name: JAVON		Unit:	41.100111		_	e Date: 07/15/2017	
Voter Deletions	Date of Birth: 07/15 Voter ID: 537315	=	Suffix A:					
County Data	NJ Driver's License /		Suffix B:					
Polling Place	ID: H44753907307992		Street Number			County Co	mmittee	
Purged Voters	Legacy ID:		Street Name:			Municipal		
Voter DIA	Archived Legacy ID:		Address Line Address Line					
MVC File	Telephone #:		Municipality		TWP	Provisiona	il Ballot Registration	
Reports	Fax #; Email :		Postal City:					
Help	Liibii .		State: NJ					
Logout			Zip: 07753					
						Print Vote	or Profile	
						Date of Birth		
	Status Information	ı:	Miscellaneo				쁘	
	Voting Privilege Date:		Gender: Mal	-		Previous Addr	ess	
	07/15/2017 Current Status: Active		Military/Over Registration I			Previous Part	. :::	
			Registration 1			Election Histo	ry 🗍	
A LANSING	Date Last Voted: Poll Worker Status:		Identification	, , , , , , , , , , , , , , , , , , ,	-,	Previous Nam	ry 🔲 • 🗹	
	ron worker status.		Last Action Ta	eken Date:	07/17/2017	•		
✓ Electio Net			<u>Memo</u>			Registration F		
Service and Information Reformed						Polling Place		
	Display	Signatur		ature Histo District Au	 	Poll Worker His	story	
	Mail-In Bal	ots	Audit History	Dele	ted History	Election	n History	
			Viev	v Scanned I	Docs		<u> </u>	
			<u> </u>					
	Mailing Address:							
	Street Number	Suffix A		Suffix B		Street Name	e/P.O. Box Unit	
	Address Line 2	Address						
	City	State		Zip Code				
	Country							
	•		·····					
	Inactive Confirmati			December 1		C4	. /B.O. B 11-34	
	Street Number	Suffix A		Suffix B		Street Name	e/P.O. Box Unit	
	Address Line 2	Address	Line 3					
	City	State		Zip Code				
	Country							
	Person Providing A	ssistand	e:					
	Last Name:	First Na	me:	Suffix:				
	Street Number	Suffix A		Suffix B		Street Name	e/P.O. Box Unit	
	Address Line 2	Address	Line 3					
	Municipality	State		Zip Code				
	Districts: Municipality	NEPTUNE			00	District	19	
		TWP						
	Congressional School	04	Legislative Special		11	Freeholder Fire	01	

Next Election Date -Name
Polling Place

GREEN GROVE SCHOOL FRONT
ENTRANCE

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

Previous

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

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tration Application

mation is required unless marked optional.

NEPTUNE NJ 07753 FOR OFFICIAL ☐ Political Party Affillation dress Change **USE ONLY** ☐ Signature Update or Non-affiliation Change Name Change mar apply: 2. Are your a U.S. Gilzen? : Yes = : No -- Are you at least 17 years of age? Clerk ☐ Yes ☐ No (If No. DO NOT complete this form) (If No, DO NOT complete this form) Registration # Middle Name or Initial Suffix (Jr., Sr., III) First Name 3 Last Name Worlbow Office Time Stamp 4 Date of Birth 5 NJ Driver's License Number or MVČ Non-driver ID Number If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number." State | Zip Code Municipality County Apt. Home Address (DO NOT USO PO BOX) 07753 Neptone 1 JOHNA State Zip Code County Malling Address if different from above Municipality Apt. County State Zip Code □ by ma‼ Municipality Last Address Registered to Vote poworum rosus 🗆 in person HONMOU Former Name if Making Name Change a, Day Phone Number (Optional) b. E-Mail Address (Optional) ☐ Yes, the party name is 10 Do you wish to declare a political party affiliation? 🛮 No, I do not wish to be affiliated with any political party. (Optional) I understand that any false or) will have resided in the State and county Declaration - I swear or affirm that: fraudulent registration may subject 11 Gender at least 30 days before the next election • I am a U.S. Cilizen me to a fine of up to \$15,000, live at the above address I am not on parole, probation or serving a □ Female imprisonment up to 5 years, or i am at least 17 years old, and undersentence due to a conviction for an indictable i⊉ Male both pursuant to R.S. 19:34-1 offense under any federal or state laws stand that I may not vote until reaching the age of 18. If applicant is unable to complete this form, print the Signature: Sign or mark and date on lines below yldual who completed this form. name and addressref Name. Date. Address MONMOUT

