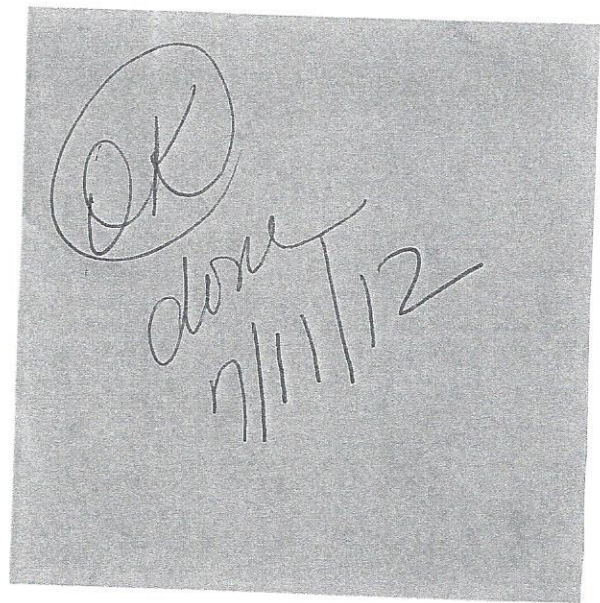


Sammy Pillay
254 Ridge Street
Newark, NJ 07104
Tel: 201-407-8800

DOB: 10/30/1986

Chris Durkin
Essex County Clerk
465 MLK Jr. Blvd. Room 247
Newark, New Jersey 07101



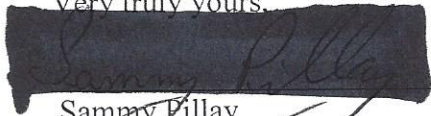
Dear Mr. Durkin:

I am writing this letter to request that the Essex County Board of Elections remove my name for your list of registered voters. It has come to my attention that only U.S. citizens can register to vote in elections whether they be local, county, state or Federal.

The U.S. Citizenship requirement was never explained to me by the people assisting me to register. It has never been my intention to misrepresent as a U.S. citizen.

Please do not hesitate to contact me if you have any questions or concerns. Many thanks for your prompt attention to this matter.

Very truly yours,


Sammy Pillay

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254 Ridge Street
Newark, NJ 07104
Tel: 201-407-8800

DOB: 10/30/1986

Chris Durkin
Essex County Clerk
465 MLK Jr. Blvd. Room 247
Newark, New Jersey 07101

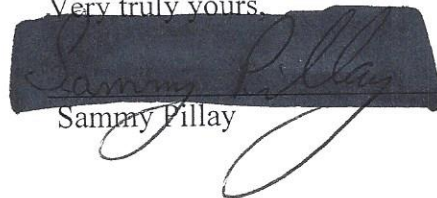
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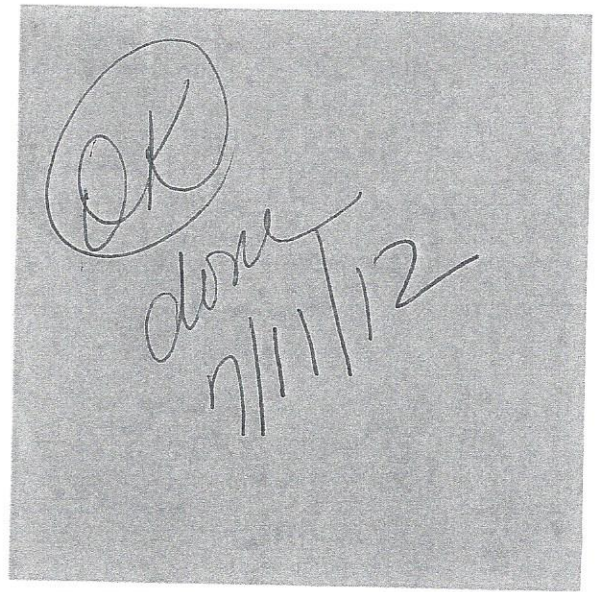
Very truly yours,


Sammy Pillay

Nandranie Pillay
254 Ridge Street
Newark, NJ 07104
Tel: 201-407-8800

DOB: 10/05/1963

Chris Durkin
Essex County Clerk
465 MLK Jr. Blvd. Room 247
Newark, New Jersey 07101




Dear Mr. Durkin:

I am writing this letter to request that the Essex County Board of Elections remove my name for your list of registered voters. It has come to my attention that only U.S. citizens can register to vote in elections whether they be local, county, state or Federal.

