Voter Profile

Voter Information:

Voter's Name: BERTHA M VASQUEZ VELEZ

Date of Birth: 09/17/1978 Voter ID: 151674118

Legacy ID:

Archived Legacy ID:

Status Information:

Voting Privilege Date:

Current Status: Rejected Date Last Voted:

Rejected Reason: Not a U.S Citizen/Checked off No to

U.S. Citizenship

Poll Worker Status:

Residence Address:

County: ESSEX

Unit: Suffix A: Suffix B:

Street Number: 94 Street Name: PULASKI

ST

Address Line 2: Address Line 3:

Municipality: NEWARK

Postal City: NEWARK

State: NJ Zip: 07105

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: Female

Absentee Ballot Type: None Registration Date: 01/08/2011 Registration Type: Agency with

Identification

Last Action Taken Date: 01/28/2011

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 12 5.001

District

School

10

Congressional

Regional School

13

Legislative 29

Fire

Previous Name:

Date Changed 01/28/2011

Last Name

VASQUEZVELEZ

First Name

BERTHA

Middle Name

Suffix



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)

ULUANZ8 AM 10: L5

BUSINESS REPLY MAIL

FIRST-CLASS MAIL P

PERMIT NO 206

TRENTON N.

POSTAGE WILL BE PAID BY ADDRESSEE

ESSEX COUNTY COMMISSIONER OF REGISTRATION HALL OF RECORDS 465 MARTIN LUTHER KING JR BLVD STE 417A NEWARK NJ 07102-9852 NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



Bertha M Vasques Velez

Mire yo no soy Ciudadana soy solo

residenta poresa razon no puedo

Menar esta aplicación mucha gracias

User Printed: ESSCURRY Date: 05/13/2010

Voter Information:

Voter's Name: JOSEPH L ESHUN Date of Birth: 04/10/1976

Voter ID: 151223911

Legacy ID: Archived Legacy ID: Residence Address:

County: ESSEX Unit: 5-R

Suffix A: Suffix B:

Street Number: 20

Street Name: MARSHALL ST

Address Line 2: Address Line 3:

Municipality: IRVINGTON Postal City: IRVINGTON

State: NJ Zip: 07111

Status Information:

Voting Privilege Date: 06/29/2009

Current Status: Active Date Last Voted:

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:

Party Information:

Current Party: Unaffiliated

Party Privilege Date: 06/29/2009

Miscellaneous:

Gender: Not Entered

Absentee Ballot Type: None Registration Date: 06/08/2009

Registration Type: Agency with Identification

Last Action Taken Date: 10/08/2009

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 12 5.002

District School

02

Congressional Regional School 10

Legislative 28

Fire

Previous Residence Addresses:

Change Date Street Number Street Name

Address Line 2 Address Line 3 Unit Municipality State

Zip Code

09/22/2009

21 HOWARD ST. FL.1

Please remove

IRVINGTON New Jersey 07111

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

5-17-2010

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History



JOSEPH L ESHUN 20 MARSHALL ST Apt-Unit 5-R IRVINGTON NJ 07111

Polling Place:

Next Election Date -- Name Polling Place

06/08/2010 -- STATE PRIMARY 2010

Name

PARKWAY PLAYGROUND SHELTER HOUSE (H)

Address

62 BERKELEY TER IRVINGTON NJ 07111

Official 2010 Municipal Election Sample Ballot



Commissioner of Registration 465 Dr. Martin Luther King, Jr. Blvd. Newark, New Jersey 07102

RETURN SERVICE REQUESTED

Harold E. Wiener

Municipal Clerk Secretario Municipal



Postmaster: Please deliver by May 8th

Non-Profit Org. U.S. POSTAGE PAID NEW BRUNSWICK, NJ PERMIT No. 1

POLLING LOCATION 3

WARD 12 DISTRICT 2 PARKWAY PLAYGROUND SHELTER HOUSE (H) 62 BERKELEY TER **IRVINGTON NJ 07111**



accessible polling location

Madadadhalladhdalladhadlaadhalaladil CRD P1 S13 3-1
00119**********ECRWSH**C-023
STYLE TOWN 09 WARD 12 DIST 2 151223911
JOSEPH L ESHUN
20 MARSHALL ST APT 5R
IRVINGTON NJ 07111-8661

Irvington * Polls Open - Urnas Abiertas - 6:00 am - 8:00 pm



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



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

151337614

TELESFORO V AZANA 69 ASHLAND AVE WEST ORANGE NJ 07052

Sincerely Yours,

Commissioner of Registration
/Superintendent of Elections

Superintendent of Elections

TELESFORO V AZANA 69 ASHLAND AVE WEST ORANGE NJ 07052

Dear Telesforo,

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.

