



# New Jersey Voter Regist

Please print clearly in ink. All information

150396476



MARIE L TUNIS  
68 TELFORD ST Apt-Unit 2 FL  
NEWARK NJ 07106

FOR OFFICIAL  
USE ONLY

Check boxes that apply: ☐ New Registration ☐ Add ☐ Name Change ☐ Signature

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)

Last Name First Name Middle Name or Initial Suffix (Jr., Sr., III)

Date of Birth Month  Day  Year

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. **21619**

☒ "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."

Home Address (DO NOT use PO Box) Apt. Municipality County State Zip Code

Mailing Address if different Municipality County State Zip Code

Last Address Registered to Vote Municipality County State Zip Code

Former Name if Making Name Change Day Phone Number (Optional)

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

Gender ☐ Female ☒ Male  
Declaration - I swear or affirm that:  
☒ I am a U.S. Citizen  
☒ I live at the above address  
☒ I will be at least 18 years old on or before the next election

- I will have resided in the State and county at least 30 days before the next election
- I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws

I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1

Signature: Sign or mark and date on lines below

If applicant is unable to complete this form, print the name and address of individual who completed this form.

Name MARIE TUNIS Date 10/19/11

Address 134 Telford Street  
East Orange NJ 07018

Signature [Redacted]  
Date 10/19/11

Clerk

Registration #

Office Time Stamp

2011 NOV 30 AM 8:42

☐ by mail  
☒ in person



# New Jersey Voter Registration Application

33

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

<b>1</b> Check boxes that apply:		<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	<b>FOR OFFICIAL USE ONLY</b> Clerk Registration # Office Time Stamp
<input type="checkbox"/> Name Change		<input type="checkbox"/> Signature Update			
<b>2</b> Are you a U.S. Citizen? (If No, DO NOT complete this form)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will you be 18 years of age by the next election? (If No, DO NOT complete this form)		
<b>3</b> Last Name		First Name	Middle Name or Initial	Suffix (Jr., Sr., III)	
SLU		Maria	P		
<b>4</b> Date of Birth		8-16-1989			
<b>5</b> 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.					
<b>6</b> Home Address (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code
56 Madison St	1	Newark	USA	NJ	07105
<b>7</b> Mailing Address if different from above	Apt.	Municipality	County	State	Zip Code
<b>8</b> Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County	State	Zip Code
<b>9</b> Former Name if Making Name Change		a. Day Phone Number (Optional) 973-388-4195			
		b. E-Mail Address (Optional) maria-gokriela2008@hotmail.com			
<b>10</b> Do you wish to declare a political party affiliation? (Optional)		<input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.			
<b>11</b> Gender		Declaration - I swear or affirm that:			
<input checked="" type="checkbox"/> Female		<input type="checkbox"/> I am a U.S. Citizen			
<input type="checkbox"/> Male		<input type="checkbox"/> I live at the above address			
		<input type="checkbox"/> I will be at least 18 years old on or before the next election			
Signature: Sign or mark and date on lines below		If applicant is unable to complete this form, print the name and address of individual who completed this form.			
x [Signature]		Name maria			
Date 10-6-2015		Date 10-6-2015			
		Address 56 Madison St Newark NJ			

2015 OCT 13 AM 1:30  
COUNTY OF ESSEX  
SUPPORT OF ELECTIONS  
COM. OF REGISTRATION





# New Jersey Voter Registration Application

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

<b>1</b> Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						<b>FOR OFFICIAL USE ONLY</b> Clerk Registration # Office Time Stamp OCT 13 2011 COUNTY OF ESSEX	
<b>2</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)					
<b>3</b> Last Name SLPereira SILVA		First Name Leila		Middle Name or Initial P		Suffix (Jr., Sr., III)	
<b>4</b> Date of Birth		<b>5</b> 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."					
<b>6</b> Home Address (DO NOT use PO Box) 109 BRIL ST NEWARK		Apt 2		Municipality		County	
<b>7</b> Mailing Address if different from above		Apt		Municipality		County	
<b>8</b> Last Address Registered to Vote (DO NOT use PO Box)		Apt		Municipality		County	
<b>9</b> Former Name if Making Name Change		a. Day Phone Number (Optional) 973-573-2386		b. E-Mail Address (Optional)		<input type="checkbox"/> by mail <input type="checkbox"/> in person	
<b>10</b> Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.							
<b>11</b> Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Declaration - I swear or affirm that:</b> <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 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 under any federal or state laws		<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 pursuant to R.S. 19:34-1	
Signature: Sign or mark and date on lines below X [Signature] Date 10-6-15				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name [Redacted] Date 10-6-15 Address 109 BRIL ST NEWARK NJ 07105 07105			