Important Instructions for sections 5, 6 and 10

5) Registrants who are submitting this form by mall and are registering to vote for the first time: if you do not have 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.

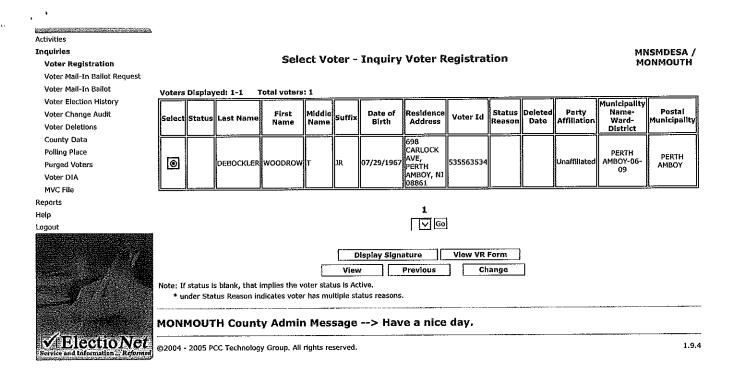
Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

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 Info	ormation? Check	boxes below if v	ou would like to	receive more	information al	DOU
Need More into	ormation? Check	, poxes delow if y	Off Monin live in	teceise more	112101321057201 a.	•

A660 Mote futotularions cued	(DOXER DRIOM II And Morrie jurg to receive justa	
☐ voting by mall ☐ becoming a poil worker	□ polling place accessibility □ voting if you have a disability, including visual impairment	available election materials in this alternative language:



Activities	Inquiry - View \	Inter Da	anietration			MNSMDESA /		
Inquiries	Tiidaii à - aicas s	OCCI NO	zgisti ation			MONMOUTH		
Voter Registration								
Voter Mail-In Ballot Request	Previous Nan	ne .	Prev	ious Address	7	Previous Party		
Voter Mail-In Ballot			<u> </u>					
Voter Election History	Voter Information	n:	Residence a	Address:	-	formation:		
Voter Change Audit	Voter's Name: WOOD	ROW T	County: MID	DLESEX		arty: Unaffiliated vilege Date: 12/13/2016		
Voter Deletions	DEBOCKLER JR	0/1067	Unit: Suffix A:		raity riik	nege bate: 12/13/2010		
County Data	Date of Birth: 07/2 Voter ID: 53556	-	Suffix B:					
Polling Place	NJ Driver's License /		Street Numb	er: 698	Count	ty Committee		
Purged Voters	ID: D2082788830767	6		CARLOCK AVE				
Voter DIA	Legacy ID:		Address Line		=	cipal Chair		
MVC File	Archived Legacy ID: Telephone #:		Address Line	3: : PERTH AMBO\		sional Ballot Registration		
Reports	Fax #:		Postal City:					
Help	Email :		State: NJ					
Logout			Zip: 08861					
					Print	Voter Profile		
	Chabina Tufa umantia		Miscellaneo	NIE'	Date of B	irth 🔲		
	Status Informatio Voting Privilege Date:		Gender: Mal		Previous	=		
1 ASSP 1 748	07/04/2017	•		seas Status: No	ne	<u> </u>		
79.11	Current Status: Active	9	Registration l	Date: 06/13/2013		·		
CONTRACTOR SERVICE STATE OF SOME AND			Registration 1 Identification	Type: Agency w	ith Election H			
A STATE OF THE PARTY OF THE STATE OF THE STA	Poll Worker Status:			aken Date: 07/1	Previous 1/2017	Name 🔽		
W Pharten New			<u>Memo</u>			ion History 🔲		
Service and Information Reformed					Polling Pl			
	Displa	ıy Signatur	e Sign	ature History	Poli Worke	r History		
	,			District Audit H	istory			
	Mail-In Ba	Illots	Audit History	Deleted	History Ele	ection History		
	MINISTER STATE OF THE STATE OF		Viev	v Scanned Docs				
	Mailing Address:		, a m					
	Street Number	Suffix A	1	Suffix B	Street I	Name/P.O. Box Unit		
	Address Line 2	Address	s Line 3					
	City	State		Zip Code				
	Country							
	Inactive Confirma			G., 561 T		Nama (D.O. Berr, Hall		
	Street Number	Suffix A		Suffix B	Street	Name/P.O. Box Unit		
	Address Line 2	Address	s Line 3	Zip Code				
	City	State		zip Code				
	Country		,					
	Person Providing	Assistand	ce:					
	Last Name:	First Na	ime:	Suffix:				
	Street Number	Suffix A		Suffix B	Street I	Name/P.O. Box Unit		
	Address Line 2	Address	s Line 3					
	Municipality	State		Zip Code				
	Districts:							
	Municipality	PERTH	Ward	06	District	09		
		AMBOY				,		
	Congressional	06	Legislative	19	Freeholder	r		
	School		Special		Fire			

