



COMMISSIONER OF REGISTRATION
AND

SUPERINTENDENT OF ELECTIONS

COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax



Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

FIONA J WEBSTER
15 KENDAL AVE
MAPLEWOOD NJ 07040

Deleted
"Admin Action"
Not a U.S. Citizen


09/16/2009

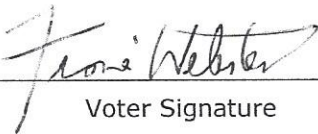
Voter ID# 151220179



Dear Fiona,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- (If your signature is missing, )


Voter Signature


Date

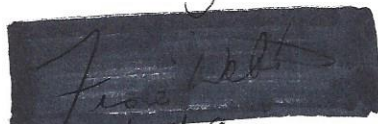
Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

Carmine P. Casciano
Superintendent of Elections

Please remove me from your records.
I have a "permanent resident card" but
I am not a U.S. citizen. Therefore I cannot vote.


9/29/09.



COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax



Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

HUGO SOUFFRANT
210 CENTRAL AVE Apt-Unit 3C
ORANGE NJ 07050

04/09/2009

Voter ID# 151127826



*Deleted
Voter Requested
4/24/09
(Signature)*

Dear Hugo,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- (If your signature is missing, you must complete a new form, which is enclosed)

2009 APR 22 AM 11:53
COUNTY OF ESSEX
SUIPT OF ELECTIONS
COMMISSIONER OF REGISTRATION

Hugo - Souffrant *4/22/09*
Voter Signature Date

Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

*I am Not a U.S Citizen.
Please remove me from voting registry.
I am*

Carmine P. Casciano
Superintendent of Elections



Voter Profile

User Printed: ESSPAT
Date: 03/10/2009

Voter Information:

Voter's Name: VASLEY S SAINT JUSTE
Date of Birth: **01/31/1979**
Voter ID: 151006026
Legacy ID:
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit:
Suffix A:
Suffix B:
Street Number: 34
Street Name: GIRARD AVE
Address Line 2:
Address Line 3:
Municipality: EAST ORANGE
Postal City: EAST ORANGE
State: NJ
Zip: 07017

Party Information:

Current Party: Democratic*
Party Privilege Date: 11/04/2008

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/14/2008
Registration Type: Third Party with Identification
Last Action Taken Date: 01/07/2009

*Deleted
3/10/09
"Admin."
Admin*

Status Information:

Voting Privilege Date: 11/04/2008
Current Status: Active
Date Last Voted: 11/04/2008
Poll Worker Status:

Mailing Address:

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

Inactive Confirmation Address:

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

Districts:

Ward	01	District	03	Congressional	10	Legislative	34
Freeholder	5.003	School		Regional School		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	User Scanned	Date Scanned	Date Counted	Ballot Status
11/04/2008- GENERAL ELECTION	General	00004	Machine	ESSEX	EAST ORANGE		ESSSHIRL	01/07/2009	11/04/2008	

Previous Party:

No Records Found for the Previous Party

Registration History:

No Records Found for the Registration History

*Please Remove me from the Voting Registry
I'm not a U.S. Citizen.*



COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX
Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax



Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

*Deleted
Admin Action*

CARLA L REPOLLET
1 BLAIR RD
NUTLEY NJ 07110

09/22/2009

Voter ID# 151224207



Dear Carla,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- (If your signature is missing, ~~you must complete a new form, which is enclosed~~)

Voter Signature

Date

Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

Carmine P. Casciano
Superintendent of Elections

*This must be a fraud!
I am not a U.S. citizen; therefore, I
would have not applied for voter registration*

Voter Profile

User Printed: ESSPAT
Date: 03/05/2009

Voter Information:

Voter's Name: JAVIER RIVERA 3RD
Date of Birth: 10/20/1963
Voter ID: 101381749
Legacy ID: C539250
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit:
Suffix A:
Suffix B:
Street Number: 50
Street Name: MELROSE DR
Address Line 2:
Address Line 3:
Municipality: LIVINGSTON
Postal City: LIVINGSTON
State: NJ
Zip: 07039

Party Information:

Current Party: Democratic*
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 03/28/1996
Registration Type: In-Person with Identification
Last Action Taken Date:

Status Information:

Voting Privilege Date: 04/26/1996
Current Status: Active
Date Last Voted: 11/06/2001
Poll Worker Status: No

Mailing Address:

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

Inactive Confirmation Address:

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

Districts:

Ward	00	District	07	Congressional	08	Legislative	27
Freeholder	5.004	School		Regional School		Fire	

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	User Scanned	Date Scanned	Date Counted	Ballot Status
11/06/2001- GENERAL 11/06/2001	General	00040	Machine	ESSEX	UNKNOWN		CONV	11/06/2001	11/06/2001	
11/07/2000- GENERAL 11/07/2000	General	00040	Machine	ESSEX	UNKNOWN		CONV	11/07/2000	11/07/2000	

Previous Party:

No Records Found for the Previous Party

Registration History:

No Records Found for the Registration History

PLEASE REMOVE MY NAME, FROM THE VOTING REGISTRY;
BECAUSE I'M NOT A U.S. CITIZEN YET.
MY NAME NEVER INCLUDED THE "3RD"
PLEASE REMOVE THE 3RD

Deleted
3/10/09
"Admin"
Action

2009 MAR -9 PM 2:33
COUNTY OF ESSEX



Voter Profile

User Printed: ESSLUZ
Date: 05/07/2009

Voter Information:

Voter's Name: ALTHEA M RUSSELL
Date of Birth: 10/31/1969
Voter ID: 101517723
Legacy ID: C685310
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit:
Suffix A:
Suffix B:
Street Number: 3
Street Name: CHESTNUT HILL PL
Address Line 2:
Address Line 3:
Municipality: GLEN RIDGE
Postal City: GLEN RIDGE
State: NJ
Zip: 07028

Party Information:

Current Party: Democratic*
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 08/21/2001
Registration Type: In-Person with Identification
Last Action Taken Date: 12/27/2006

Status Information:

Voting Privilege Date: 09/19/2001
Current Status: Active
Date Last Voted: 11/08/2005
Poll Worker Status: No

Mailing 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:

Deleted 5/12/09
gnd

Districts:

Ward	00	District	07	Congressional	08	Legislative 34
Freeholder	5.005	School		Regional School		Fire

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	User Scanned	Date Scanned	Date Counted	Ballot Status
11/08/2005-GENERAL 11/08/2005	General	00040	Machine	ESSEX	GLEN RIDGE		ESSANA	12/27/2006	11/08/2005	
11/02/2004-GENERAL 11/02/2004	General	00040	Machine	ESSEX	UNKNOWN		CONV	11/02/2004	11/02/2004	
06/08/2004-PRIMARY 06/08/2004	Primary	00040	Machine	ESSEX	UNKNOWN	Unaffiliated	CONV	06/08/2004	06/08/2004	
11/05/2002-GENERAL 11/05/2002	General	00040	Machine	ESSEX	UNKNOWN		CONV	11/05/2002	11/05/2002	
04/16/2002-Annual School 2 Annual School 2	Annual School	00001	Machine	ESSEX	UNKNOWN		CONV	03/21/2008	04/16/2002	
11/06/2001-GENERAL 11/06/2001	General	00040	Machine	ESSEX	UNKNOWN		CONV	11/06/2001	11/06/2001	

Registration History:

No Records Found for the Registration History

*Please remove me from voter Record
not a U.S. citizen.*





New Jersey Voter Registration Application

COM. OF REGISTRATION
SPT. OF ELECTIONS
COUNTY OF ESSEX

2011 AUG 17 PM 3:31

33

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

- 1 Check boxes that apply: ☒ New Registration ☐ Name Change ☐ Address Change ☐ Signature Update ☐ Political Party Affiliation or Non-affiliation Change
- 2 Are you a U.S. Citizen? ☐ Yes ☒ No
(If No, DO NOT complete this form) Will you be 18 years of age by the next election? ☐ Yes ☒ No
(If No, DO NOT complete this form)
- 3 Last Name: NILES First Name: JOAN Middle Name or Initial: S Suffix (Jr, Sr, III)
- 4 Date of Birth: 9-9-57
- 5 NJ Driver's License Number or MVC Non-driver ID Number

FOR OFFICIAL
USE ONLY

Clerk

Registration #

Office Time Stamp

☒ 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
533 South Clinton St Essex NJ 07018
- 7 Mailing Address if different from above Apt. Municipality County State Zip Code
- 8 Last Address Registered to Vote (DO NOT use PO Box) Apt. Municipality County State Zip Code

☐ by mail
☐ in person

9 Former Name if Making Name Change

Day Phone Number
(Optional)

- 10 Do you wish to declare a political party affiliation? (Optional) ☐ Yes, the party name is ☒ No, I do not wish to be affiliated with any political party.