## 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 boxes below if you would like to receive more information about:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> voting by mail         | <input type="checkbox"/> polling place accessibility                                  | <input checked="" type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment |  |

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



**Carmine P. Casciano**  
Commissioner of Registration  
Superintendent of Elections

**COMMISSIONER OF REGISTRATION  
AND  
SUPERINTENDENT OF ELECTIONS  
COUNTY OF ESSEX**

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



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

*Deleted*  
*"Admin Action"*  
*11/29/07*  
*10/25/2007*

BARBARA WICKS  
333 ELMWOOD AVE  
MAPLEWOOD NJ 07040

*NOT A CITIZEN*

*NOT ELIGIBLE*

Voter ID# 150283578



DOB 01/19/1917

Re: Follow-Up: Request of Identification Information  
Voter Registration Application

Dear BARBARA WICKS

You were previously requested to provide some form of identification with your voter registration application. To date, you have not responded or the information you provided could not be verified. In order to complete your application, kindly provide either your driver's license number or the last four digits of your social security number.

If you do not provide this information by the next election, you will have to show identification at the polling place, or provide a copy of an identifying document, if you vote by absentee ballot.

Kindly fill out the form on the reverse side of this letter and return it to this office in the enclosed self-addressed envelope. If you prefer, you may fax the form to the office at (973) 621-7049.

Thank you for your cooperation in this matter.

Sincerely Yours,

*"No Voter History"*

Superintendent of Elections

2007 NOV 20 P 1:37  
COMM. OF REGISTRATION  
SUPT. OF ELECTIONS  
COUNTY OF ESSEX



# Voter Profile

User Print:  
Date:

## Voter Information:

Voter's Name: MARIA A GONCALVES  
Date of Birth: **09/09/1954**  
Voter ID: 151103424  
Legacy ID:  
Archived Legacy ID:

## Residence Address:

County: ESSEX  
Unit:  
Suffix A:  
Suffix B:  
Street Number: 63  
Street Name: MONROE ST  
Address Line 2:  
Address Line 3:  
Municipality: NEWARK  
Postal City: NEWARK  
State: NJ  
Zip: 07105

## Party Information:

Current Party: Unaffiliated  
Party Privilege Date:

## Miscellaneous:

Gender: Not Entered  
Absentee Ballot Type: None  
Registration Date: 10/15/2008  
Registration Type: Agency with Identific:  
Last Action Taken Date: 03/05/2009

## Status Information:

Voting Privilege Date:  
Current Status: Incomplete  
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:

## 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:

2009 MAR 12 PM 2:40  
COM. OF REGISTRATION  
SPT. OF ELECTIONS  
COUNTY OF ESSEX

## Districts:

Ward	12	District	19	Congressional	13	Legislative	29
Freeholder	5.001	School		Regional School		Fire	

## Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State
03/05/2009		63 MONROE ST.				NEWARK	New Jersey

## Election History:

No Records Found for the Election History

## Previous Party:

No Records Found for the Previous Party

I'm not a citizen Please remove  
my name from the voter's list.