MAY, 12, 2010

I AM NOT Appyling for a Voter Registration

At this time AS I

AM NOT YET A U.S. Citizen.

Please do not process this

Application Sent by Moter Vehicle.

That you,

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Teles fors V. AZANG

5-12-10

69 ASMAND ANCO 1052 Telesfold V. AZANA

THE WAS CALLED AND THE DAY



HATI OF REGORDS - ROOM 417 - NEWARK Commissioner of Registration And Seperintendent OF ELECTIONS COUNTY OF ESSEX NJ 07102



New Jersey Voter Registration Application

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

1 Check boxes D New Registration that apply:	Update or No	ical Party Affili on-affiliation Ch	FOR OFFICIAL USE ONLY				
(If No. DO NOT complete this form)							
3 Last Name First	Name` DA!A N	Middle N		Suffix (ex. Jr., Sr., III)	Registration #		
4 Date of Birth Month O2 Day		, ,			Office Time Stamp		
5 NJ Driver's License Number or MVC Non-driver ID	61513	you DO NOT have a NJ Driver's D, provide the last 4 digits of you	ur Social Security Numb	er.			
"I swear or affirm that I DO NOT have a NJ Driv			County	State Zip Code			
6 Home Address (DO NOT use PO Box) 99 (CRAFTON AVE NEWOVIL	Apt Mu	nicipality	255EX	NJ CHOT			
7 Mailing Address if different from above		nicipality	County	State Zip Code	/E 10		
8 Last Address Registered to Vote (DONOT use PO Box)	Apt. Mu	nicipality .	County	State Zip Code	□ by mail □ in person		
9 Former Name if Making Name Change Day Phone Number							
		(Optiona	al) 913-	412 11	<i>PO</i>		
4 D R L Byu A G R ル アレリル 10 Do you wish to declare a political party affi (Optional)	liation? 그	Yes, the party nan No, I do not wish t	ne is				
月 DR V My V A C の R W Y V D M 10 Do you wish to declare a political party affi	at: will at lea lam r	Yes, the party nan	ne is to be affiliated ate and county next election or serving a tor an indictable	with any political I understand fraudulent ret me to a fine o			
10 Do you wish to declare a political party affin (Optional) 11 Gender Declaration - I swear or affirm that I in a U.S. Citizen I am a U.S. Citizen I live at the above address Male Will be at least 18 years old	at: I will at lea lear senter offens	Yes, the party nand No, I do not wish to have resided in the State 30 days before the not on parole, probation not due to a conviction see under any federal or applicant name and	ne is to be affiliated ate and county next election or serving a to ra indictable r state laws at is unable to address of inc	with any political I understand fraudulent reg me to a fine of imprisonment or both pursu complete this fort dividual who comp	party. that any false or gistration may subject of up to \$15,000. up to 5 years, ant to R.S. 19:34-1 m, print the		

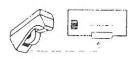
ATSOSON IASOSOSN ISJIAM SI SST NI ATS OSTIMU



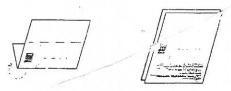


BB225800A Y8 CIAS 58 JUIW B0AT209

MEMPER NO 07102-9852 TRE OF RECORDS HALL OF RECORDS ESSEX COUNTY COMMISSIONER OF REGISTRATION ESSEX COUNTY COMMISSIONER OF REGISTRALION









