

RE YOUR LETTER 03/1/2011

VOTER ID 151731334

I AM A NON U.S. CITIZEN WITH A ALIEN. REGISTRATION. CARD.
SUCH A FORM WAS SENT TO ME BUT IT SAID IF YOU ARE A NON
U.S. CITIZEN YOU DO NOT HAVE TO RETURN SUCH FORM, AND I DO
NOT RECALL EVER SENDING IT IN. CAN YOU PLEASE SEND ME THE SAID
FORM.

I AM SORRY FOR THE INCONVENIENCE IF I RETURNED THE SAME FORM.

THANKING YOU

ELIZABETH MC AULEY

151731334



ELIZABETH MCAULEY
10 GASTON ST Apt-Unit 3W
WEST ORANGE NJ 07052

Kathy V. Sumter
Acting Commissioner of Registration
Acting Superintendent of Elections
Hall of Records - Room 417A
Newark, New Jersey 07102-3109



UNITED STATES POSTAGE
PRIMEV BOOKS
02 1R
0006556089
\$ 00.44⁰
MAILED FROM ZIP CODE 07102

Kathy V. Sumter
Acting Commissioner of Registration
Acting Superintendent of Elections
Hall of Records - Room 417A
Newark, New Jersey 07102-3109

07102-3109



Voter Profile

User Printed: ESSPAT
Date: 03/15/2011

[Handwritten Signature]
3/15/11

Voter Information:

Voter's Name: KASSIAH KAMARA
Date of Birth: 06/21/1986
Voter ID: 101601533
Legacy ID: C774440
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit: 4-B
Suffix A:
Suffix B:
Street Number: 15
Street Name: PENNINGTON ST
Address Line 2:
Address Line 3:
Municipality : NEWARK
Postal City: NEWARK
State: NJ
Zip: 07102

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/01/2004
Registration Type: In-Person with Identification
Last Action Taken Date: 03/15/2011

Status Information:

Voting Privilege Date: 10/30/2004
Current Status: Deleted
Date Last Voted: 11/04/2008
Deleted Date: 03/15/2011
Deleted Reason: Voter Requested
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:

2011 MAR 15 AM 8:31
COMM. OF REGISTRATION
SUP. OF ELECTIONS
COUNTY OF ESSEX

Districts:

Ward	12	District	30	Congressional	10	Legislative 29
Freeholder	5.001	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	Memo	User Scanned	Date Scanned	Date Counted	Ballot Status
11/04/2008- GENERAL ELECTION	General	00004	Machine	ESSEX	NEWARK			ESSDEB	12/08/2008	11/04/2008	

Previous Party:

No Records Found for the Previous Party

Registration History:

No Records Found for the Registration History

*I am not a U.S citizen please
Remove me from the system*

[Redacted Signature]

Main Menu:

Activities

Inquiries

Voter Registration

Voter Mail-In Ballot

Voter Mail-In Ballot Request

Voter Election History

Voter Change Audit

Mail-In Change Audit

Voter Deletions

County Data

Purged Voters

Voter Petition History

Voter DIA

Reports

Help

Logout

Select Voter - Inquiry Voter Registration

ESSPAT /
ESSEX

Voters Displayed: 1-1 Total voters: 1

Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id	Status Reason	Deleted Date	Party Affiliation	Municipality Name-Ward-District	Postal Municipality
<input checked="" type="checkbox"/>		KASSIAH	KAMARA			06/21/1986	15 PENNINGTON ST, Apt-Unit 4B, NEWARK, NJ 07102	101578535			Unaffiliated	NEWARK-12-30	NEWARK

1

Go

Display Signature

View VR Form

View

Previous

Change

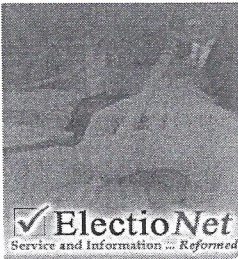
Scan/Print

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

* under Status Reason indicates voter has multiple status reasons.

STATE Admin Message --> Have a nice day.

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3-15-11

Lung, Sup

Pat M.