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Very truly yours,


Nandranie Pillay

Nandranie Pillay
254 Ridge Street
Newark, NJ 07104
Tel: 201-407-8800

DOB: 10/05/1963

Chris Durkin
Essex County Clerk
465 MLK Jr. Blvd. Room 247
Newark, New Jersey 07101

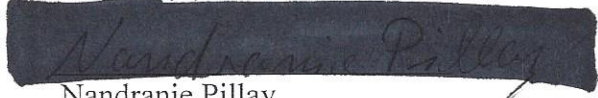
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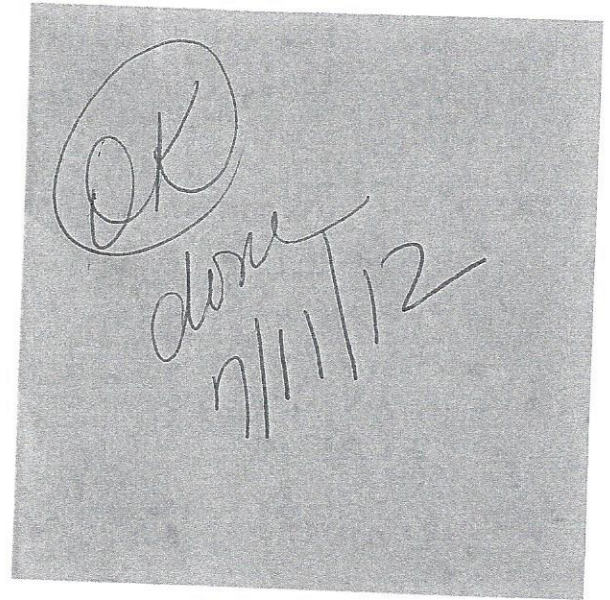
Very truly yours,


Nandranie Pillay

Hemendrameny Pillay
254 Ridge Street
Newark, NJ 07104
Tel: 201-407-8800

DOB: 10/05/1988

Chris Durkin
Essex County Clerk
465 MLK Jr. Blvd. Room 247
Newark, New Jersey 07101



Dear Mr. Durkin:

I am writing this letter to request that the Essex County Board of Elections remove my name for your list of registered voters. It has come to my attention that only U.S. citizens can register to vote in elections whether they be local, county, state or Federal.

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Please do not hesitate to contact me if you have any questions or concerns. Many thanks for your prompt attention to this matter.

Very truly yours,

A black rectangular redaction box covering the signature of Hemendrameny Pillay.

Hemendrameny Pillay

Hemendrameny Pillay
254 Ridge Street
Newark, NJ 07104
Tel: 201-407-8800

DOB: 10/05/1988

Chris Durkin
Essex County Clerk
465 MLK Jr. Blvd. Room 247
Newark, New Jersey 07101

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Very truly yours,

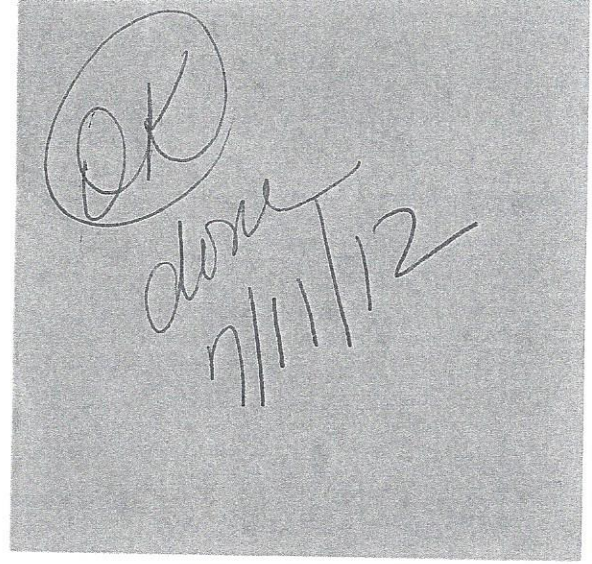


Hemendrameny Pillay

Pirsamy Pillay
254 Ridge Street
Newark, NJ 07104
Tel: 201-407-8800

DOB: 01/17/1960

Chris Durkin
Essex County Clerk
465 MLK Jr. Blvd. Room 247
Newark, New Jersey 07101



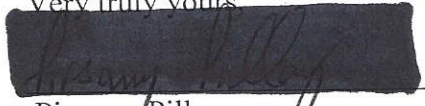
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Very truly yours


Pirsamy Pillay

Pirsamy Pillay
254 Ridge Street
Newark, NJ 07104
Tel: 201-407-8800

DOB: 01/17/1960

Chris Durkin
Essex County Clerk
465 MLK Jr. Blvd. Room 247
Newark, New Jersey 07101

