Voter Information:

Voter's Name: DANIELLE LAMY Date of Birth: 06/29/1968 101229764 Voter ID:

Legacy ID: C337921 Archived Legacy ID:

Residence Address:

County: ESSEX

Unit: Suffix A: Suffix B:

Street Number: 293

Street Name: ISABELLA AVE

Address Line 2: Address Line 3:

Municipality: IRVINGTON Postal City: IRVINGTON

State: NJ Zip: 07111

Status Information:

Voting Privilege Date: 11/04/1988

Current Status: Active

Date Last Voted: 11/02/2004

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date:

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 10/06/1988

Registration Type: In-Person with Identification

Last Action Taken Date:

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Pallet

User Printed: ESSPAT Date: 02/27/2009

Districts:

Ward Freeholder 10 5.002

District School

80

Congressional Regional School 10

Legislative 28

Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

mt. Highamu

| Election Histor Election Date & Name | g: Election Type | Election Code | Ballot Type | County Voted In | Municipality Voted In | Party Affiliation | User Scanned | Dace | Counted | Status |
|--------------------------------------------|---------------------|------------------|----------------|-----------------------|--------------------------|----------------------|-----------------|------------|------------|--------|
| 11/02/2004- GENERAL | General | 00040 | Machine | ESSEX | UNKNOWN | | CONV | 11/02/2004 | 11/02/2004 | |
| 11/02/2004 11/07/2000- GENERAL | General | 00040 | Machine | ESSEX | UNKNOWN | | CONV | 11/07/2000 | 11/07/2000 | |

Previous Party:

11/07/2000

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Please Kemode me from the voting registry. Lam not a U.S. atizen.



SUPERINTENDENT OF ELECTIONS

COUNTY OF ESSEX

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



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

12/07/2010

Voter ID# 151638255



JOHANNA DELEON-GUZMAN 10 RAWSON ST BLOOMFIELD NJ 07003

Dear Johanna,

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 CitiZEH.

Please Remove me from System. In Showk you.

Putting Essex County First

New Jersey Voter Registration Application Please print clearly in ink. All information is required unless marked optional.

| Please print clearly in ink | . All information is requi | red unless marked o | . 1 444 | FOR OFFICIAL |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
| 1 Chack hoxes New Registration | ☐ Address Change | or Non-affiliation Ch | nange | USE ONLY |
| that apply: Name Change | ☐ Signature Update | by the next election? | Yes No | Clerk |
| Accupitable Citizen? Tyes WiNo | | | | Registration # |
| (If No DO NOT complete this form) | i i | Middle Name or Initial | Suffix (ex. Jr. (Sr), III) | Registration # |
| 3 Last Name | 131 144110 | none | | Office Time Stamp |
| | 1200 | | | CD _ |
| A Date of Birth S St Month 03 Da | ay 2 / Year / 9 9 | (C) | Driver | SE |
| 5 NJ Driver's License Number or MVC Non-drive | r ID Number If you DO NOT have | e a NJ Driver's License or MVC Non-t t 4 digits of your Social Security Num | ber. | |
| 5 NJOINEIS LICE STATE OF THE ST | ID, provide the las | 14 uigits or year Social Security | Number." | တင္း |
| Swear or affirm that I DO NOT have a NJ | Driver's License, MVC Non-dri | County | State Zip Code | 0 |
| 6 Home Address (DO NOT use PO Box) | Lube I | 0 1 1 | 0/11 | |
| 1 | 12 A news | County | State Zip Code | 15 % |
| 7 Mailing Address if different from above | Apt Municipality | | | -1.8 |
| | | County | State Zip Code | e ⊅by mail □ in person |
| 8 Last Address Registered to Vote (DONOT use PC | (Box) Apr. (Warner, | | | |
| | | Day Phone Number | | |
| g Former Name if Making Name Change | | (Optional) (Roy | re/ | |
| 10 Do you wish to declare a political par | ty affiliation? Tyes, the | party name is not wish to be affiliate | d with any politic | al party. |
| 10 Do you wish to declare a political par | ® No, I do | not wish to be armate | • Lunderstar | |
| (Optional) 11 Gender Declaration - I swear or aff | irm that: • I will have resid | ded in the State and county s before the next election | | registration may subject e of up to \$15,000, |
| Iam a U.S. Citizen | | ole, probation or serving a | | ant up to 5 years, |
| Female I live at the above addres I will be at least 18 years | old sentence due to | any federal or state laws | or both pu | rsuant to R.S. 19.34-1 |
| Male on or before the next elect | tion Offerise unes. | | to complete this f | orm, print the |
| Signature: Sign or mark and date on line | e below . | If applicant is unable name and address of | individual who co | mpleted this form. |
| Signature. Sign of many | | Hallie and dela | | Date |
| | | Name | re- | Date |
| | | Address | | |
| 302 V 600040 12166 | - | Address | \mathcal{A} | |
| Date 06-10- 5000 | | | \mathcal{M} | |
| Date <u>OG = 70</u> | | | X 1. | N |
| | | | 1: Imv | 1 |
| | | Λ | (1)UY 1 | M |
| | | \bigvee | \cup | MMX |
| | | | | V |