Main Menu:

Activities

Inquiries

Voter Registration
Voter Mail-In Ballot
Voter Mail-In Ballot Request
Voter Election History
Voter Change Audit
Mail-In Change Audit
Voter Deletions
County Data
Purged Voters
Voter Petition History
Voter DIA

Reports

Help

Logout

Select Voter - Inquiry Voter Registration

ESSPAT /
ESSEX

Voters Displayed: 1-2 Total voters: 2

Select	Status	Last Name	First Name	Middle Name	Suffix	Date of Birth	Residence Address	Voter Id	Status Reason	Deleted Date	Party Affiliation	Municipality Name-Ward-District	Postal Municipality
<input type="checkbox"/>		KAMARA	KASSIAH			06/21/1986	15 PENNINGTON ST, Apt-Unit 4B, NEWARK, NJ 07102	151015257			Unaffiliated	NEWARK-12-30	NEWARK
<input type="checkbox"/>	Deleted	KAMARA	KASSIAH			06/21/1986	15 PENNINGTON ST, Apt-Unit 4-B, NEWARK, NJ 07102	101601533	Voter Requested	03/15/2011	Unaffiliated	NEWARK-12-30	NEWARK

1

Go

Display Signature

View VR Form

View

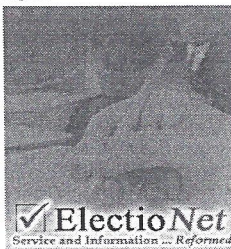
Previous

Change

Scan/Print

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

* under Status Reason indicates voter has multiple status reasons.



STATE Admin Message --> Have a nice day.