## Previous Name:

No Records Found for the Previous Name

## Registration History:

No Records Found for the Registration History

Maria A Goncalves



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COUNTY OF ESSEX

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Commissioner of Registration  
Superintendent of Elections

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

*Deleted  
NVR  
6/23/09*

06/10/2009

Voter ID# 151160679




GERHARDT L HALMLUTTERODT  
455 ELIZABETH AVE Apt-Unit 2F  
NEWARK NJ 07112

Dear Gerhardt,

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

*6/16/09*  
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

*Please, exempt me from your voter  
registration<sup>high</sup> because, I'm not a citizen  
Thanks.*







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Deputy Commissioner of Registration  
Deputy Superintendent of Elections

EDY JOSEPH  
448 NEW ENGLAND TER  
ORANGE NJ 07050

04/08/2009

Voter ID# 151127076



Dear Edy,

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 not u.s citizen  
Please Removed me from Voting Registrar*

*Edy Joseph*

2009 APR 21 PM 2:57

COPIED TO  
SPT. OF REG.  
COUNTY OF ESSEX

ESSEX COUNTY COMMISSIONER OF REGISTRATION  
& SUPERINTENDENT OF ELECTIONS



Deleted  
5/5/09  
GN.

VOTER NAME:

Maria A. Deocampo

ADDRESS:

750 Mill St.

Bellerive, 07109

DATE OF BIRTH:

5-15-67

COMPLAINT: she rec. a letter, because of  
sig. missing, but she is not a citizen.

SIGNATURE:

Phone call log

\*\*\*\*\*

FOR OFFICE USE ONLY - TO BE COMPLETED BY CLERK

No record found:

\_\_\_\_\_

Deleted OOC/OOS:

\_\_\_\_\_

New application taken:

\_\_\_\_\_

Deleted C/C:

\_\_\_\_\_

Deleted in error:

\_\_\_\_\_

Too Late:

\_\_\_\_\_

Deleted  
Inactive/2 Federals:

\_\_\_\_\_

MVC error:

\_\_\_\_\_

Wrong Party:

\_\_\_\_\_

Other County:

\_\_\_\_\_

Voter Id Number:

#151137096

MUNICIPALITY:

Bellerive

WARD:

1

DISTRICT:

4

COMMENTS/CORRECTIONS:

Please remove name from  
our records.

CLERK:

Suz Rivera

DATE:

5-4-09

Permit to Vote:

\_\_\_\_\_

Deny to Vote:

\_\_\_\_\_

Superintendent of Elections:

\_\_\_\_\_

internal worksheet

keyed on 4/28/2009  
"MVC"

ESS Donna





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AND  
SUPERINTENDENT OF ELECTIONS  
COUNTY OF ESSEX

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Superintendent of Elections

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

MARIA D CORREIA  
16 MERCHANT PL Apt-Unit 1  
NEWARK NJ 07105

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

09/18/2009

Voter ID# 151222016



Dear Maria,

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



COMMISSIONER OF REGISTRATION  
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Superintendent of Elections

*NOT A  
US Citizen*

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

ANGEL M CAMPOS  
417 N 6TH ST Apt-Unit 2  
NEWARK NJ 07107

04/01/2009

Voter ID# 151121137



Dear Angel,

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)

*Deleted  
4/9/09  
HW.*

\_\_\_\_\_  
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

*No Angel Campos no soy ciudadano Americano  
les pido qe remuevan mi nombre del sistema*

*[Redacted Signature]*





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Superintendent of Elections

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

Deleted  
"Admin  
Action"

Not A U.S. Citizen

TALITA G BOASORTE  
112 MONROE ST Apt-Unit 1-F  
NEWARK NJ 07105

09/15/2009

Voter ID# 151218838



Dear Talita,

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

Please clarify:  
I Am not A US Citizen  
why Am I Receiving this?  
I Can not vote.  
Thank You



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Deputy Superintendent of Elections

04/28/2009

ILTAUMIR E BARONI  
168 CHESTNUT ST Apt-Unit 2 FL  
NEWARK NJ 07105

Voter ID# 151137297



Dear Iltaumir,

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 not a US Citizen. Please remove me from the voting registry.