11 Gender

☒ Female
☐ 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.

Name _____ Date _____

Address _____

X

Date 7-26-11



COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax



SEE NOTE
BELOW.
THANK YOU!

Kathy V. Sumter
Acting/Commissioner of Registration
Acting/Superintendent of Elections

ERIC K HARSE-LEDEZMA
512 BLOOMFIELD AVE Apt-Unit 9-L
CALDWELL NJ 07006

151689012



ERIC K HARSE-LEDEZMA
512 BLOOMFIELD AVE Apt-Unit 9-L
CALDWELL NJ 07006

Dear Eric,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- Your Voter Registration Application was not signed.

Please completely fill out the enclosed (postage paid) voter registration form, including your signature, and return to our office by mail or in person.

If you have any questions feel free to contact our office.

Thank you for your help in resolving this matter.

★ PLEASE REMOVE ME FROM ★
YOUR RECORDS AS I AM NOT
A U.S. CITIZEN.

Sincerely Yours,

Kathy V. Sumter

KATHY V. SUMTER
DEPUTY SUPERINTENDENT OF
ELECTIONS

THANK YOU,

Eric K Harse

2011 FEB 10 PM 3:00

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



New Jersey — No U.S. CITIZEN — Voter Registration Application

76

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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Clerk	
3 Last Name ROSA		First Name RAMON		Middle Name or Initial	Suffix (Jr., Sr., III)	Registration #	
4 Date of Birth Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						Office Time Stamp	
5 NJ Driver's License Number or MVC Non-driver ID Number [REDACTED] [REDACTED] [REDACTED]				If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box)			Apt.	Municipality	County	State	Zip Code
7 Mailing Address if different from above			Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)			Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change						Day Phone Number (Optional)	
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <ul style="list-style-type: none">● I am a U.S. Citizen● I live at the above address● I will be at least 18 years old on or before the next election● 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 [REDACTED] Date 10/14/11					If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____ _____		



New Jersey

Provisional Ballot Affirmation Statement

Other State
Not US Citizen

1 Reason for Provisional Ballot (Check one) <input checked="" type="checkbox"/> Moved within the county after registering without notifying election office <input type="checkbox"/> Registration information missing from poll book <input type="checkbox"/> Did not show required ID <input type="checkbox"/> Poll book indicates you are a Mail-In Ballot voter, but did not apply for, receive, or return such ballot		FOR OFFICIAL USE ONLY Municipality/Ward/District:
2 I am a US citizen <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3 I am 18 or older <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

4 Current Name
 Last LIN First WEN MI. / Suffix /
If your name was changed after registering to vote, provide your former name
 Former Name _____
 Signature of Former Name _____

5 Current Home Address 806 MORRIS TPKE, SE4
 Municipality SHORT HILLS County ESSEX Zip Code 07078
 Mailing Address, if different from above: _____

6 Please Fill Out Only if You Moved within the County after Registering Without Notifying Election Office
 Previous Home Address _____
 Municipality _____ County _____ Zip Code _____

7 Date of Birth Month 03 Day 09 Year 1970 **8 Gender** ☒ Female ☐ Male

9 NJ Driver's License (DL#) or MVC Non-driver ID (ID#) Number _____
 Telephone Number (Optional) _____
 If No DL# or ID#, last four digits of your Social Security Number (SS#) [REDACTED]

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

11 Political Party _____
Required for primary election; Optional for all other elections

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

x [REDACTED] April 27, 2011
 Signature of Voter Date
 Name of person providing assistance P. Horton

Mill-3

Other
Not- US Citizen
Not Reg.