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3-15-11 Aug, Sup

Pat M

Select Voter - Duplicate Voter Comparison

ESSEX / ESSEX

Confidence Factor

20

Voter1

Registration Date 10/01/2004
Name KASSIAH KAMARA

Residence Address : St 15 PENNINGTON ST, Apt-Unit 4-B,
Address NEWARK, NJ 07102

Municipality NEWARK

County ESSEX

Mailing Address : 15 PENNINGTON ST, Apt-Unit 4-B,
NEWARK, NJ 07102

Date Of Birth 06/21/1986

Driver's License No./State ID
No

SSN

Phone Number

Last Voted Date 11/04/2008

Voter Id 101601533

Legacy ID C774440

Archived Legacy ID

Party Unaffiliated



Signature

Voter2

Registration Date 05/19/2004
Name KAMARA KASSIAH

Residence Address : St 15 PENNINGTON ST, Apt-Unit 4B, NEWARK,
Address NJ 07102

Municipality NEWARK

County ESSEX

Mailing Address : 15 PENNINGTON ST, Apt-Unit 4B, NEWARK,
NJ 07102

Date Of Birth 06/21/1986

Driver's License No./State ID
No

SSN

Phone Number

Last Voted Date

Voter Id 101578535

Legacy ID C749694

Archived Legacy ID

Party Unaffiliated



Signature

Voter History

Audit History

View VR Form

Change

Merge>>

Voter History

Audit History

View VR Form

Change

<<Merge

Previous

Select Voter - Duplicate Voter Comparison

ESSOEED / ESSEX

Confidence Factor

60

Voter1

Registration Date 10/14/2008
Name KASSIAH KAMARA

Voter2

Registration Date 10/01/2004
Name KASSIAH KAMARA

Residence Address : St 15 PENNINGTON ST, Apt-Unit 4B, NEWARK,
Address NJ 07102

Municipality NEWARK

County ESSEX

Mailing Address : 15 PENNINGTON ST, Apt-Unit 4B, NEWARK,
NJ 07102

Date Of Birth 06/21/1986

Driver's License No./State ID No K03384260006862

SSN

Phone Number

Last Voted Date

Voter Id 151015257

Legacy ID

Archived Legacy ID

Party Unaffiliated

Residence Address : St 15 PENNINGTON ST, Apt-Unit 4-B,
Address NEWARK, NJ 07102

Municipality NEWARK

County ESSEX

Mailing Address : 15 PENNINGTON ST, Apt-Unit 4-B,
NEWARK, NJ 07102

Date Of Birth 06/21/1986

Driver's License No./State ID No

SSN

Phone Number

Last Voted Date 11/04/2008

Voter Id 101601533

Legacy ID C774440

Archived Legacy ID

Party Unaffiliated

Signature

Date 10/14/08

Signature

Voter History

Audit History

View VR Form

Change

Merge>>

Voter History

Audit History

View VR Form

Change

<<Merge

Previous



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

07/22/2009

JENNY I PENAHERRERA
829 LAKE ST
NEWARK NJ 07104

Voter ID# 151181901



Dear Jenny,

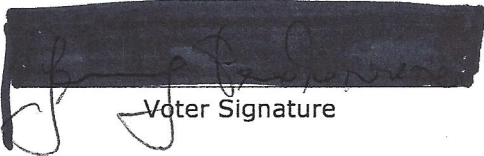
This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

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

151181901



JENNY I PENAHERRERA
829 LAKE ST
NEWARK NJ 07104



Voter Signature

8-15-09
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

*I am, NOT
USA, CITIZEN yet.*

JENNY I PENAHERERA
829 LAKE ST
NEWARK NJ 07104

07/22/2009

Identificación del Votante#
151181901



Estimado Jenny,

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,

NO soy USA-CITIZEN Todavía

Carmine P. Casciano
Superintendente de Elecciones

Main Menu:

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Compare MVC File - Change Voter

ESSJES / ESSEX

MVC Voter			
Name	JENNY I PENAHERRERA	Date of Birth	03/01/1955
Residence Address	829 LAKE ST NEWARK NJ 07104-2307	Mailing Address	
Driver's License Number	[REDACTED]	Original Driver's License Number	[REDACTED]
Card Number		Previous DOB	03/01/1955
Previous Name	JENNY PENAHERRERA	Previous Address	829 LAKE ST NEWARK NJ 07104-2307
MVC Transaction Date	05/02/2009		

Reject ☐ English:

Spanish:



Reject

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

Note:

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

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

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

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

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

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

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ElectionNet
Service and Information... Reformed

08/21/2009

Audit History

Page 1

Voter Name JENNY I PENAHERRERA

Audit Date/Time	Type	Change Date	Change Reason	Changed User ID	Type Of Change	Change Memo
08/21/2009 11.01 AM	Deleted	08/21/2009	Administrative Action	ESSOEBD	Status	VOTER SENT IN REJECTION LETTER STATING SHE IS NOT A U.S. CITIZEN. RECEIVED RETURNED REJECTION LETTER.
08/21/2009 10.52 AM	Change	08/21/2009	Voter Requested	ESSJES	Status Other	
07/22/2009 11.15 AM	Add	07/22/2009	New Voter	ESSJES		

Inquiry - Voter Election History

ESSOEBD / ESSEX

Voter Name: JENNY I PENAHERRERA

Election History:

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

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

El.Date=Election Date

El.Code=Election Code

MutyVotIn=Municipality Voted In

WdVotIn=Ward Voted In

PtyAffn=Party Affiliation

El.Type=Election Type

Bal.Type=Ballot Type

CtyVotIn=County Voted In

DistVotIn=District Voted In

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COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102
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Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

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

LIONEL JOSEPH
25 FLEETWOOD PL Apt-Unit 27
IRVINGTON NJ 07111

05/20/2009

Voter ID# 151154025



Please give me the screen shot ASAP!


I have to file it.

Dear Lionel,

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 not Citizen, Please remove me to registration.