User Printed: ESSPAT Date: 04/21/2010

Voter Information:

Voter's Name: FRANLEY PASTEUR

Date of Birth: 10/25/1986 101616255 Voter ID:

Legacy ID: C790603 Archived Legacy ID:

Residence Address:

County: ESSEX

Unit: Suffix A: Suffix B:

Street Number: 73 Street Name: COIT ST

Address Line 2: Address Line 3:

Municipality: IRVINGTON

Postal City: IRVINGTON

State: NJ Zip: 07111

Status Information:

Voting Privilege Date: 12/22/2004

Current Status: Active Date Last Voted:

Poll Worker Status: No

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated Party Privilege Date:

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 11/23/2004

Registration Type: In-Person with Identification

Last Action Taken Date:

Inactive Confirmation Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward

Freeholder

11

5.002

District School

02

Congressional

Regional School

10

Legislative 28

Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

FRANLEY PASTEUR 73 COIT ST **IRVINGTON NJ 07111**

Previous Party:

No Records Found for the Previous Party

Registration History:

No Records Found for the Registration History

Jam not a 08 citizen Please remove me from your Records



SUPERINTENDENT OF ELECTIONS

COUNTY OF ESSEX

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



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

01/27/2010

Voter ID# 151290539



JESUS TERRERO-AROYO 55 -57 MANUFACTURES PL Apt-Unit 1 NEWARK NJ 07105

Dear Jesus,

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.

151290539

JESUS TERRERO-AROYO 55 -57 MANUFACTURES PL Apt-Unit 1 NEWARK NJ 07105 Sincerely Yours,

Superintendent of Elections

Commence of the final

Vo tesds terrero ARRogo quievo que meguite de LA Listi de Votante Commission of Registration 465 Dr Martin Luther King Blvd Newark, New Jersey 07102 Room 417A

To whom it may Concern;

Please send me my "Request Voter Registration Profile" in order that I may vote in this November's 2012 elections.

Karla Olivia Babb

37 Eder Terrace

South Orange, New Jersey 07079

Sincerely,

2012 JUL 11 AM 10: 34

ADELA OTOYAACENCIO 172 SOUTH ST Apt-Unit 1 NEWARK NJ 07114 01/27/2010 Identificación del Votante# 151290215



Estimado Adela,

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.

Oviero que este Formulario Lo Retire de la Lista de Votante porque yono Soy Ciudadana Soy Residente CRACIAS Olda de 2/12/10

Atentamente,

Commissioner of Registration Superintendent of Elections Superintendente de Electiones

51290215

ADELA OTOYAACENCIO

172 SOUTH ST Apt-Unit 1 NEWARK NJ 07114



SUPERINTENDENT OF ELECTIONS

COUNTY OF ESSEX

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



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

05/03/2010

Voter ID# 151335541

MONICA E RODRIGUEZ 208 PARKER ST NEWARK NJ 07104

Dear Monica,

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,

Commissioner of Registration /Superintendent of Elections

Superintendent of Elections

I am not a citizen: yet, please remove me from your records thanks

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



SUPERINTENDENT OF ELECTIONS COUNTY OF ESSEX

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



Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections
03/08/2010

Identificación del Votante# 151304318



CARMEN R SOUSA 97 WARWICK ST Apt-Unit 1R NEWARK NJ 07105

Estimado Carmen,

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.