New Jersey

Provisional Ballot Affirmation Statement

1 Reason for Provisional Ballot (Check one) <input type="checkbox"/> Moved within the county after registering without notifying election office <input checked="" type="checkbox"/> Registration information missing from poll book <input type="checkbox"/> Did not show required ID <input type="checkbox"/> Poll book indicates you are a Mail-In Ballot voter, but did not apply for, receive, or return such ballot		FOR OFFICIAL USE ONLY Municipality/Ward/District:
2 I am a US citizen <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3 I am 18 or older <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 Current Name Last <u>LI</u> First <u>YANG</u> MI. _____ Suffix _____ <i>Green card</i> If your name was changed after registering to vote, provide your former name Former Name <u>N/A</u> Signature of Former Name _____		
5 Current Home Address <u>806 Morris Turnpike #1K, Short Hills</u> Municipality _____ County <u>Essex</u> Zip Code <u>07078</u> Mailing Address, if different from above: _____		
6 Please Fill Out Only if You Moved within the County after Registering Without Notifying Election Office Previous Home Address _____ Municipality _____ County _____ Zip Code _____		
7 Date of Birth Month <u>07</u> Day <u>16</u> Year <u>1972</u>		8 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
9 NJ Driver's License (DL#) or MVC Non-driver ID (ID#) Number _____ Telephone Number (Optional) <u>917-667-1972</u> If No DL# or ID#, last four digits of your Social Security Number (SS#) <u>5754</u>		
10 <input type="checkbox"/> I affirm that I do not have a DL#/ID# or SS#		
11 Political Party _____ <i>Required for primary election; Optional for all other elections</i>		
12 Voter Declaration — I swear or affirm that I am a U.S. citizen, live at the address above, am at least 18 years of age at the time of the election, have been a resident of the State and county at least 30 days before the election, am not on parole, probation or serving a sentence due to the conviction for an indictable offense under any federal or State laws. I UNDERSTAND THAT ANY FALSE OR FRAUDULENT REGISTRATION MAY SUBJECT ME TO A FINE OF UP TO \$15,000, IMPRISONMENT UP TO FIVE YEARS, OR BOTH PURSUANT TO R.S. 19:34-1. X _____ <u>04/26/2011</u> Signature of Voter Date Name of person providing assistance _____		

Mill-3

Other
Not US Citizen



New Jersey

Provisional Ballot Affirmation Statement

1 Reason for Provisional Ballot (Check one)

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

FOR OFFICIAL
USE ONLY

Municipality/Ward/District:

2 I am a US citizen ☐ Yes ☒ No3 I am 18 or older ☐ Yes ☐ No

4 Current Name

Last GHUDE First ASAWARI MI. _____ Suffix _____

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

Former Name _____

Signature of Former Name _____

5 Current Home Address

866 Morris Tpk, #36Municipality _____ County _____ Zip Code 07078

Mailing Address, if different from above: _____

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

Previous Home Address _____

Municipality _____ County _____ Zip Code _____

7 Date of Birth Month 10 Day 03 Year 19738 Gender ☐ Female ☐ Male

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

Telephone Number (Optional) 201-297-0717If No DL# or ID#, last four digits of your Social Security Number (SS#) [REDACTED]10 ☐ I affirm that I do not have a DL#/ID# or SS#

11 Political Party

Required for primary election; Optional for all other elections

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

X

Signature of Voter

Date

Name of person providing assistance

[Signature]

Mull-3

Voter Prof:

101630896 M-0714 W-13 D-32



SAINTANIA FLORVIL
134 ELLERY AVE Apt-Unit 2
NEWARK NJ 07106

Voter Information:

Voter's Name: SAINTANIA FLORVIL
Date of Birth: 04/14/1987
Voter ID: 101630896
Legacy ID: C806299
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit: 2
Suffix A:
Suffix B:
Street Number: 134
Street Name: ELLERY AVE
Address Line 2:
Address Line 3:
Municipality: NEWARK
Postal City: NEWARK
State: NJ
Zip: 07106

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 02/06/2006
Registration Type: Mail-in without Identification
Last Action Taken Date: 09/07/2007

Status Information:

Voting Privilege Date: 02/27/2006
Current Status: Active
Date Last Voted:
Poll Worker Status: No

Mailing Address:

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

Inactive Confirmation Address:

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

Districts:

Ward	District	Congressional	Legislative
13	32	10	28
Freeholder	School	Regional School	Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
06/05/2007	4	UNIVERSITY PL			8	IRVINGTON	New Jersey	07111

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Polling Place:

Next Election Date -- Name

11/02/2010 -- STATE GENERAL 2010

Polling Place

Name

ST. JOHN'S UKRANIAN SCH (H) GYM-MT. VERNON ANNEX

Address

746 SANDFORD AVE

COM. OF REGISTRATION
SPT. OF ELECTIONS
COUNTY OF ESSEX

2010 AUG 16 PM 12:12

P.L.

I would like to remove from your system because I am not a U.S citizen yet but soon!