Voter Signature

06-9-09
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
CVR
6/11/09*

LIONEL JOSEPH
25 FLEETWOOD PL Apt-Unit 27
IRVINGTON NJ 07111

05/20/2009

Identificación del Votante#
151154025



Estimado Lionel,

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,

Carmine P. Cocciano

Superintendente de Elecciones

Main Menu:

Activities

Voter Registration

Add/Change Voter

Voter With No DOB

Voter Address Change

Confirmation

Voter Address Change

Confirmation Export

MVC File New Voter

MVC File Change Voter

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Maintain County Data

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Compare MVC File - Change Voter

ESSREMY /
ESSEX

MVC Voter			
Name	LIONEL JOSEPH	Date of Birth	10/29/1974
Residence Address	25 FLEETWOOD PL APT 27 IRVINGTON NJ 07111-1076	Mailing Address	
Driver's License Number		Original Driver's License Number	
Card Number		Previous DOB	10/29/1974
Previous Name	LIONEL JOSEPH	Previous Address	248 ORANGE AVE IRVINGTON NJ 07111-2129
MVC Transaction Date	02/26/2009		

Reject ☐

English:



Spanish:

Reject ☐

SVRS Matched Voters										
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status
<input checked="" type="checkbox"/>	106163635	LYONEL JOSEPH	01/01/1800	11/08/1994	106 BAILEY AVE, HILLSIDE, NJ 07205				25 %	Deleted

1

Go

Select

Add

Back

Note:

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

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

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

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

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

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

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ElectioNet
Service and Information ... Reformed

Voter Profile

User Printed: ESSPAT
Date: 02/22/2011

Voter Information:

Voter's Name: BORIS ZAFRIN
Date of Birth: 03/26/1955
Voter ID: 151024769
Legacy ID:
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit: 504
Suffix A:
Suffix B:
Street Number: 140
Street Name: S ORANGE AVE
Address Line 2:
Address Line 3:
Municipality: NEWARK
Postal City: NEWARK
State: NJ
Zip: 07103

Party Information:

Current Party: Democratic*
Party Privilege Date: 06/08/2010

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/14/2008
Registration Type: Agency with Identification
Last Action Taken Date: 11/19/2010

OK
done
2/22/11

Status Information:

Voting Privilege Date: 11/04/2008
Current Status: Active
Date Last Voted: 11/02/2010
Poll Worker Status:

Mailing Address:

Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:

Inactive Confirmation Address:

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

151024769



BORIS ZAFRIN
140 S ORANGE AVE Apt-Unit 504
NEWARK NJ 07103

Districts:

Ward	14	District	20	Congressional	10	Legislative 29
Freeholder	5.003	School		Regional School		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
02/08/2010	35	MANOR DR			7E	NEWARK	New Jersey	07106

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo User Scanned	Date Scanned	Date Counted	Ballot Status
11/02/2010- STATE GENERAL 2010	General	STATE GE 110210	Machine	ESSEX	NEWARK		ESSANA	11/19/2010	11/02/2010	
06/15/2010- CENTRAL RUNOFF	Municipal	04 05 00	Machine	ESSEX	NEWARK		ESSOEBD	06/22/2010	06/15/2010	
06/08/2010- STATE PRIMARY 2010	Primary	STATE PE 060810	Machine	ESSEX	NEWARK	Democratic*	ESSCURRY	06/23/2010	06/08/2010	
05/11/2010- NON PARTISAN MUNICIPAL	Municipal	05 11 2010	Machine	ESSEX	NEWARK		ESSJES	05/14/2010	05/11/2010	

I am not a citizen, Please remove me from your record [REDACTED]

Previous Party:

Date Changed
06/08/2010

Party Privilege Date
06/08/2010

Party Name
Unaffiliated

Voter Profile

User Printed: ESSOEBD
Date: 02/22/2011

Voter Information:

Voter's Name: BORIS ZAFRIN
Date of Birth: 03/26/1955
Voter ID: 151024769
Legacy ID:
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit: 504
Suffix A:
Suffix B:
Street Number: 140
Street Name: S ORANGE AVE
Address Line 2:
Address Line 3:
Municipality : NEWARK
Postal City: NEWARK
State: NJ
Zip: 07103

Party Information:

Current Party: Democratic*
Party Privilege Date:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/14/2008
Registration Type: Agency with Identification
Last Action Taken Date: 11/19/2010

Status Information:

Voting Privilege Date:

Current Status: Rejected
Date Last Voted: 11/02/2010
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship

Poll Worker Status:

Mailing Address:

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

Inactive Confirmation Address:

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

Districts:

Ward	14	District	20	Congressional	10	Legislative 29
Freeholder	5.003	School		Regional School		Fire

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
02/08/2010	35	MANOR DR			7E	NEWARK	New Jersey	07106

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo User Scanned	Date Scanned	Date Counted	Ballot Status
11/02/2010- STATE GENERAL 2010	General	STATE GE 110210	Machine	ESSEX	NEWARK		ESSANA	11/19/2010	11/02/2010	
06/15/2010- CENTRAL RUNOFF	Municipal	04 05 00	Machine	ESSEX	NEWARK		ESSOEBD	06/22/2010	06/15/2010	
06/08/2010- STATE PRIMARY 2010	Primary	STATE PE 060810	Machine	ESSEX	NEWARK	Democratic*	ESSCURRY	06/23/2010	06/08/2010	
05/11/2010- NON PARTISAN MUNICIPAL	Municipal	05 11 2010	Machine	ESSEX	NEWARK		ESSJES	05/14/2010	05/11/2010	



Signature or Mark



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



FRANCISCO DE LIMA
331 21ST. STREET
IRVINGTON, N. J. 07111

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

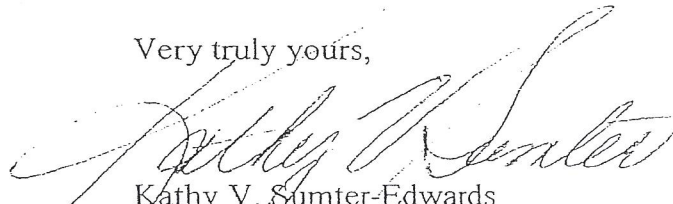
Date: 3-21-2011

Dear Registered Voter,

A review of our files indicates that there may be a **discrepancy** with your voting record. It is **necessary for you to call** this office so that we may clarify this matter. Office hours are Monday through Friday, between the hours of 8:30 A.M. and 4:00 P.M.; and the telephone number is (973) 621-5036.

Thank you for your cooperation.

Very truly yours,


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



New Jersey Voter Registration Application

82

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

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Clerk	
3 Last Name LIMA		First Name FRANCISCO		Middle Name or Initial F	Suffix (Jr., Sr., III)	Registration #	
4 Date of Birth Month 09 Day 05 Year 1984						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. [REDACTED]						9:34-1	
<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) 331-215K		Apt. 38K	Municipality IRVINGTON	County	State NJ	Zip Code 07111	
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code	<input type="checkbox"/> by mail <input type="checkbox"/> in person
9 Former Name if Making Name Change				Day Phone Number 201-772-7725 (Optional)			
10 Do you wish to declare a political party affiliation? (Optional)				<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <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 <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.					
Signature: Sign or mark and date on lines below [REDACTED] Date 2-26-2011				151747272 FRANCISCO G DE LIMA 331 21ST ST IRVINGTON NJ 07111			



New Jersey Voter Registration Appli

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

Not a citizen
Send out letter
03/17/11
NO

82

ICIAL
LY

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Part or Non-affiliat
		<input type="checkbox"/> Name Change	<input type="checkbox"/> Signature Update	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		
3 Last Name	First Name	Middle Name or Initial	Suffix (Jr., Sr., III)	Registration #
LIMA	FRANCISCO			
4 Date of Birth				Office Time Stamp
Month <u>01</u> Day <u>08</u> Year <u>1984</u>				PM 2:05
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.		
[REDACTED]		[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)	Apt.	Municipality	County	State Zip Code
331-215K	38K	IRVINGTON		NJ 07111
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 <u>201-772 7725</u> (Optional)	
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.				
11 Gender	Declaration - I swear or affirm that:			
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> I am a U.S. Citizen			
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> I live at the above address			
	<input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election			
	<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election			
	<input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense			
	<input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both.			
Signature: Sign or mark and date on lines below		151747272		
[REDACTED SIGNATURE]				
Date <u>2-26-2011</u>		FRANCISCO G DE LIMA 331 21ST ST IRVINGTON NJ 07111		



File,
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

*Delete
Admin. Act
Not a US citizen*

03/02/2009

Voter ID# 151101118



MANUEL PENABREU
186 N 11TH ST Apt-Unit 3 FL
NEWARK NJ 07107

Dear Manuel,

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.