Deleted  
V. Reg.  
5/12/09  
BW





COMMISSIONER OF REGISTRATION  
AND  
SUPERINTENDENT OF ELECTIONS  
COUNTY OF ESSEX

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Deputy Superintendent of Elections

05/05/2009

Voter ID# 151141973



ANGELA D AMARANTE  
12 HECKER ST Apt-Unit 1 FL  
NEWARK NJ 07103

Dear Angela,

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

Hello  
My name is Cristian Amarante, I am Angela's husband  
I talked to her and she ~~did not~~ filled out a voter registration  
application. She is not eligible. She is a permanent resident  
not a citizen.

if you have any questions please call me at 973 5836691

THANKS

*Cristian Amarante*

# Voter Profile

User Printed: ESSOEED  
Date: 11/08/2012

## Voter Information:

**Voter's Name:** CARLOS M GUAMAN  
**Date of Birth:** 10/14/1953  
**Voter ID:** 101475571  
**Legacy ID:** C639621  
**Archived Legacy ID:**

## Residence Address:

**County:** ESSEX  
**Unit:** 5C  
**Suffix A:**  
**Suffix B:**  
**Street Number:** 311  
**Street Name:** MOUNT PROSPECT AVE  
**Address Line 2:**  
**Address Line 3:**  
**Municipality:** NEWARK  
**Postal City:** NEWARK  
**State:** NJ  
**Zip:** 07104 2082

## Party Information:

**Current Party:** Democratic\*  
**Party Privilege Date:**

## Miscellaneous:

**Gender:** Male  
**Absentee Ballot Type:** None  
**Registration Date:** 02/08/2000  
**Registration Type:** In-Person with Identification  
**Last Action Taken Date:** 07/20/2012

## Status Information:

**Voting Privilege Date:** 03/08/2000  
**Current Status:** Active  
**Date Last Voted:** 11/06/2007  
**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:**

2012 NOV -8 PM 12:10

COMPLIANCE  
SECTION  
COUNTY OF ESSEX

## Districts:

Ward	District	Congressional	Legislative
10	23	08	29
Freeholder	School	Special	Fire

## Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
05/25/2012	99	MOUNT PROSPECT AVE			2	NEWARK	New Jersey	07104
11/07/2000	202	BLOOMFIELD AVE			2	NEWARK	New Jersey	07104

## 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
11/06/2007- STATE-GENERAL ELECTION	General	STATE11062007	Machine	ESSEX	NEWARK			ESSRITA	11/06/2007	11/06/2007	
06/05/2007- STATE-PRIMARY ELECTION	Primary	STATE06052007	Machine	ESSEX	NEWARK	Democratic*		ESSJES	07/06/2007	06/05/2007	
05/09/2006- MUNICIPAL ELECTION 8	Municipal	00001	Machine	ESSEX	NEWARK			ESSSHIRL	12/04/2006	05/09/2006	
11/08/2005- GENERAL	General	00040	Machine	ESSEX	UNKNOWN			CONV	11/08/2005	11/08/2005	
11/02/2004- GENERAL	General	00040	Machine	ESSEX	UNKNOWN			CONV	11/02/2004	11/02/2004	
11/04/2003- GENERAL	General	00040	Machine	ESSEX	UNKNOWN			CONV	11/04/2003	11/04/2003	



152287595



ALEJANDRO GONZALEZ-MOSQUEA  
458 GLEBE ST Apt-Unit 1  
ORANGE NJ 07050

ALEJANDRO GONZALEZ-MOSQUEA  
458 GLEBE ST Apt-Unit 1  
ORANGE NJ 07050

07/16/2012

Identificación del Votante# 152287595



Estimado Alejandro,

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.

*Alejandro Gonzalez Mosquea.*

*Please remove not  
a US citizen.*

Atentamente,

KATHY V. SUMTER  
Superintendente de Elecciones





133015636

# New Jersey Voter Registration Application

I am applying to register to vote at the address listed on my NJ Drivers License/ID Card. I swear or affirm that:

- \* I am a U.S. Citizen.
- \* I reside at my DL/ID
- \* I will be at least 18 years old on the next election.
- \* I will have resided at this address for at least 30 days before the next election.
- \* I am not on parole, probation, or under a court order for an infraction or conviction for an infraction or state law.
- \* I understand that any violation may subject me to a fine of up to \$1,000 or imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

*Not Eligible*  
*Not US Citizen*  
*@*



DIGITIZED DRIVER LICENSE  
ISSUED

TM EO201210100000368

Do you wish to declare a political party affiliation? (Optional)  
( ) Yes, the party name is : \_\_\_\_\_  
( ) No, I do not wish to be affiliated with any political party.