Applicant is NOT a us. CHIZEN
Applicant To Be FLED
NK



COMMISSIONER OF REGISTRATION AND SUPERINTENDENT OF ELECTIONS





Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

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

LEELA D PANCHU 1 HAWTHORNE PL MONTCLAIR NJ 07042

03/21/2007

Dear LEELA D PANCHU:
This office is in receipt of your voter registration application. It cannot be accepted for the reason(s) checked off below.
Your form is missing the following information :
Full name : first and last name and any middle initial
, Birth Date
☐ Home Address; a mailing address alone is not sufficient
Signature (If your signature is missing, you must complete a new form, which is enclosed.)
Identification numbers (driver's license # is required. If you do not have a Driver's License #, you must provide the last four digits of your social security number)
Check off box for U.S. citizens is not completed.
Check off box for Residency Affirmation is not completed.
✓ Please provide this information as soon as possible.
✓ You Checked off "NO" regarding U.S Citizenship
"Power of Attorney" is not acceptable for a voter registration application. You must personally file and sign a voter registration application.
You are currently on the criminal disqualification list. Once you are no longer serving a sentence,
or on probation or parole for a felony conviction, you are permitted to register to vote.
You have faxed in your application. A faxed application is only accepted for military and overseas
civilian voters for federal elections. Please send in your original voter registration form as soon as possible
Other
Please respond to this letter no later than so that voter registration will be in order for the election.
If you have any questions, you may contact this office at
Thank you for your attention on this matter.
Sincerely Yours,

Superintendent of Elections



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

Check boxes ☐ New Registration ☐ Address Change ☐ Political Party Affiliation that apply: □ Name Change FOR OFFICIAL USE ONLY O Signature Update or Non-affliation Change Are you a U.S. Citizen? Yes No Will you be 18 years of age by the next election? ☐ Yes ☐ No (If No, DO NOT complete this form) (If No, DO NOT complete this form) Last Name First Name Middle Name or Initial Suffix (ex. Jr., Sr., III) Registration # 4 Date of Birth Month 0 9 Day 2 / Year / 9 4 0 Office Time Stamp NJ Driver's License Number or MVC Non-driver ID Number 5 If you DONOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver !D or a Social Security Number." Home Address (DO NOT use PO Box) 6 Municipality County Zip Code HAWTHORNE MONTCLAM NJ 07042 Mailing Address if different from above Apt Municipality County Zip Code Last Address Registered to Vote (DO NOT use PO Box) Apt. Municipality County Zip Code D'by mail D in person Former Name if Making Name Change 9 Day Phone Number (Optional) 10 Do you wish to declare a political party affiliation? ☐ Yes, the party name is (Optional) No. I do not wich to be affiliated with any political party 150150336 11 Gender Declaration - I swear or affirm that: I will he I am a U.S. Citizen at least □ Female I live at the above address lam no oject I will be at least 18 years old ☐ Male senten LEELA D PANCHU on or before the next election able of 1 HAWTHORNE PL 1-1 MONTCLAIR NJ 07042 Signature: Sign or mark on line below name Name Date 10/31/06 Address



COMMISSIONER OF REGISTRATION DZE

SUPERINTENDENT OF ELECTIONS

COUNTY OF ESSEX

Hall of Records - Room 417 - Newark. New Jersey 07102 (9⁻3) 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

DATE: NOVEMBER 17, 2008
ID#
DEAR AGOSTINO PALMIERI :
THIS OFFICE IS IN RECEIPT OF YOUR VOTER REGISTRATION APPLICATION. IT CANNOT BE ACCEPTED FOR THE REASON(s)
YOUR FORM IS MISSING THE FOLLOWING INFORMATION: FULL NAME
DATE OF BIRTH
HOME ADDRESS; A MAILING ADDRESS ALONE IS NOT SUFFICIENT SIGNATURE
IF YOUR SIGNATURE IS MISSING, YOU MUST <u>COMPLETE</u> A NEW FORM, WHICH IS ENCLOSED.
IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THIS OFFICE AT: 973-621-1820, OR 973-621-5068 FROM 8:30AM UNTIL 4:00PM.
THANK YOUR