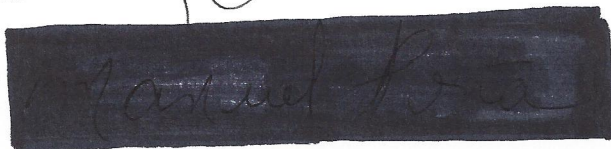
Sincerely Yours,

Carmine P. Casciano
Superintendent of Elections

*I am sorry
I am not a US citizen yet*

Thank you

attn:



3/15/09

MANUEL PENAABREU
186 N 11TH ST Apt-Unit 3 FL
NEWARK NJ 07107

03/02/2009

Identificación del Votante#
151101118



Estimado Manuel,

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,

Carmine P. Cascione

Superintendente de Elecciones

Sra:

Carmine. Toda la vida yo no soy ciudadano de los USA. pero tan pronto me fuere posible con gusto participare en las votaciones. muchas gracias

atte:

[Redacted signature]

3/16/09



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

07/01/2009

INOCENSIA MOREL
272 VAN WINKLE AVE
NUTLEY NJ 07110

Voter ID# 151172765



Dear Inocensia,

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 and sign this form.)

Inocensia Morel 07-09-09 d am not a day
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

Main Menu:
Activities

Compare MVC File - Change Voter

ESSJES / ESSEX

Voter Registration

Add/Change Voter
Voter With No DOB
Voter Address Change
Confirmation
MVC File New Voter
MVC File Change Voter
MVC File Online Voter

Maintain Voter History
Maintain County Data
Elections
System
Duplicate Voters
Batch Scanning
Messaging

Inquiries
Reports
Help
Logout

MVC Voter			
Name	INOCENCIA MOREL	Date of Birth	07/03/1961
Residence Address	272 VANWINKLE AVE NUTLEY NJ 07110-2062	Mailing Address	
Driver's License Number	[REDACTED]	Original Driver's License Number	[REDACTED]
Card Number		Previous DOB	07/03/1961
Previous Name	INOCENCIA MOREL	Previous Address	68 DANFORTH AVE 1F PATERSON NJ 07501-3202
MVC Transaction Date	03/30/2009		

Reject ☐

English:

☒

Spanish:

Reject

SVRS Matched Voters										
Select	Voter Id	Name	Date of Birth	Registration Date	Residence Address	Mailing Address	Driver's License Number	SSN	Confidence Factor	Status
No Matching records Found. You can Add or Reject this Motor Voter by clicking on the respective buttons below.										
<input type="button" value="Select"/> <input type="button" value="Add"/> <input type="button" value="Back"/>										

Note:

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

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

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

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

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

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

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 ElectionNet
Service and Information ... Reformed