R4112 52882 57711 07-04-1971  
MASSA S RICKS  
388 STUYVESANT AVE APT-24  
IRVINGTON NJ 07111-1635 G

*Massa Rick*



# New Jersey Voter Registration Application

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

<b>1</b> Check boxes that apply: <input type="checkbox"/> New Registration <input checked="" type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						<b>FOR OFFICIAL USE ONLY</b> Clerk 2010 DEC 3 PM 1:50 Registration # Office Time Stamp	
<b>2</b> 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)					
<b>3</b> Last Name Vega		First Name Ana		Middle Name or Initial C.		Suffix (Jr., Sr., III)	
<b>4</b> Date of Birth Month <u>11</u> Day <u>20</u> Year <u>1969</u>							
<b>5</b> 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."							
<b>6</b> Home Address (DO NOT use PO Box) 288 Main Street				Apt. <u>3</u> Municipality <u>West Orange</u> County <u>Essex</u> State <u>N.J.</u> Zip Code <u>07052</u>			
<b>7</b> Mailing Address if different from above				Apt. _____ Municipality _____ County _____ State _____ Zip Code _____			
<b>8</b> Last Address Registered to Vote (DO NOT use PO Box)				Apt. _____ Municipality _____ County _____ State _____ Zip Code _____		<input type="checkbox"/> by mail <input checked="" type="checkbox"/> in person	
<b>9</b> Former Name if Making Name Change						Day Phone Number (Optional)	
<b>10</b> 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.							
<b>11</b> Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		<b>Declaration</b> - 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 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 under any federal or state laws <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 pursuant to R.S. 19:34-1					
Signature: Sign or mark and date on lines below Yo, no puedo votar por q' soy Residente. X _____ Date <u>12/6/2011</u>						152116912  ANA C VEGA 288 MAIN ST #8 3RD FLR WEST ORANGE NJ 07052	



NOT A CITIZEN

Please fill out and print the completed form. YOU MUST SIGN YOUR NAME and then mail to the appropriate county in order to be registered.

76



# New Jersey Voter Registration Application

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

<b>1</b> Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		<b>FOR OFFICIAL USE ONLY</b> Clerk _____ Registration # _____ Office Time Stamp _____ 2011 SEP -9 PM 12:33 COUNTY OF ESSEX	
<b>2</b> 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)	
<b>3</b> Last Name <u>ORTega</u>	First Name <u>ROBER</u>	Middle Name or Initial <u>DISNEY</u>	Suffix (ex. Jr., Sr., III) _____
<b>4</b> Date of Birth (MM/DD/YY) _____			
<b>5</b> 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."			
<b>6</b> Home Address (DO NOT use PO Box) <u>144 BROAD ST</u>	Apt. <u>3A</u>	Municipality _____	County _____ State <u>N.J.</u> Zip Code <u>07104</u>
<b>7</b> Mailing Address if different from above <u>144 BROAD ST</u>	Apt. <u>3A</u>	Municipality <u>NEWARK</u>	County <u>ESSEX</u> State <u>N.J.</u> Zip Code <u>07104</u>
<b>8</b> Last Address Registered to Vote (DO NOT use PO Box)	Apt. _____	Municipality _____	County <u>ESSEX</u> State _____ Zip Code _____ <input type="checkbox"/> by mail <input type="checkbox"/> in person
<b>9</b> Former Name if Making Name Change _____		Day Phone Number (Optional) <u>973 8192349</u>	
<b>10</b> Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <u>NO</u> <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.			
<b>11</b> Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<b>Declaration - I swear or affirm that:</b> • 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 line below <u>[Signature]</u> Date <u>8-22-11</u>		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____	