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

Frankie P. Cascino

COMMISSIONER OF REGISTRATION SUPERINTENDENT OF ELECTIONS



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

Are you a U.S. Citizen? 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) ¿Tendrá 18 años de edad para la próxima elección? 🗅 Sí 🔘 No (Si no lo es, NO complete este formulario) Mailing Address *Do you wish to declare a political party *******AUTO**5-DIGIT 07003 affiliation? (Optional) AGOSTINO PALMIERI ☐ Yes, the party name is 114 BERKELEY AVE **BLOOMFIELD NJ 07003-5725** ■ No, I do not wish to be affiliated with any political party. Home Address *¿Desea declarar una afiliación a un partido político?(Opcional) ☐ Sí, el nombre del partido es ☐ No, no deseo afiliarme a ningún Date of Birth partido político. 02/03/47 Fecha de nacimiento **NJ Driver's License Number or MVC Non-driver ID Number **Número de licencia de conducir de NJ o Número de identificación de MVC de no conducir Day Phone Number (Optional) Número de teléfono durante el día (Opcional) Declaration* - I swear or affirm that: I am a U.S. Citizen I am not on parole, probation or serving a sentence due to a I live at the above address conviction for an indictable offense under any federal or state laws I will be at least 18 years old on or before the next election I understand that any false or fraudulent registration may subject I will have resided in the State and county at least 30 days me to a fine of up to \$15,000, imprisonment up to 5 years, or both before the next election pursuant to R.S. 19:34-1 Declaración* - Juro y afirmo que: Soy ciudadano de los Estados Unidos Habré residido en el Estado y condado al Entiendo que cualquier inscripción Vivo en la dirección indicada menos 30 días antes de la próxima elección falsa o fraudulenta puede Tendré por lo menos 18 años de edad No estoy bajo fianza ni cumpliendo una someterme a una multa de hasta para la próxima elección o antes sentencia debido a una condena por un delito \$15,000, pena de cárcel hasta 5 penado por ninguna ley federal ni estatal años o las dos cosas, conforme a R.S. 19:34-1 Signature: Sign or mark and date on lines below Firma: Firme o marque y fecha en la líneas a continuación X __ Date/Fecha *Completing the declaration section is OPTIONAL and will not affect the acceptance of your voter registration application.

^{*}Es OPCIONAL completar la sección 10 y no afectará la aceptación de su solicitud de inscripción de votante.

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

^{**}Nota: Los Números de identificación son confidenciales y no los comunicará ninguna entidad gubernamental. Cualquier persona que use dichos números ilegalmente quedará sujeta a sanciones penales.

July 13, 2012

Superintendent of Elections 465 Dr. Martin Luther King Boulevard Room 417A Newark, NJ 07102

Dear Sirs:

Please delete me from the voter records for Essex County, as I am now a resident of New York State and will be registering there. Thank you.

Sincerely,

The same of the sa

Lauren E. Burke

Voter Profile

SUPERINTENDENT OF ELECTIONS

AND

COMMISSIONER OF REGISTRATION

County: ESCENUNTY OF FORFITTY Democratic* 0/1983 Hall of Records - Room 417A - Neverther News Jersey 0/14/2001

Legacy ID: C680880

101513470

Archived Legacy ID:

(973) **SQ1×5**061 Tel.

Suffix B:

Street Number: 23

Street Name: WELLESLEY RD

Address Line 2: Address Line 3:

Municipality: MAPLEWOOD Postal City: MAPLEWOOD

State: NJ Zip: 07040 Miscellaneous:

Kathy V. Sumter

Gender: Not Entered A./ Superintendent of Elections Absentee Ballot Type Commissioner of Registration

User Pri

Registration Date: 06/25/2001

(973) 621-6464 Fax.

Registration Type: In-Person with Identification

Last Action Taken Date: 07/18/2012

Status Information:

Voting Privilege Date: 07/24/2001

Current Status: Deleted Date Last Voted: 11/04/2008 **Deleted Date:** 07/18/2012

Deleted Reason: Moved out of state

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 Freeholder 00 5.002

School

District

15

Congressional

Special

10

Legislative 27

10 Fire

Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

Election History:

	ory.										
Election Date & Name	Election Type	Election Code			Municipality Voted In	Party Affiliation	Memo	27.05 50		Date Counted	Ballot Status
11/04/2008- GENERAL ELECTION	General	00004	Machine		MAPLEWOOD			ESSDEB	01/22/2009	11/04/2008	
11/02/2004- GENERAL 11/02/2004	General	00040	Mail-In	ESSEX	UNKNOWN			CONV	11/02/2004	11/02/2004	ACCEPTED
06/04/2002- PRIMARY 06/04/2002	Primary	00040	Machine	ESSEX	UNKNOWN	Unaffiliated		CONV	06/04/2002	06/04/2002	

Previous Party: **Date Changed**

06/25/2001

Party Privilege Date

Party Name Unaffiliated

Putting Essex County First

Previous Name:

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

No Records Found for the Previous Name



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



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

01/27/2010

Voter ID# 151290293



GLORIA RIVAS 66 PARK AVE Apt-Unit 1 NEWARK NJ 07104

Dear Gloria,

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.