New Jersey Voter Registration Application

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

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp MAY -2 PM 3:00 COUNTY OF ESSEX DEPT. OF REGISTRATION DEPT. OF ELECTIONS
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form) Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		
3 Last Name <u>NAZIF</u> First Name <u>NIMATULLAH</u> Middle Name or Initial _____ Suffix (Jr., Sr., III) _____		
4 Date of Birth Month <u>01</u> Day <u>01</u> Year <u>11978</u>		
5 NJ Driver's License Number or MVC Non-driver ID Number _____ If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____ <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."		
6 Home Address (DO NOT use PO Box) <u>440 WASHINGTON ST 7B</u> Apt. _____ Municipality <u>NEWARK</u> County <u>ESSEX</u> State <u>NJ</u> Zip Code <u>07102</u>		<input checked="" type="checkbox"/> by mail <input type="checkbox"/> in person
7 Mailing Address if different from above _____ Apt. _____ Municipality _____ County _____ State _____ Zip Code _____		
8 Last Address Registered to Vote (DO NOT use PO Box) _____ Apt. _____ Municipality _____ County _____ State _____ Zip Code _____		
9 Former Name if Making Name Change _____ Day Phone Number (Optional) _____		
10 Do you wish to declare a political party affiliation? (Optional) <input checked="" type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.		
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1		
Signature: Sign or mark and date on lines below <u>X</u> _____ Date <u>04/27/2011</u>		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update		<input type="checkbox"/> Political F or Non-aff		OFFICIAL USE ONLY					
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)				Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				Clerk _____					
3 Last Name NAZIF			First Name NIMATULLAH		Middle Name or Initial		Suffix (Jr., Sr., III)		Registration # _____				
4 Date of Birth Month 01 Day 01 Year 11978									Office Time Stamp MAY -2 PM 3:00 COUNTY OF ESSEX DEPT. OF REGISTRATION CLERK OF ELECTIONS				
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. <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"> </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) 440 WASHINGTON ST			Apt. 7B	Municipality NEWARK		County ESSEX	State NJ	Zip Code 07102					
7 Mailing Address if different from above			Apt.	Municipality		County	State	Zip Code	<input checked="" type="checkbox"/> by mail <input type="checkbox"/> in person				
8 Last Address Registered to Vote (DONOT 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 checked="" type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.							
11 Gender		Declaration - I swear or affirm that:			<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male			● I am a U.S. Citizen ● I live at the above address ● I will be at least 18 years old on or before the next election		● I will have resided in the State and county at least 30 days before the next election ● I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		● I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1	
Signature: Sign or mark and date on lines below						If applicant is unable to complete this form, print the name and address of individual who completed this form.							
X						Name _____ Date _____							
Date 04/27/2011						Address _____							

New Jersey Voter Registration Application

Print clearly in black or blue ink
using a ball point pen or marker

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CITY OF NEWARK W-40 D-35 CB27539

MBADIGHE EBENEZER C

T000000

65 MANOR DR #3-C

NEWARK, NJ 07106

R101706

TTY10/1301

1 Check boxes that apply
 I am a U.S. citizen ☐ Yes ☒ No*
 I will be 18 years of age by the next election ☒ Yes ☐ No


2 Check boxes that apply
☒ New Registration (if you are registering for the first time)
☐ Address Change (if you are currently registered and have)
☐ Name Change (if you are currently registered in the county)

3 Last Name MBADIGHE First Name EBENEZER Middle Initial C Suffix

4 Street Address (where you live) 65 MANOR DR Apartment # 3C
 Municipality (town/city) Newark County Essex Zip Code 07106

5 Complete only if different from address above
 Address (where you get your mail) 65 MANOR DR Apartment # 3C
 Municipality (town/city) Newark County Essex Zip Code 07106

6 Date of Birth Month 03 Day 24 Year 1988 7 Telephone Number (optional) Area Code 908 265 99108

8 A
a
u
y
v
n
fl
 150093024

 EBENEZER C MBADIGHE
 65 MANOR DR Apt/Unit#3-C
 NEWARK NJ 07106
 Middle Initial Suffix
 Apartment #
 State Zip Code

9 Only the last four numbers of your Social Security #

10 Declaration -
 I swear or affirm that:
☒ I am a U.S. Citizen.
☒ I will be at least 18 years old on or before the next election.
☒ I live at the above address.
☒ 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 up to \$1,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.
 Signature / Mark [Signature] Date 9/20/06
 If applicant is unable to complete this form, print name and address of individual who completed this form
 Name C827539
 Address
 Municipality (town/city) State Zip Code
 FOR OFFICE USE ONLY
 Clerk
 Registration #
 Office Time Stamp
OK
mm
10/17/06
pm
☒ by mail ☐ in person

FOLD

FOLDING INSTRUCTIONS: Print out both sides of this application. Complete this application.

Rejected	MBADIGHE	EBENEZER	C	03/24/1988	65 MANOR DR, 3-C, NEWARK, NJ 07106	150093024	Not a U.S Citizen/Checked off No to U.S. Citizenship	Unaffi
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