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 AGENCY
MVC Agency
MVC Transaction Date - 06/13/2017 ,LMATHEWS

Previous

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

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1.9.4



AHMYA O OROZIER 701 SAYRE ST NEPTUNE NJ 07753

NJ DAKKAN AFEKRISAN - 02/02/19

ition Application

n is required unless marked optional. FOR OFFICIAL USE ONLY □ Political Party Affiliation ☑ New Registration □ Address Change 1 Check boxes or Non-affiliation Change □ Name Change ☐ Signature Update that apply: ☐:Yes ☐ No Clerk Are you at least 17 years of age? Are you a U.S. Citizen? ☐ Yes ☐ No (if No, DO NOT complete this form) (If No, DO NOT complete this form) Registration # Middle Name or Initial Suffix (Jr., Sr., III) First Name Last Name, [*‡DMU*D CIMARA I CYOZIC Office Time Stemp 4 Date of Birth (') If you DO NOT have a NJ Driver's License or MVC Non-Dri 5 NJ Driver's License Number or MVC Non-driver ID Number ID, provide the last 4 digits of your Social Security Number. EV "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number." State Zlp Code Municipality County Home Address (DO NOT USO PO BOX) Apt. Momman 07753 Velotane O Sour Stret-State Zip Code Malling Address if different from above County Apt. Municipality County State Zip Code by mail Municipality Last Address Registered to Vote pononue roam Aut. 🛚 in person a. Day Phone Number (Optional) 132-685 - 2614 Former Name if Making Name Change b. E-Mail Address (Optional) CM2.TT. CIMMU (1) (10) (10) (1) 10 Do you wish to declare a political party affiliation? D.Yes, the party name is ... LINO. I do not wish to be affiliated with any political party. (Optional) I understand that any false or Deglaration - I swear or affirm that: I will have resided in the State and county 11 Gender fraudulent registration may subject at least 30 days before the next election Lam a U.S. Cilizen me to a fine of up to \$15,000, I live at the above address I am not on parole, probation or serving a sentence due to a conviction for an indictable Imprisonment up to 5 years, or • I am at least 17 years old, and under-□ Male both pursuant to R.S. 19:34-1 offense under any federal or state laws stand that I may not vote until reaching the age of 18. If applicant is unable to complete this form, print the Signature: Sign or mark and date on lines below name and address of Individual who completed this form. Name. Date. Date 10/7/16 Address x Mmy Cazeer MONMOUTH COUNTY mportant Instructions for sections 5, 6 and 10 COMM. OF REGISTRATION
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 Important instructions for sections 5, 6 and 10 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 politing place. Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers lliegally 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 effect the acceptance of your voter registration application. Need More Information? Check boxes below if you would like to receive more information about: available election materials in □ polling place accessibility ☐ voting by mail Li voting if you have a disability. this alternative language: ☐ becoming a poll worker Including visual Impairment For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

			,

School

Special

Fire

01

Next Election Date -- Name

11/07/2017 -- GENERAL ELECTION Name

Address

Polling Place 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.