[Redacted Signature]

08/16/2010



COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax



151683998



ANNMARIE H ELDER
82 MADISON AVE
IRVINGTON NJ 07111

Kathy V. Sumter

Acting/Commissioner of Registration
Acting/Superintendent of Elections

/25/2011

Voter ID# 151683998



ANNMARIE H ELDER
82 MADISON AVE
IRVINGTON NJ 07111

Dear Annmarie,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- Your Voter Registration Application was not signed.

Please completely fill out the enclosed (postage paid) voter registration form, including your signature, and return to our office by mail or in person.

If you have any questions feel free to contact our office.

Thank you for your help in resolving this matter.

Sincerely Yours,

KATHY V. SUMTER
DEPUTY SUPERINTENDENT OF
ELECTIONS

*I am not A U.S Citizen
Please remove me from your records*

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICIAL USE ONLY						
1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			
3 Last Name <u>KANDASAMY</u>		First Name <u>MAHESWAR</u>		Middle Name or Initial		Suffix (Jr., Sr., III)
4 Date of Birth Month <u>11</u> Day <u>03</u> Year <u>1940</u>						
5 NJ Driver's License Number or MVC Non-driver ID Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				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. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<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>436 N. 12th Street</u>		Apt. <u>2</u>	Municipality <u>Newark</u>	County <u>Essex</u>	State <u>NJ</u>	Zip Code <u>07107</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				Day Phone Number (Optional) <u>973-855-6946</u>		
10 Do you wish to declare a political party affiliation? (Optional)				<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.		
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <ul style="list-style-type: none"> ● I am a U.S. Citizen ● I live at the above address ● I will be at least 18 years old on or before the next election </div> <div style="width: 35%;"> <ul style="list-style-type: none"> ● I will have resided in the State and county at least 30 days before the next election ● I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws </div> <div style="width: 30%;"> <ul style="list-style-type: none"> ● I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1 </div> </div>				
Signature: Sign or mark and date on lines below <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____ _____		



COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax



Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

CECILIA NTIAMOAH
200 JOHNSON AVE Apt-Unit 2 FL
NEWARK NJ 07108

06/29/2009

Voter ID# 151171346



7/20/09
Deleted

Dear Cecilia,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- (If your signature is missing, ~~you must complete a new form, which is enclosed~~)

✓

I'm sorry, I am not a citizen and not eligible to vote

[Redacted Signature]

07-10-09

Voter Signature

Date

Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

Carmine P. Casciano

Superintendent of Elections



COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax



Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

ERMIRA MITRE
10 LOVEL CT Apt-Unit C
NUTLEY NJ 07110

08/11/2009

Voter ID# 151198162



Dear Ermira,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- (If your signature is missing, ~~you must complete a new form, which is enclosed~~)

151198162



ERMIRA MITRE
10 LOVEL CT Apt-Unit C
NUTLEY NJ 07110

Voter Signature

Date

Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

Carmine P. Casciano

Superintendent of Elections

P.S. I am not yet an american citizen, so I don't have the right to vote yet, according to the american constitution. When I'll become a citizen I will register myself to vote. No doubt about that. Thanks. ~~ERMIRA MITRE~~



COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax



Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

ANDRANIK MELYAN
370F RIVER RD
NUTLEY NJ 07110

06/10/2009

Voter ID# 151160738



Dear Andranik,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- (If your signature is missing, ~~you must complete a new form, which is enclosed~~)

PLEASE REMOVE FROM YOUR REGISTER
I AM NOT YET US CITIZEN

Voter Signature

Date

Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

Carmine P. Casciano
Superintendent of Elections

Deleted
08.03.09

HN

MARIA T LEON
189 S 11TH ST Apt-Unit 1 FL
NEWARK NJ 07107

07/07/2009

Identificación del Votante#
151174730



Estimado Maria,

Esta oficina acusa recibo de su formulario de inscripción de votante. Este formulario no se puede procesar completamente por la o las siguientes razones.

- Firma (si falta su firma, debe completar un nuevo formulario, que se adjunta)

[Redacted Signature]

Firma del votante

07/25/09

Fecha

I AM NOT CITIZEN

Proporcione la información faltante, firme este formulario en el espacio indicado y devuélvalo a esta oficina.

Agradecemos su atención a este asunto.