# New Jersey Voter Registration Application

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

										FOR OFFICIAL USE ONLY	
1 Check boxes that apply:		<input type="checkbox"/> New Registration <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation <input type="checkbox"/> Non-affiliation Change		Clerk		Registration #	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		First Name <u>Jorge</u>		Middle Name or Initial <u>A</u>		Suffix (Jr., Sr., III) <u>Sr.</u>		Office Time Stamp			
3 Last Name <u>Palomeque</u>		Date of Birth Month <u>01</u> Day <u>11</u> Year <u>1958</u>		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)							
4 NJ Driver's License Number or MVC Non-driver ID Number <u>[REDACTED]</u>		If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <u>[REDACTED]</u>									
5 Home Address (DO NOT use PO Box) <u>10 Foundry St.</u>		Municipality <u>Essex</u>		County <u>Essex</u>		State <u>NJ</u>		Zip Code <u>07105</u>			
6 Mailing Address if different from above		Municipality		County		State		Zip Code			
7 Last Address Registered to Vote (DO NOT use PO Box) <u>N/A</u>		Municipality		County		State		Zip Code		<input type="checkbox"/> by mail <input type="checkbox"/> in person	
9 Former Name if Making Name Change											
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.											
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election		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		I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000.			
Signature: Sign or mark and date on lines below											
<div style="display: flex; justify-content: space-between;"> <div> <p>If: <u>ne</u></p> <p>Ni: <u>[REDACTED]</u></p> <p>Ac: <u>[REDACTED]</u></p> </div> <div> <p>152162687 M-0714 W-12 D-06</p> <p>JORGE A PALOMEQUE 10 FOUNDRY ST Apt-Unit 2FL NEWARK NJ 07105</p> </div> </div>											





Nueva Jersey

# Solicitud de Inscripción de Votantes

Escriba claramente con tinta. Se requiere toda la información a menos que esté marcada como opcional.

Marque las casillas que correspondan:

☒ Nueva inscripción

☐ Cambio de nombre

☐ Cambio de dirección

☐ Actualización de la firma

☐ Afiliación a partido político

☐ Cambio de sin afiliación

¿Es ciudadano estadounidense? ☐ SI ☒ NO

¿Tendrá 18 años de edad para la próxima elección? ☒ SI ☐ NO

(Si no lo es, NO complete este formulario)

Apellido

Rodriguez

Primer Nombre

Ana

Segundo nombre o inicial

C

Sufijo (Jr., Sr., III)

Fecha de nacimiento

Mes

01

Día

08

Año

1994

Número de licencia de conducir de NJ o Número de identificación de MVC de no conductor

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.

¿Juro o afirmo que NO tengo una Licencia de conducir de NJ, identificación de MVC como no conductor ni Número de Seguro Social?

☒ SI ☐ NO

Dirección del domicilio (NO use apartados postales)

Apt

2

Municipalidad

Newark

Condado

ESSEX

Estado

NJ

Código postal

07105

Dirección postal si es diferente de la anterior

Apt

Municipalidad

Condado

Estado

Código postal

Última dirección registrada para votar (NO use apartados postales)

Apt

Municipalidad

Condado

Estado

Código postal

Nombre anterior si hace un cambio de nombre

Número de teléfono durante el día

(Opcional)

(201) 709 0074

¿Desea declarar una afiliación a un partido político?

☒ SI, el nombre del partido es

☐ NO, no deseo afiliarme a ningún partido político.

(Opcional)

Declaración - Juro y afirmo que:

• Soy ciudadano de los Estados Unidos

• Hebré residido en el Estado y condado al menos 30 días antes de la próxima elección

Sexo

☒ Femenino

☐ Masculino

• Vivo en la dirección indicada

• No estoy bajo fianza ni cumpliendo una sentencia

• Entiendo que cualquier inscripción falsa o fraudulenta puede someterme a una multa de hasta \$15,000, pena de cárcel hasta 5 años o las dos cosas, conforme a R.S. 19:34-1

• Tendré por lo menos 18 años de edad para la próxima elección o antes

• Ninguna ley federal ni estatal

• Si el solicitante no puede completar este formulario, escriba el nombre y la dirección de la persona que completó este formulario.