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1.9.4

Inquiry - View Voter Registration

MNSMDESA / MONMOUTH

Voter Information:

Voter's Name: AHMYA C

CROZIER

Voter ID:

Date of Birth: 12/25/1998

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 Provisional Ballot Registration

Party Information:

Current Party: Democratic*

Party Privilege Date: 06/07/2017

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

State

Zip Code

Country

City

Person Providing Assistance:

Last Name:

First Name:

Suffix:

Street Number

Suffix A

Address Line 3

Suffix B

Street Name/P.O. Box Unit

Address Line 2

Municipality

State

Zip Code

Districts:

Municipality

NEPTUNE Ward

District

11

Congressional

TWP 04

Legislative

11

00

Freeholder

Inquiry - Voter Change Audit History

MNSMDESA / MONMOUTH

Voter Name: JUDITH E CIRCOSTA

Change Audit History:										
Audit Date/Time 04/28/2017 02:51 PM 04/18/2017 11:44 AM 04/18/2017	HIVDE I	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						

Print List Close

	•			

JUDITH E CIRCOSTA 51 A PIAZZA TASSO FREEHOLD NJ 07728

ration Application stion is required unless marked optional.

	FALL			:	ess Change	n P	olitical Party	Affiliati	าก	FOR OFFICIAL
	that apply:	☐ Name Change			ture Update		r Non-affiliatio			USE ONLY
2		S, Citizen? Yes □ No OT complete this form)			least 17 years NOT complete			No		Clerk
3	Last Name	oSTA	First N		l-1		Name or Initial	Suffix	(Jr., Sr., III)	Registration#
4	Date of Birtl	h JULY 9 19	5 %					•		Office Time Stamp
5	NJ Driver's Lic	ense Number or MVC Non-d	ntver ID N	lumber	1 '		er's License or MVC No our Social Security Nur			1
	☐ "I swear o	r affirm that I DO NOT have a				river ID	or a Social Secur			l İ
- 5	JA KAR	TESS (DO NOT USE PO BOX)		pt.	Municipality FREEHoLI		County		Zip Code ひつり2ど	• -
• 5	TIA PIP	dress if different from ab トンンの 【みろらひ			Municipality		County	State NJ	Zip Code るファスを	
8	Last Address	S Registered to Vote ponote VSEHBERRY DR	,		Municipality TAMPA		County	FL	33135	☐ by mail ☐ in person
9	Former Na	me if Making Name Cha	inge	a. Da	v Phone Numb	er (Ontin	nal) 917 -	843	-3463	
				b. E-N	/ail Address (O	plional) _	L CIRCOST	A1(PICLO	10. Com
10	Do you wish (Optional)	to declare a political party	/ affiliatio	on? Ž	¶Yes, the par ⊒No, I do not	ty nam wish to	e is DEM be affiliated	with ar	y political p	arty.
	Gender X Female □ Male	Declaration - I swear or affir I am a U.S. Citizen I live at the above address am at least 17 years old, stand that I may not vote uthe age of 18.	and unde	er-	at least 30 days I am not on parc	before ti de, proba a convid		t i elde i	raudulent regis ne to a fine of mprisonment (eat any false or stration may subject up to \$15,000, up to 5 years, or to R.S. 19;34-1
Sig	nature: Sigr	or mark and date on lin	nes belo	wc		name	olicant is unable and address of ne	to comp	dete this form	, print the
x ¹	Sulut	ne l'uns	5	_Date	4-22-1	<i>i</i>	essCOM		UTH COUN REGISTRA	
		Instructions fo								
	required by so	the are submitting this form t ection 5, or the information a document with your name	you prov	/ide ca	nnot be verifled	l, you wi	ill be asked to p	rovide a	COPY of a	current and valid
		mbers are Confidential and be subject to criminal pena		be rele	ased by any go	vernme	ntal agency. An	y perso	n who uses s	auch numbers
6)	If you are hor	meless, you may complete	section (6 by pr	oviding a conta	ct point	or the location	where y	ou spend mo	st of your time.
	previously aff 55 days befo the acceptan	clare a political party affiliati filiated voter who wants to a re the primary election in or ce of your voter registration	change p rder to vo applica	oolitica ote in t ition.	l party affiliation he primary elec	or beco ction, Co	ome unaffiliated ompleting section	, you m n 10 is	ust file this fo OPTIONAL a	orm no later than
Vee	d More Info	ormation? Check boxe	s below	if you	ı would like to	recelv	e more inform	ation a	bout:	
	I voting by m I becoming a		□ voti	ing if y	ace accessibility ou have a disa visual impairm	bility,			ilable elections alternative l	on materials in language:

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tion Application

js required unless marked optional. FOR OFFICIAL USE ONLY O Political Party Affiliation jange FREEHOLD NJ 07728 Jodate or Non-affiliation Change Will you be 18 years of age by the next election? Dives DiNo Clark 2/Areiyoù al U.S. Cilizen? TYes, Li No (If No, DO NOT complete this form). (If No, DO NOT complete this form) Registration# Suffix (Jr., Sr., III) Middle Name or Initial First Name 3 Last Name CIRCOSTA JUDITH Office Time Stamp Month | 17 | Day | 0 | 9 | Wear | 1 | 9 | 5 | 2 | 4 Date of Birth If you DONOThave a NJ Driver's License or MVC Non-Driver 5 NJ Driver's License Number or MVC Non-driver ID Number ID, provide the last 4 digits of your Social Security Number. Q "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number." State | Zip Code Municipality County 6 Home Address (DO NOT use PO Box) 077.28 **FREE HOLD** 51 H PIAZZA TASSO Zip Code State 7 Mailing Address if different from above Municipality County Apt. State | Zip Code □ by mail Municipality 8 Last Address Registered to Vote (DONOTuse PO Box) FL. 133635. Q in person ills borrough Tampa BUI BOYSENBERRY DR. Day Phone Number g Former Name if Making Name Change (Optional) 2 Yes, the party name is DEMOCKATE 10 Do you wish to declare a political party affiliation? No, I do not wish to be affiliated with any political party. (Optional) i understand that any false or . I will have resided in the State and county 'l'i Gender. Declaration - I swear or affirm that: fraudulent registration may subject at least 30 days before the next election I am a U.S. Citizen me³ to a fine of up to \$15,000. I am not on parole, probation or serving a ★ Female ! Ive at the above address sentence due to a conviction for an indictable imprisonment up to 5 years, or both pursuent to R.S. 19:34-1 • I will be at least 18 years old Male offense under any federal or slate laws on or before the next election If applicant is unable to complete this form, print the Signature: Sign or mark and date on lines below name and address of individual with populated this form. The Cicata Name

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.

Address

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.

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T Mole fillollidam	DIST CHUCK NOVES	home without a child	1160.10.10.10.11.	

- a polling place accessibility □ absentee voting U becoming a poll worker
 - Q volting if you have a disability. including visual impaintents:
- available election materials in this alternative language:

MONMOUTH COUNTY COMM. OF REGISTRATION

or juriller information visit www.NJElections.org of call foil nee 1-877-NJVOTER (1-877-658-6837) idea 10 29.07