151304318

13134416

CARMEN R SOUSA 97 WARWICK ST Apt-Unit 1R NEWARK NJ 07105 Atentamente,

Commissioner of Registration /Superintervient of Elections

Superintendente de Elecciones

POR FAVOR PLEDEN CANCELAR LA SOLICITUS DE REGISTRO DE VOTANTE PORQUE SOLO SOY RESIDENTE Y NO CIU DADANA DE EE.OU





SUPERINTENDENT OF ELECTIONS

COUNTY OF ESSEX

Hall of Records - Room 417 - Newark, New Jersey 07102) 621-6464 Fax



151324628

388 STUYVESANT AVE Apt-Unit A24 IRVINGTON NJ 07111

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

04/07/2010

Voter ID# 151324628



MASSA S RICKS 388 STUYVESANT AVE Apt-Unit A24 **IRVINGTON NJ 07111**

Dear Massa,

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,

Commissioner of Registration /Superintendent of Elections

Superintendent of Elections

are am Not a us citizen, so Please telle my name of the list

thanks

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

put a US Citizen Voter Profile

User Printed: ESSPAT Date: 07/19/2010

Voter Information:

Voter's Name: WILBERT COX Date of Birth: 04/27/1964

101279197 Voter ID: Legacy ID: C424318 Archived Legacy ID:

Status Information:

Current Status: Active

Poll Worker Status: No

Voting Privilege Date: 04/21/2010

Date Last Voted: 11/06/2001

Residence Address:

County: ESSEX Unit: Suffix A: Suffix B:

Street Number: 21 Street Name: ROBERT PL

Address Line 2: Address Line 3:

Municipality: IRVINGTON Postal City: IRVINGTON

State: NJ Zip: 07111

Mailing Address: Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/21/2010

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 03/31/2010

Registration Type: Agency with Identification

Last Action Taken Date: 04/09/2010

Inactive Confirmation Address:

Street Number: Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Districts:

Ward Freeholder 11 5.002

School

District

03

Congressional Regional School

Legislative 28

Fire

Previous Residence Addresses:

Street Number Change Date

03/31/2010

65 80 Street Name Address Line 2

MANOR DR

SMITH ST

Address Line 3

Unit Municipality 12-P NEWARK

10

07106 New Jersey

12-P NEWARK

New Jersey

07106

Zip Code

Election History:

Election Date Election Type Election & Name Code

00040

Type

Ballot County Municipality Party Voted Voted In Tn

Affiliation

Memo User

Date Scanned Scanned

Date Counted Ballot

10/17/1997

11/06/2001-GENERAL

Machine ESSEX UNKNOWN

Status

General

CONV 11/06/2001 11/06/2001

11/06/2001 **GENERAL**

11/07/2000

11/07/2000-General

00040

Machine ESSEX UNKNOWN

CONV 11/07/2000 11/07/2000

NY-19-10

Previous Party No Records Foun 101279197

WILBERT COX 21 ROBERT PL IRVINGTON NJ 07111 To whom a may concern I.W. cox moda U.S. Citizen. Please removed my records

Registration History:

No Records Found for the Registration History



04-26-64

User Printed: ESSCURRY Date: 07/26/2010

Voter Information:

Voter's Name: FELIX PENA

Date of Birth: 05/12/1977

Voter ID:

101397603

Legacy ID: C556391

Archived Legacy ID:

Status Information:

Current Status: Active

Poll Worker Status: No

Date Last Voted:

Voting Privilege Date: 10/27/1996

Residence Address:

County: ESSEX

Unit: A Suffix A:

Suffix B:

Street Number: 34

Street Name: KEARNEY ST

Address Line 2: Address Line 3:

Municipality: NEWARK

Postal City: NEWARK

State: NJ

Zip: 07104

Mailing Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City:

State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date:

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None

Registration Date: 09/28/1996

Registration Type: In-Person with Identification

Last Action Taken Date:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City: State:

Zip Code: Country:

Districts:

Freeholder

Ward

14

District

5.001 School 47

Congressional

Regional School

13

Legislative 29

Fire

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

Please, Revove Mb from your Records. I am Not a U.S. Citizen. In progress.

news Voted

7/26/10

User Printed: ES: Date: 06/2

Voter Information:

Voter's Name: MAKENSON SAINT JUSTE

Date of Birth: 10/10/1986

Voter ID:

151321608

Legacy ID:

Archived Legacy ID:

Status Information:

Voting Privilege Date: 04/20/2010

Current Status: Active Need ID

Date Last Voted:

Poll Worker Status:

Residence Address:

County: ESSEX

Unit: Suffix A: Suffix B:

Street Number: 47

Street Name: SEABURY ST

Address Line 2: Address Line 3:

Municipality: NEWARK

Postal City: NEWARK

State: NJ Zip: 07104

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2: Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 04/20/2010

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 03/30/2010

Registration Type: Mail-in with Identificatio

Last Action Taken Date: 03/31/2010

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City: State:

Zip Code: Country:

Districts:

Ward Freeholder 10

5.001

District School

12

Congressional

Special

08

Legislative 29

Fire

Previous Residence Addresses:

tory please Remove Me From Régistration System. Nota citizen No Records Found for the Previous Residence Addresses

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



DANIELLE R MENDELSOHN 77 SCHINDLER WAY

ation Application Pulling is required unless marked.

| D 41 | NIELLE R MENDELSOHN | | | | | | | | |
|----------------------------------------|-------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 77 SCHINDLER WAY FAIRFIELD NJ 07004 | | | 1 | ss Change ure Update | □ Political Party Affiliation or Non-affiliation Change | | | | FOR OFFICIAL USE ONLY |
| 2 Are you a U.S | i. Citizen? № Yes No NOT complete this form) | | Will you be 18 years of age by the next election? ☐ Yes ☐ No (If No, DO NOT complete this form) | | | | | | Registration# |
| 3 Last Name Mandels an D | | | | iell | Middle Name or Initial Suffix (Jr., | | | Jr., Sr., III) | Office Time Stamp |
| 4 Date of Birth | 11101 | Day [| 014 YE | ear 1/9/7 | 19 | 6 | | | L KTN |
| 1 1 1 1 1 | ense Number or MVC Non-di | river ID N | Number | If you DO NOT ha ID, provide the la | ave a NJ Driver's ast 4 digits of yo | License or MVC Non-E ur Social Security Num | ber. | | GISTRAT |
| ☐ "I swear or | affirm that I DO NOT have a | NJ Drive | er's Licen | se, MVC Non-dr | iver ID or a | Social Security | State | Zip Code | - ×350 |
| | ess (DO NOT use PO Box) | | Apt. | Municipality | | County | State | Zip Godo | 1 = |
| 7 Mailing Add | Apt. | Municipality | County | | State | Zip Code | | | |
| 8 LastAddress F | 8 Last Address Registered to Vote (DO NOT use PO Box) | | | | | County | State | Zip Code | □ by mail □ in person |
| 9 Former Nar | ne if Making Name Chan | ige | | | Day Ph (Option | one Number | | | |
| 10 Do you wis | h to declare a political pa | arty affi | liation? | □ Yes, the □ No, I do | party nai | me is to be affiliated | d with a | ny political | party. |
| 11 Gender | Declaration - I swear or a | affirm tha | | I will have resid at least 30 days | before the | next election | f | raudulent req | that any false or pistration may subject |
| Female I live at the above address | | | | | | | | | up to 5 years, ant to R.S. 19:34-1 |
| Signature: Sig | n or mark and date on lir | | ow | | If applica name and Name _ | nt is unable to | comple dividua | who comp | m, print the bleted this form. |
| x Date 9/6 | 4/2011 | 2000 | | | Address | _11VL_ | <i>(r)</i> | 11/2 | |
| 1-1/01 | | | | | | | | that the same of t | |

User Printed: ESSPAT Date: 11/05/2010

Voter Information:

Voter's Name: JOSEPH MUSTAPHA

Date of Birth: 07/04/1950

Voter ID:

150805974

Legacy ID:

Archived Legacy ID:

Residence Address:

County: ESSEX

Status Information:

Voting Privilege Date: 10/21/2008

Current Status: Deleted

Date Last Voted:

Deleted Date: 11/05/2010

Deleted Reason: Voter Requested

Poll Worker Status:

Unit: Suffix A:

Suffix B:

Street Number: 580

Street Name: MC CHESNEY ST

Address Line 2: Address Line 3:

Municipality: ORANGE Postal City: ORANGE

State: NJ Zip: 07050

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 10/21/2008

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 09/30/2008

Registration Type: Mail-in with Identification

Last Action Taken Date: 11/05/2010

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Districts:

Freeholder

Ward

11

5.003

District School

06

Congressional

Regional School

10

Legislative 27

Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

No Records Found for the Registration History

discovered in october, 2008 that discovered in october, 2008 that

User Printed: ESSJES Date: 05/03/2011

Voter Information:

Voter's Name: MERCEDES BAYAS

Voter ID:

Date of Birth: 01/04/1960 101484818

Legacy ID: C649790 Archived Legacy ID:

Residence Address:

County: ESSEX

Unit:

Suffix A: Suffix B:

Street Number: 89 Street Name: LANG ST

Address Line 2: Address Line 3:

Municipality: NEWARK Postal City: NEWARK

State: NJ Zip: 07105

Status Information:

Voting Privilege Date: 06/06/2000

Current Status: Active Date Last Voted:

Poll Worker Status: No

Mailing Address:

Street Number: Suffix A:

Suffix B:

Street Name/P.O. Box:

Address Line 2:

Address Line 3: City:

State: Zip Code: Country:

08

Congressional

Miscellaneous:

Party Information:

Party Privilege Date:

Current Party: Unaffiliated

iender Not Entered pe: None enfeerbal Sugariore. 05/08/2000 tion 344 GH (027) st Action 1

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Address Line 2: Address Line 3:

City: State:

Zip Code: Country:

Districts:

Ward Freeholder 12 5.001

District School

Regional School

13

Legislative 29

Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

Date Changed

05/15/2000

Last Name

BAYAJ

First Name

Middle Name

Suffix

Registration History:

No Records Found for the Registration History

Polling Place:

Next Election Date -- Name

Polling Place

06/07/2011 -- STATE PRIMARY

Name

ANN STREET SCHOOL (H) (ENT. DOOR

Address

30 ANN ST NEWARK NJ 07105

User Printed: ESSPAT Date: 02/25/2010

Voter Information:

Voter's Name: MICHELLE N LAWRENCE

Date of Birth: 05/21/1972 Voter ID: 150187051

Legacy ID:

Archived Legacy ID:

Residence Address:

County: ESSEX

Unit: Suffix A:

Suffix B:

Street Number: 137

Street Name: RIVERSIDE CT

Address Line 2: Address Line 3:

Municipality: NEWARK

Postal City: NEWARK

State: NJ Zip: 07104

Mailing Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City: State: Zip Code: Country:

Party Information:

Current Party: Democratic*

Party Privilege Date: 05/29/2007

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None

Registration Date: 05/08/2007

Registration Type: In-Person with Identification

Last Action Taken Date: 11/25/2008

Status Information:

Voting Privilege Date: 05/29/2007

Current Status: Active

Date Last Voted: 11/04/2008

Poll Worker Status:

Inactive Confirmation Address:

Street Number:

Suffix A:

Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City: State:

Zip Code:

Country:

Districts:

Ward Freeholder 10 5.001

District School

12

Congressional Regional School 13

Legislative 29

Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

Election Date Election Election Code

& Name

Type

Type

County Municipality Party Ballot Voted Voted In

Affiliation

Memo User

Date Scanned Scanned

Date Counted Ballot Status

11/04/2008- General 00004

Machine ESSEX NEWARK

ESSDEB 11/25/2008 11/04/2008

GENERAL

ELECTION

02/05/2008- Primary PRESIDENTIALPRIMARY Machine ESSEX NEWARK

In

Democratic*

ESSSHIRL 02/05/2008 02/05/2008

PRESIDENTIAL PRIMARY

Previous Party:

No Records Found for the Previous Party

Registration History:

No Records Found for the Registration History



New Jersey Voter Registration Application

is required unless marked optional.