Atentamente,

Carmine P. Cassiano

Superintendente de Elecciones

Yo ROSA Isabe Lara deseo de se
reterida del sistema porque no
soy Ciudadana americana solo soy
residente de los Estados Unidos de
America 5-29-2009

ROSA I LARA
513 FERRY ST Apt-Unit 2
NEWARK NJ 07105

05/13/2009

Identificación del Votante#
151149713



Estimado Rosa,

Esta oficina acusa recibo de su formulario de inscripción de votante. Este formulario no se puede procesar completamente por la o las siguientes razones.

- Firma (si falta su firma, debe completar un nuevo formulario, que se adjunta)

Firma del votante

Fecha

Proporcione la información faltante, firme este formulario en el espacio indicado y devuélvalo a esta oficina.

Agradecemos su atención a este asunto.

Atentamente,

Superintendente de Elecciones

Deleted
"NOT"
AUS
Citizen.



COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax



Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

Deleted
5/14/09

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

04/30/2009

Voter ID# 151138930



RAHAB W KABIRU
396 WOODLAND PL
SOUTH ORANGE NJ 07079

Dear Rahab,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- (If your signature is missing, you must complete a new form, which is enclosed)

Voter Signature

Date

Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

Carmin P. Casciano
Superintendent of Elections

Please, I'm not a US
Citizen yet.

I'm a resident only.

Thank you


Rahab W Kabiru



New Jersey Voter Registration Application

33

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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input checked="" type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change							FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)					
3 Last Name Taylor		First Name Louise		Middle Name or Initial M	Suffix (Jr., Sr., III)		
4 Date of Birth Month <u>02</u> Day <u>10</u> Year <u>1937</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. <u>None</u> <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address (DO NOT use PO Box) 430 Union Avenue		Apt. 1st	Municipality	County Essex	State NJ	Zip Code 07111	
7 Mailing Address if different from above 430 Union Avenue		Apt. 1st	Municipality	County Essex	State NJ	Zip Code 07111	
8 Last Address Registered to Vote (DO NOT use PO Box) 284 Munn Avenue		Apt. 1st	Municipality	County Essex	State NJ	Zip Code 07111	
9 Former Name if Making Name Change				Day Phone Number (Optional) 862-218-4519			
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below X  Date <u>6/9/11</u>				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			



Voter Registration Application

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

FOR OFFICIAL USE ONLY		Clerk	Registration #	Office Time Stamp
1	Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update	<input type="checkbox"/> Political Party Affiliation <input type="checkbox"/> Non-affiliation Change	
2	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)	Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		
3	Last Name McLennan	First Name Clair	Middle Name or Initial A	Suffix (Jr., Sr., III)
4	Date of Birth Month 10 Day 11 Year 1971	If you DONOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. [REDACTED]		
5	NJ Driver's License Number or MVC Non-driver ID Number [REDACTED]	<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) 170 S. Clinton	Apt. 63	Municipality	State NJ Zip Code 07018
7	Mailing Address if different from above	Apt.	Municipality	State Zip Code
8	Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	State Zip Code
9	Former Name if Making Name Change			
10	Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11	Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election		
Signature: Sign or mark and date on lines below If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____				

151291940



MARITZA SUERO
55 TAPPAN AVE Apt-Unit 1
BELLEVILLE NJ 07109

MARITZA SUERO
55 TAPPAN AVE Apt-Unit 1
BELLEVILLE NJ 07109

01/29/2010

Identificación del Votante#
151291940



Estimado Maritza,

Esta oficina acusa recibo de su formulario de inscripción de votante. Este formulario no se puede procesar completamente por la o las siguientes razones.

- No firmó su solicitud de registro de votante.

Por favor llene completamente el formulario de registro de votante anexo (con porte postal pagado), incluyendo su firma, y entréguelo a nuestra oficina en persona o envíelo por correo.

Si tiene alguna pregunta, sírvase comunicarse a nuestra oficina.

Gracias por ayudar a resolver este asunto.

Atentamente,
Commissioner of Registration
Superintendent of Elections

2-18-10

Superintendente de Elecciones

A quien vaya dirigida esta carta.
Gracias por enviar esta solicitud de "Voter Register".
Devo hacerles saber, que el pasado julio 13-2009,
recien obtuve mi Residencia Permanente de los USA.
Por lo cual aun no soy Ciudadana Americana.
Por hende no puedo llenar dicha aplicación.
Gracias una vez mas.

Att.