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Activities														
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Voter Registration					Selec	E AO	ter - Inq	niry vot	er kegis	tration			Mo	HTUOMNO
Voter Mail-In Ballot Request														
Voter Mail-In Ballot	Voters	Display	ed: 1-1	Total	voters:	1								
Voter Election History		<u></u>				Γ'''	i i						Municipality	
Voter Change Audit	Select	Status	Last		Middle	Suffix	Date of	Residence	Voter Id	Status	Deleted Date	Party Affiliation	Name- Ward-	Postal Municipality
Voter Deletions			Name	Name	Name		Birth	Address		Reason	Date	Amilacion	District	Municipanty
County Data		1						234						
Polling Place			AKERELE	AAA DYIN			06/29/1998	ORCHARD	532014634			Unaffiliated	ABERDEEN-	CLIFFWOOD
Purged Voters			AKEKELE	MAKIIN				ABERDEEN,				Grianinaceo	00-04	BEACH
Voter DIA			<u> </u>	L				NJ 07735				<u></u>		
MVC File														
Reports								1	<u>l</u>					
Help									G0					
Logout								•	. ——					
							Display	Signature	View	v VR Form	1			
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			•				us Is Active. Hiple status re	easons.						
and the second second	MON	тиом	'H Cou	nty A	dmin	Mess	sage>	Have a	nice day	7.				
Electionet	©2004	- 2005 P	CC Techno	logy Gro	up. All rig	ghts res	served.							1.9.4

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MARTIN AKERELE
234 ORCHARD ST
CLIEFWOOD BEACH N.1 07735

NJ Division of Elections - 88/21/14

ration Application

CLIFFWOOD BEACH NJ 0	7735				on marked op.	etili - ti -		FOR OFFICIAL
that apply: Name C	hange 🛘	Signat	ss Change ture Update	e or Non∹	olitical Party.A affiliation Cha	nge		USE ONLY
2 Are you a U.S. Citizen? ☐ Ye	es 🗆 No Will	you be	18 years of NOT comple	age by the	e next election?	☐ Yes	□No	Clerk
(If No; DO NOT complete this 3 Last Name	First N	ame		Middle N	lame or Initial	Suffix ((Jr., Sr., III)	Registration #
Alerele	-	11	lartin				•	Office Time Stamp
4 Date of Birth 0(2-2	9-1998				In to Li	- D		CIT
5 NJ Driver's License Number or 1	AVC Non-driver ID N	lumber	If you DO NOT	have a NJ Driv	er's License or MVC No your Social Security Nur	on-Unver wher		
							- <u> </u>	Ting.
☐ "I swear or affirm that I DO	NOT have a NJ Drive	er's Lice	nse, MVC No	n-driver ID	or a Social Securi	ty Numb	zip Code	need id
A Home Address (DO NOT use P)	O Box) · F	\pt.	Municipality	У	County Months of	NJ	Lip Code	
234 Orchard	str keypor	<u>.</u>	Municipalit		County		Zip Code	1 1
7 Mailing Address if differen	it from above	\pt.	Municipalit	у	County]
R Last Address Registered to	/ote acustimental	Ant.	Municipalit	v .	County	State	Zip Code	□ by mail
8 Last Address Registered to	,000 (00)00,000,000,000,000,000	<i>.</i>				<u> </u>	<u> </u>	☐ in person
g Former Name if Making N	lame Change	a. Da	y Phorie Nu	mber (Optic	onal) 732 -			
		b. E-l	Mail Address	(Optional)				
10 Do you wish to declare a po	dition party offilia	lion?	⊓Ves the	narty nan	ne is			1
(Optional)	onlical party amila		□ No, I do	not wish t	o be affiliated	with a	ny political	party.
· · · · · · · · · · · · · · · · · · ·	swear or affirm that:		will have resid	led in the S	tate and county	• • 1	understand th	at any faise or. '
11 Gender olama∪.s.c	itizen '		t least 30 day	s before the	next election '	r	ne to a fine of	stration may subject up to \$15,000,
Female • I live at the at	st 18 vears old	9	entence due l	lo a convicti	ion or serving a ion for an indictab	le l	morisonment	up to 5 years, or 👚 🖰
Male on or before	he next election	- 0	ffense under	anu fadaral	or etata laws		ooth pursuant	to R.S. 19:34-1
Signature: Sign or mark and	date on lines be	low		lf ap nan	oplicant is unable		plete mis rut dar Who con	ipleted this form.
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6.0		n -				MONMO	OUTH COUNT	Y
X Mary Mars		Da	re	——[Au	CC	O.MM	FREGISTRA	
	Garan Sara	41	ono 5	6 and	10			25
Important Instruct 5) Registrantis who are submitti						ou do n	ot have any	of the Information
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photo ID, or a document with	h vour name and C	urrent a	address on it	to avoid h	aving to provide	identifi	ication at the	polling place.
Note: ID Numbers are Con	fidential and will no	ot be re	leased by an	y governn	nental agency. A	Iny per	son who use	s such numbers
illegally shall be subject to o	riminal penalties.				nt or the leastice	n whore	. vou snend i	most of your time.
6) If you are homeless, you m	ay complete sectio	n 6 by	providing a c	ontact poi	ited recordings	of any	nifor naity at	filiation. If you are a
You may declare a political previously affiliated voter w	party affiliation or	you ma	y declare to.	be uṇaπilia otion ot be	ated, regardiess scome unaffiliate	orany ad vou	must file this	form no later than
previously affiliated voter w ; 55 days before the primary	no wants to chang	e poniii Vota li	al party alliii the orimaty	election.	Completing sect	ion 10 l	s OPTIONA	and will not affect
the acceptance of your vote	er registration appl	ication.	· ·	. ,			·· · · .	. + 1,20
Need More Information?	Chark haves hal	our If v	ou would lii	ke to rece	ive more infor	mation	about:	
			olace access			□ a	vallable elec	ction materials in
□ voting by mail□ becoming a poll worker	ш, П,	otina it	olace access fyou have a	disability.			his alternativ	
Ti pecounting a bout worker	1	ncludin	g visual imp	airment	,	_		
For further information visit Elec			_		(1-877-658-683	7) .	. :	Fa Fa