Nombre

Dirección

Fecha

Firma o marque y fecha en la líneas a continuación

X

10-26-11

Secretario

Núm. de inscripción

Timbre de hora de la oficina

por correo

en persona

ESSEX

07105

10-26-11

10-26-11

10-26-11

10-26-11

10-26-11

# Voter Profile

152244354 M-0714 W-14 D-20



PASCUALO CEDANO  
72 HAYES ST Apt-Unit 4-A  
NEWARK NJ 07103

## Voter Information:

**Voter's Name:** PASCUALO CEDANO  
**Date of Birth:** 05/07/1956  
**Voter ID:** 152244354  
**Legacy ID:**  
**Archived Legacy ID:**

## Residence Address:

**County:** ESSEX  
**Unit:** 4-A  
**Suffix A:**  
**Suffix B:**  
**Street Number:** 72  
**Street Name:** HAYES ST  
**Address Line 2:**  
**Address Line 3:**  
**Municipality :** NEWARK  
**Postal City:** NEWARK  
**State:** NJ  
**Zip:** 07103

## Miscellaneous:

**Gender:** Female  
**Absentee Ballot Type:** None  
**Registration Date:** 04/27/2012  
**Registration Type:** Mail-in with Identification  
**Last Action Taken Date:** 05/14/2012

## Status Information:

**Voting Privilege Date:** 05/18/2012  
**Current Status:** Active Need ID  
**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:**

## 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:

<b>Ward</b>	14	<b>District</b>	20	<b>Congressional</b>	10	<b>Legislative</b> 29
<b>Freeholder</b>	5.003	<b>School</b>		<b>Special</b>	10	<b>Fire</b>

## Previous Residence Addresses:

No Records Found for the Previous Residence Addresses

## Election History:

No Records Found for the Election History

No US Citizen

## Previous Party:

No Records Found for the Previous Party

## Previous Name:

No Records Found for the Previous Name

6/15/2012

## Registration History:

No Records Found for the Registration History

## Polling Place:

**Next Election Date -- Name**  
**Polling Place**

11/06/2012 -- GENERAL ELECTION  
**Name**  
NEW COMMUNITY CENTER (H)

**Address**  
140 S ORANGE AVE  
NEWARK NJ 07103



101349058 M-0714 W-14 D-42



ELENA M FIGUEROA  
180 S ORANGE AVE Apt-Unit 1509  
NEWARK NJ 07103

## oter Profile

User Printed: ESSOEED  
Date: 08/15/2012

## Address:

## Party Information:

Date of Birth: **06/17/1947**  
Voter ID: 101349058  
Legacy ID: C504984  
Archived Legacy ID:

County: ESSEX  
Unit: 1509  
Suffix A:  
Suffix B:  
Street Number: 180  
Street Name: S ORANGE AVE  
Address Line 2:  
Address Line 3:  
Municipality: NEWARK  
Postal City: NEWARK  
State: NJ  
Zip: 07103

Current Party: Democratic\*  
Party Privilege Date: 05/18/2012

## Miscellaneous:

Gender: Female  
Absentee Ballot Type: None  
Registration Date: 04/27/2012  
Registration Type: Mail-in with Identification  
Last Action Taken Date: 05/14/2012

## Status Information:

Voting Privilege Date: 05/18/2012  
Current Status: Active  
Date Last Voted: 11/03/1998  
Poll Worker Status: No

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

## Inactive Confirmation Address:

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

## Districts:

Ward	District	School	Congressional	Legislative
14	42		10	29
Freeholder	5.003		Special	Fire

## Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
04/27/2012	415	N 7TH ST				NEWARK	New Jersey	07107

## 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
11/03/1998- GENERAL 11/03/1998	General	00040	Machine	ESSEX	UNKNOWN		CONV		11/03/1998	11/03/1998	

No US Citizen

*[Handwritten signature]*

8-15-212

## Previous Party:

No Records Found for the Previous Party

## Previous Name:

Date Changed	Last Name	First Name	Middle Name	Suffix
04/27/2012	FIGUEROA	ELENA		

## Registration History:

No Records Found for the Registration History