151290293

GLORIA RIVAS 66 PARK AVE Apt-Unit 1 NEWARK NJ 07104 Sincerely Yours, Commissioner of Registration Superintendent of Elections

Superintendent of Elections

I AN NOT A U.S.A. CITIZEN.

25 End Ed 22, Phile: 54,



New Jersey Voter Registration Application

1		Please print clearly in	ink. All	informa	ation is requir	ed unles	ss marked option	nal.		
1	1 Check boxes ☐ New Registration ☐ Address Change ☐ Political Party Affiliation that apply: ☐ Name Change ☐ Signature Update or Non-affiliation Change						FOR OFFICIAL USE ONLY			
2		S. Citizen? Yes No NOT complete this form,)		ou be 18 years of o, DO NOT co		e next election? this form)	Yes 🗆 I	Vo	Clerk
3	Last Name First Name Middle Name or Initial Suffix (Jr., Sr., III)					Registration #				
4	Date of Birth	Month	Day [Y	ear					Office Time Stamp
5		cense Number or MVC Non-c			ID, provide the	ast 4 digits of	rer's License or MVC Non-Liyour Social Security Num	ber.	5 6	oğ
6		ress (DO NOT use PO Box)		Apt.	Municipality		County	State		
7	Mailing Add	ress if different from abo	ve	Apt.	Municipality		County	State	Zip Code	
		Registered to Vote (DO NOT use		Apt.	Municipality		County	State	Zip Code	□ by mail □ in person
		ne if Making Name Chan				Day Pl	hone Number nal)			
	(Optional)	n to declare a political pa	irty affil	liation?			ame is n to be affiliated	with an	y political p	earty.
	Gender Female Male	Declaration - I swear or a I am a U.S. Citizen I live at the above addres I will be at least 18 years on or before the next ele	ss old	•	at least 30 days I am not on parol	before the e, probation a conviction	on or serving a	fra m in	audulent regis e to a fine of aprisonment u	nat any false or stration may subject up to \$15,000, up to 5 years, nt to R.S. 19:34-1
Sig	nature: Sigr	or mark and date on lin	es belo	W	r	name an	ant is unable to o d address of ind	ividual	who comple	eted this form.
						Name _			Da	ate
X Da	te					Address.		2.3.5.5.5.5.15.11.1		
Im ₍₅₎	Registrants information current and polling place	who are submitting this required by section 5, or the valid photo ID, or a document.	form b e inforr ent with	y mail a mation y n your na	and are regist ou provide car ame and curre	ering to venot be venot be venoted to the venoted t	vote for the first erified, you will be ss on it to avoid ha	asked to	to provide a provide iden	COPY of a tification at the
6)	num	bers illegally shall be su comeless, you may comp	bject to	crimin	al penalties.					
	You may de	eclare a political affiliation	or you	may de	eclare to be un	affiliated	regardless of a	ny nrio	r party affilia	
Nee		s OPTIONAL and will no formation? Check box								
	absentee				ling place acc				t: le election i	materials in

voting if you have a disability,

including visual impairment

this alternative language:

Decoming a poll worker

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115	19	المنت	Jan 1	2/

New Jersey OF USA DO NOT & Voter Registration Application

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

Construction of the control of the c			- / /				
0	☐ Address Change ☐ Signature Update	Political Party Affil or Non-affiliation C	FOR OFFICIAL USE ONLY				
2 Are you a U.S. Citizen? ☐ Yes ☐ No (If No, DO NOT complete this form)							
3 Last Name First	Name	Middle Name or Initial	Suffix (Jr., Sr., III)	Registration #			
4 Date of Birth Month Day	Year			Office Time Stamp			
5 NJ Driver's License Number or MVC Non-driver ID N "I swear or affirm that I DO NOT have a NJ Driver"	ID, provide the l	ave a NJ Driver's License or MVC Non-D ast 4 digits of your Social Security Numb	per.				
6 Home Address (DO NOT use PO Box)	Apt. Municipality		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	□ by mail □ in person			
9 Former Name if Making Name Change		Day Phone Number (Optional)					
10 Do you wish to declare a political party affil (Optional)		party name isnot wish to be affiliated	with any political p	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	at least 30 days I am not on paro sentence due to	ed in the State and county before the next election le, probation or serving a a conviction for an indictable my federal or state laws	me to a fine of imprisonment	stration may subject up to \$15,000,			
Signature: Sign or mark and date on lines below	1	f applicant is unable to c name and address of ind Name	ividual who compl	eted this form.			
Date 2//3//0	FUSA	Address					
less a stant le aturation - for -	4i F 0						

Important Instructions for sections 5, 6 and 10

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

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

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need	More	Information?	Check be	oxes belov	v if you wo	uld like to	receive more	information	about

- □ absentee voting
- Decoming a poll worker

- □ polling place accessibility
- voting if you have a disability, including visual impairment
- ☐ available election materials in this alternative language:

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

New Jersey DO NOT SENT ANY Voter Registration Application

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

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1 Check boxes that apply:			ess Change ature Update		cal Party Affin-affiliation (FOR OFFICIAL USE ONLY
2 Are you a U.S. Ci (If No, DO NOT	tizen? ☐ Yes ☐ No complete this form)		ou be 18 years of ago, DO NOT com			Yes 🗆 N	No	Clerk
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5 NJ Driver's License	Number or MVC Non-driver ID				cense or MVC Non-I	Driver	ŗ	0
		1.1	30.00		Social Security Num			
	that I DO NOT have a NJ Driv	er's Licar	nse, MVC Nen-driv	er ID or a S	ocial Security	Number."		
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	if different from above	Apt	Municipality	C	ounty	State	Zip Code	2
	tered to Vote (DONOT use PO Box)	Apt.	Municipality	C	ounty	State	Zip Code	☐ by mail ☐ in person
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(Optional)			□ No, I do no			with an	y political p	arty.
/ Male or	ive at the above address will be at least 18 years old n or before the next election	(I am not on parole, sentence due to a offense under any	conviction fo federal or s	r an indictable tate laws	in or	nprisonment u both pursua	up to \$15,000, up to 5 years, nt to R.S. 19:34-1
Signature, Sign or II	nark and date on line below		26 N na	me and ac	s unable to o ddress of inc	complet lividual	e this form who compl	, print the eted this form.
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Date 2/	16/10						30.	
nportant In	structions for s	ectio	ns 5, 6 a	nd 10				
miormation require	are submitting this form by red by section 5, or the informate document with your name are	tion you	provide cannot be	verified vi	nu will he ack	ed to pro	vide a COP	V of a current on
Note: ID Number	rs are Confidential and will I all be subject to criminal pe	not be re	eleased by any	governmer	ntal agency. A	Any pers	son who use	es such number:
If you are homele	ess, you may complete section	on 6 by p	providing a conta	ct point or	the location v	where yo	ou spend mo	ost of your time.
You may declare	a political affiliation or you monal and will not affect the a	av decla	are to be unaffilia	ted renar	tless of any	orior par	ty affiliation.	Completing
	ation? Check boxes below					n about	t:	

☐ polling place accessibility

Divoting if you have a disability,

available election materials in

this alternative language:

including visual impairment

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

☐ absentee voting

☐ becoming a poll worker

Voter Registration Application

New Jersey Z'M NOT A CITIZEN

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

	that apply:	☐ New Registration ☐ Name Change	□ Addr □ Signa	ess Change ature Update	□ Po or l	litical Party Aff Non-affiliation (iliation Change		FOR OFFICIA USE ONLY
1	(If No DO NOT	izen? □ Yes □ No complete this form)	Will yo	ou be 18 years of o, DO NOT co	age by the	No	Clerk		
3	Last Name	First First	Name	2A		Name or Initial	Suffix	(ex. Jr., Sr., III)	Registration #
-	Date of Birth	Month Day	OPIY	ear 1 915	12				Office Time Stam
	1 swear or affirm	Number or MVC Non-driver ID that I DO NOT was BO Bash	1 1	D provide the la	et A digite of w	's License or MVC Non-E our Social Security Num			
	340 THOM	AS BUID	Apt C	Municipality ORANA	iver ID or a	County		Zip Code	
		different from above	Apt	Municipality		County	State	Zip Code	ADT C
		red to Vote (DO NOT use PO Box)	Apt.	Municipality		County	State	Zip Code	 □§y mail
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1	(Optiorial)	eclare a political party affil	ation?	Yes, the p	arty nam	ne is	M	DTA	1 CITIE
\\ \\	Female I liv	ration - I swear or affirm that na U.S. Citizen e at the above address Il be at least 18 years old or before the next election	● 1 :	will have resided t least 30 days t am not on parole entence due to a ffense under a	in the Sta	next election	● I L fra me	understand tha	at any false or ration may subject to \$15,000
Sign X Date		rk and date on line below	0			PURA C P 340 THOM ORANGE I	EREZ AS BLVI	717 W-12 D-01	

Important Instructions for sections 5, 6 and 10

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

veed More Information?	Check haves below if
	Check boxes below if you would like to receive more information about

- absentee voting
- becoming a poll worker

- opolling place accessibility
- voting if you have a disability,
 - including visual impairment
- available election materials in this alternative language:

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

JDOE-7.7.08

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NOT A CITZEN Wyss ween Nueva Jersey William

Solicitud de Inscripción de Votantes

hasta 5 años o las dos cosas, conforme Entiendo que cualquier inscripción falsa Núm. de inscripción multa de hasta \$15,000, pena de cárce Timbre de hora: de la oficina Sólo para o fraudulenta puede someterme a una Escriba claramente con tinta. Se requiere toda la información a menos que esté marcada como opcional. □ por correo □ en persona Secretario Código postal Código postal Estado Cádigo postal 0710 Segundo nombre o Inicial Sufijo (Jr., Sr., III) ¿Tendrá 18 años de edad para la próxima elección 🔏 Sí 🛚 No ☐ Afiliación a partido político 070 o Cambio de sin afiliación No, no deseo afiliarme a ningún partido político Número de teléfono durante el día Juno o afirmo que NO tengo una Licencia de conducir de NJ, Identificación de MVC como no conductor ni Número de Seguro Social.* В MARIA VASQUEZ 96 N 9TH ST Apt-Unit B NEWARK NJ 07107 おか Estado Estado Si NO tiene una Licencia de conducir de NJ o Identificación de MVC de no conductor, indique los últimos 4 dígitos de su Número de Seguro Social. No estoy bajo fianza ni cumpliendo una sentencia Habré residido en el Estado y condado al menos (Si no es así, NO complete este formulario) debido a una condena por un delito penado por 51973275 Condado FSS&X Condado ESS EX uSí, el nombre del partido es. Condado 30 días antes de la próxima elección (Opcional) Actualización de la firma □ Cambio de dirección Año 1 91510 NEWARK Municipalidad NEWARK ninguna ley feder Municipalidad Municipalidad UJ e Primer Nombre Firma: Firme o marque y fecha en la líneas a continuación Mes 04 Dia 25 \$ CO 0 ¿Desea declarar una afiliación a un partido político? Soy ciudadano de los Estados Unidos Tendré por lo menos 18 años de edad W P Apt Nombre anterior si hace un cambio de nombre Número de licencia de conducir de NJ o Número de identificación de MVC de no conductor Nueva inscripción Cambio de nombre para la próxima elección o antes Declaración - Juro y afirmo que: ¿Es ciudadano estadounidense? 🗆 Sí 🗅 No (Si no lo es, NO complete este formulario) Direction del dominatio (NO use apartiados postalas) Vivo en la dirección indicada Dirección postal si es diferente de la anterior Ultima dirección registrada para votar (NO use apartados postales) 1ASQUEZ N 701 GN. 9CM 1 Fecha de nacimiento Marque las casillas que correspondan: 30 1 K Femenino Masculino | Apellido (Opcional) THE REAL PROPERTY OF THE PROPE Sexo Fecha 0