| | Please print clearly in ink. A | II informatio | n is required | unless m | arked optiona | 1. | | FOR OFFICIAL | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|--------------|----------------------------------------|--|--|
| 1 Check boxe | s New Registration | ☐ Address | Change re Undate | □ Polition | cal Party Affilian-affiliation Ch | ange | | USE ONLY | | |
| that apply: | Will you be 18 years of age by the next election? Yes You all S. Citizen? Yes You all S. Citizen? Yes You all S. Citizen? | | | | | | | | | |
| (If No, DO N | o, DO NOT complete trils form) (if No, Do Not complete trils form) | | | | | | | | | |
| | Month 03 Day | 11 | Ibert | | | Office Time Stamp | | | | |
| Date of Birth | Month U.J. Day ense Number or MVC Non-driver | y []2 Yea | If you DO NOT have | e a NJ Driver's l | icense or MVC Non-Di | iver | | | | |
| The second control of | ID, provide instance AVC Non-driver ID or a Social Security Number." | | | | | | | | | |
| "I swear or | affirm that I DO NOT have a NJ I | Apt. | Municipality | | County | State | Zip Code | | | |
| 2711 | l'essif different from above | è l Apt. | Municipality | | County | State | Zip Code | , | | |
| 1.5 | SAME | 1 | Municipality | | County | State | Zip Code | ☑ by mail | | |
| | Registered to Vote (DO NOT use PO B | | Tytamorp and | Day Pho | one Number | <u> </u> | 1 2 000 | □ in person | | |
| 9 Former Na | me if Making Name Change | | | (Optiona | al) "547 | 63 | 1-383 | 71-460 R | | |
| 10 Do you wis | sh to declare a political party | affiliation? | ☐ Yes, the | party nar not wish | ne ls/ to be affiliated | with ar | ny political | party. | | |
| × | on or before the next election or mark and date on lines | | | If applica | nt is unable to d address of in | idividua | Who com | m, print the pleted this form. Date | | |
| Date D% | · · · · · · · · · · · · · · · · · · · | or secti | ons 5, 6 | and | 10 | 902 | | , , , , , , , , , , , , , , , , , , , | | |
| 5) Registra informati current a polling p | ants who are submitting this on required by section 5, or the and valid photo ID, or a documblace. D Numbers are Confidential | e information ent with your and will not | you provide a name and current be released by the provide a population of the provided and | annot be verent address | rerified, you will less on it to avoid Less on it to avoid Less on it to avoid vernmental ag | having NN Jency: A | to provide i | identification at the who uses such | | |
| 6) If you a | re homeless, you may com | plete sectior | n 6 by providir | ng a conta | act point or the | ofany | orior party: | affiliation. Completin | | |
| 10) You ma | ay declare a political affiliation a 10 is OPTIONAL and will no | Ji alloct the c | acceptanos e. | , | | | | | | |
| Need Mor | e Information? Check bo | xes below if | you would like | e to recei | ve more inforn | nation a | ipout: | tion materials in | | |
| □ abser | itee voting ning a poll worker | | polling place a voting if you ha including visua | accessibili ave a disa | ty bility, | - Wav | allable old | e language: | | |
| | oformation visit www.NJElect | lons.org or (| call toll-free 1-8 | 377 - NJV0 | TER (1-877-65 | 8-6837) | | | | |

II ILSE VELLA, WANT TO REMOVE

I, ILSE VELLA, WANT TO REMOVE

MY NAME FROM THE VOTER REGISTRATION

BECAUSE I AM NOT AN AMERICAN

CITIZEN

BIDATE 7/16/73

User Printed: ESSOEBD Date: 08/24/2011

Voter Information:

Voter's Name: MOISES GONZALEZ SR.

Date of Birth: 09/04/1947 101546918 Voter ID:

Legacy ID: C716282

Archived Legacy ID:

Residence Address:

County: ESSEX Unit: D6

Suffix A: Suffix B:

Street Number: 368

Street Name: MOUNT PROSPECT AVE

Address Line 2: Address Line 3:

Municipality: NEWARK Postal City: NEWARK

State: NJ Zip: 07104

Status Information:

Voting Privilege Date: 04/30/2003

Current Status: Inactive Confirmation

Date Last Voted: 05/09/2006

Confirmation Mail Date: 08/03/2009

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:

Party Information:

Current Party: Democratic*

Party Privilege Date: 04/30/2003

Miscellaneous:

Gender: Not Entered Absentee Ballot Type: None Registration Date: 04/01/2003

Registration Type: In-Person with Identification

Last Action Taken Date: 07/31/2009

Inactive Confirmation Address:

Street Number:

Suffix A: Suffix B:

Street Name/P.O. Box:

Unit:

Address Line 2:

Address Line 3:

City: State:

Zip Code: Country:

Districts:

Ward Freeholder 10

5.001

District School

18

Congressional

13

Legislative 29

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

101546918

368 MOUNT PROSPECT AVE Apt-Unit D6 NEWARK NJ 07104

| Election Histo | | | | | | | | | Ballot | | |
|--------------------------------------|------------------|------------------|----------------|---------|--------------|--------------|----------|--------|------------|---------------------|--------|
| Election Date & Name | Election Type | Election Code | Ballot Type | | Voted In | Affiliation | 1-101110 | · | Jeann's a | Counted | Status |
| 05/09/2006- MUNICIPAL | Municipal | 00001 | Machine | ESSEX | NEWARK | | | ESSDEB | 11/21/2006 | 05/09/2006 | |
| ELECTION 8 | | | | FCCEV | UNKNOWN | | | CONV | 11/08/2005 | 11/08/2005 | |
| 11/08/2005- GENERAL | General | 00040 | Machine | ESSEX | CINKINOWIN | | | | | | |
| 11/08/2005 | | | | ===== | LINUCALOUALN | | | CONV | 11/02/2004 | 11/02/2004 | |
| 11/02/2004- | General | 00040 | Machine | e ESSEX | UNKNOWN | | | COITT | 12,, - | | |
| GENERAL 11/02/2004 | | | | =0051/ | LINICALONAN | Unaffiliated | ı | CONV | 06/03/2003 | 06/03/2003 | 3 |
| 06/03/2003- PRIMARY 06/03/2003 | Primary | 00040 | Machine | e ESSEX | UNKNOWN | Onarmatec | | | | consensor constants | |

not a US Cettizen Please remove me from your Voting Record.



SUPERINTENDENT OF ELECTIONS

COUNTY OF ESSEX

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



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

06/02/2011

Voter ID# 151876255



ELENILZA M HOLLOWAY 157 DELANCEY ST Apt-Unit BSMT NEWARK NJ 07105

Dear Elenilza,

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

I would dike to be Removed from the system. E I am not a citizen of the

Ob-27-2011-Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



New Jersey Voter Registration Information

You can register to vote if:

■ You are a United States citizen

You will be 18 years of age by the next election

■ You will be a resident of the State and county 30 days before the election

■ You are NOT currently serving a sentence, probation or parole because of a felony conviction

Registration Deadline: 21 days before an election

Your County Commissioner of Registration will notify you if your application is accepted. If it is not accepted, you will be notified on how to complete and/or correct the application.

Questions? visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

POSTAGE WILL BE PAID BY ADDRESSEE X COUNTY COMMISSIONER OF REGISTRATION 465 MARTIN LUTHER KING JR BLVD STE 417A NEWARK NJ 07102-9852 Manhadadillaanhiidadadadahadalidad

My; Nombre es Manuel F. Conlago La presente es para pedir de; Fator que me retiren del sistema ya yo no soy; Ewdadano; Americano: Fecha de Nacimiento 28-05-59

Please Seal with Tape and Return



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



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

ABASS A LATEEF 176 SMITH ST NEWARK NJ 07106 02/08/2010 Voter ID# 151295083

Dear Abass,

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 fogyour help in resolving this matter.

3

176 SMITH ST NEWARK NJ 07106 Sincerely Yours,

Commissioner of Registration /Superintendent of Elections

Superintendent of Elections

LIST. THANK

If not delivered in two days, return to: Superintendent of Elections 465 Martin Luther King Blvd. Ste. 417A Newark, NJ 07102-9906



PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID Newark, N.J. Permit No. 218

RETURN SERVICE REQUESTED HOT

152360146

CITIZEN DE OUNTRY ty of Essex, New Jersey oter Acknowledgement Card

108 -136 DR ML KING JR BLVD Apt-Unit 2207B NEWARK NJ 07104

M-0714 W-14 D-38

0146 M-0714 W-14 D-38 OR L EASTMAN 36 DR ML KING JR BLVD Apt-Unit 2207B RK NJ 07104

Remember to Vote on Election Day Signature Muni. WD Dist. Birth Date Registration Date Registration No. 0714 152360146 09/12/2012