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234 ORCHARD ST

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tion is required unless marked optional. CLIFFWOOD BEACH NJ 07735 □ Political Party Affiliation FOR OFFICIA ss Change **USE ONLY** or Non-affiliation Charige ப Signature Update ŭ Name Unange that apply: Clerk Are you at least 17 years of age? ∡zrYes □ No Are you a U.S. Citizen? 12 Yes (If No, DO NOT complete this form) (If No, DO NOT con First Name Registration # Middle Name or Initial Suffix (Jr., Sr., III) 3 Last Name Office Time Stamp 4 Date of Birth If you DO NOT have a NJ Driver's License or MVC Non-Driver NJ Driver's License Number or MVC Non-driver ID Number ID, provide the last 4 digits of your Social Security Number. "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number: State Zip Code County Municipality Home Address (DO NOT, USO PO BOX) Keyport 67735 Monmenth 234 Orchard strikeyport on County State Zip Code Municipality Mailing Address if different from above Apt. Zip Code State □ by mail County Last Address Registered to Vote ponorus POBM Apt. Municipality □ in person 848-468-9582 Former Name if Making Name Change a. Day Phone Number (Optional) b. E-Mall Address (Optional) 10 Do you wish to declare a political party affiliation? ☐ Yes, the party name is □ No, I do not wish to be affiliated with any political party. (Optional) I will have resided in the State and county I understand that any false or Declaration - I swear or affirm that: fraudulent registration may subject 11 Gender at least 30 days before the next election ● I am a U.S. Citizen me to a fine of up to \$15,000, I am not on parole, probation or serving a □ Female I live at the above address imprisonment up to 5 years, or sentence due to a conviction for an indictable I am at least 17 years old, and under-ঢiMale both pursuant to R.S. 19:34-1 offense under any federal or state laws stand that I may not vote until reaching the age of 18. If applicant Signature: Sign or mark and date on lines below Name. 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.

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

□ voting by mail becoming a poll worker

the acceptance of your voter registration application.

☐ polling place accessibility

□ voting if you have a disability, Including visual impairment

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

> ☐ available election materials in this alternative language:

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