DVD P&DC KEARNY NJ 070 04 MAR 2008 PM 2 T



MARIA VASQUEZ 96 NO. 9 #St NEWARK, N. ZO7107

OFIDTH1135

PERMANENT RESIDENT CARD

NAME VASQUEZ DE LUNA, MARIA S



A#
Birthdate Category Sex
04/25/50 F37 F
Country of Birth
Dominican Sepublic
01/18/17

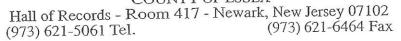


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VASQUEZ<DE<LUNA<<MARIA<SIMEONA



COMMISSIONER OF REGISTRATION

SUPERINTENDENT OF ELECTIONS COUNTY OF ESSEX





SENACA JACKSON 144 JOHNSON AVE., 2ND FL. NEWARK, N. J. 07108 Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

	0 01 0011	
	3-21-2011	
Date:		
Date		

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 Not contizen Send out letter ~ Number C. 03/15/201

Jersey Properties Prop

Please print clearly in ink. A	II inforn	nation is required t	ınless marked opl	ional.			
1 Check boxes	Add∟ Sigr	FOR OFFICIA					
2 Are you a U.S. Citizen? Tyes TNo (If No, DO NOT complete this form) Will you be 18 years of age by the next election? Tyes TNo (If No, DO NOT complete this form)							
Jackson	t Name		iddle Name or Initi	al Suffix	(Jr., Sr. III)	Registration #	
4 Date of Birth 0 - 10 - 76			.,			Office Time Stam	
5 NJ Driver's License Number or MVC Non-driver ID		ID, provide the last 4 d	NJ Driver's License or MVC No igits of your Social Security N	umber.		2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
6 Home Address (DO NOT use PO Box)	Apt	Municipality	ID or a Social Securit County	** ***	*	(2)	
144 Johnson Ave 2		Newark	Essex	NJ.	Zip Code	2	
7 Mailing Address if different from above Same	Apt	Municipality	County		Zip Code		
8 Last Address Registered to Vote (DO NOT use PO Box) No 'n &	Apt	Municipality	County	State	Zip Code	D by mail D in person	
9 Former Name if Making Name Change	1. 2.		y Phone Number			2 III person	
10 Do you wish to declare a political party affi (Optional)	liation?		y name is vish to be affiliated	d with an	y political p	artv	
11 Gender Declaration - I swear or affirm that	it:					97.0	
at least 30 days before the next election fraudulent reg me to a fine o imprisonment or both pursua						tration may subject up to \$15,000.	
Signature: Sign or mark and date on lines belo	w	If app name	licant is unable to and address of in	complete dividual v	e this form, who comple	print the ted this form.	
10 11		Name	9		Da	te	
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Date 1-30-10							



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

1 Check boxes	⊿Add	dress Change	→ Political Party A	filiation		FOR OFFICIAL USE ONLY		
2 Are you a U.S. Citizen? 1 Yes WNo (If No, DO NOT complete this form)	Will you be 18 years of age by the next election? Tyes TNo (If No, DO NOT complete this form)					Clerk		
Jackson	Name		Middle Name or Initia	l Suffix	(Jr., Sr. III)	Registration #		
4 Date of Birth 0 - 7 6 NU Driver's License Number or MVC Non-driver ID	Numbe		a NJ Driver's License or MVC Non	-Driver		Office Time Stamp		
ID, provide the last 4 digits of your Social Security Number. If 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 Newark	County Essex	100 100 100 100 100	Zip Code 07108			
7 Mailing Address if different from above Sunc	Apt	Municipality	County	State	Zip Code			
8 Last Address Registered to Vote (DO NOT use PO Box) Notine	Apt	Municipality	County	State	Zip Code	by mail in person		
9 Former Name if Making Name Change		. (Pay Phone Number	,		_ in periodit		
10 Do you wish to declare a political party affil (Optional)	iation?		ty name is wish to be affiliated	with an	y political p	artv.		
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 at least 30 days bef I am not on parole, p	n the State and county ore the next election obation or serving a inviction for an indictable	• I u fra me im	understand the nudulent regis to a fine of a prisonment u	at any false or tration may subject up to \$15,000.		
Signature: Sign or mark and date on lines below	W	lf ap	plicant is unable to one and address of ind	complete	e this form.	print the		
Seram Cherry			ne		Da	te		
Date 1-30-10		Add	ress					
anadant Instructions I	,.							