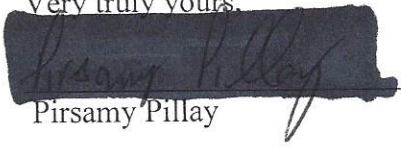
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Very truly yours,


Pirsamy Pillay

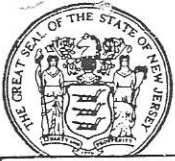


New Jersey Voter Registration Application

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

Not a Citizen
Spoke to husband
per phone
call
1/31/11 CURY

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 or Non
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? (If No, DO NOT complete this form)	
3 Last Name Jean-Baptiste		First Name Rose Marie	Middle Name
4 Date of Birth Month <u>11</u> Day <u>22</u> Year <u>1969</u>			
5 NJ Driver's License Number or MVC Non-driver ID Number		If you DO NOT have a NJ Driver's License, provide the last 4 digits of your Social Security Number.	
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."			
6 Home Address (DO NOT use PO Box) 385 Park Ave	Apt. <u>A10</u>	Municipality	County <u>Orange</u> State <u>N.J.</u> Zip Code <u>07050</u>
7 Mailing Address if different from above	Apt.	Municipality	County State Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box) 394 Park Ave	Apt. <u>A7</u>	Municipality	County <u>Orange</u> State <u>N.J.</u> Zip Code <u>07050</u>
9 Former Name if Making Name Change		Day Phone Number (Optional) <u>973) 677 3803</u>	
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.			
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws <input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1		
Signature: Sign or mark and date on lines below X <u>Rose Marie Jean Baptiste</u> Date <u>01/14/11</u>		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name <u>Rose Marie Jean-Baptiste</u> Date <u>01/14/11</u> Address <u>385 Park Ave Apt A10</u> <u>Orange N.J. 07050</u>	



New Jersey Voter Registration Application

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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)	
3 Last Name <u>Jean-Baptiste</u>		First Name <u>Rose Marie</u>	Middle Name or Initial _____
4 Date of Birth Month <u>11</u> Day <u>22</u> Year <u>1969</u>		Suffix (Jr., Sr., III) _____	
5 NJ Driver's License Number or MVC Non-driver ID 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."		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>215212</u>	
6 Home Address (DO NOT use PO Box) <u>385 Park Ave</u>		Apt. <u>A10</u>	Municipality <u>Orange</u>
7 Mailing Address if different from above		County <u>N.J.</u>	State <u>07050</u>
8 Last Address Registered to Vote (DO NOT use PO Box) <u>394 Park Ave</u>		Apt. <u>A7</u>	Municipality <u>Orange</u>
9 Former Name if Making Name Change _____		County <u>N.J.</u>	State <u>07050</u>
10 Do you wish to declare a political party affiliation? (Optional)		Day Phone Number (Optional) <u>973) 677 3803</u>	
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election	
Signature: Sign or mark and date on lines below <u>Rose Marie Jean Baptiste</u> Date <u>11/4/11</u>		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name <u>Rose Marie Jean-Baptiste</u> Date <u>11/4/11</u> Address <u>385 Park Ave Apt A10</u> <u>Orange N.J. 07050</u>	



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

03/01/2010

Voter ID# 151300658



NIKITA ABBEY
143 ACADEMY ST Apt-Unit 2
BELLEVILLE NJ 07109

Dear Nikita,

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

GOOD DAY SIR/MADAM

4-16-10

I am not a citizen, please remove my name
from the voter registration program.

Thank you





New Jersey Voter Registration Application

76

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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY Clerk _____ Registration # _____ Office Time Stamp _____			
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)							
3 Last Name		First Name		Middle Name or Initial	Suffix (Jr., Sr., III)				
4 Date of Birth Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>						COMM. OF REGISTRATION SUFF. OF ELECTIONS COUNTY OF _____ 2008 APR 30 PM 3:57 <input type="checkbox"/> by mail <input type="checkbox"/> in person			
5 NJ Driver's License Number or MVC Non-driver ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."									
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State			Zip Code	
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code			
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code			
9 Former Name if Making Name Change				Day Phone Number (Optional)					
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.									
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <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 _____ Date _____				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____					

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"/> absentee voting | <input type="checkbox"/> polling place accessibility | <input 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 more information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

2011 MAR 22 PM 2:41

DELETED

**Información de identificación para todos los votantes
que se han registrado después del primero de enero del 2003**

* I'M NOT AMERICAN CITIZEN

COM. OF REGISTRATION
SUP. OF ELECTIONS
COUNTY OF ESSEX

2011 MAR 22 PM 2:41

CLASS: I

NEW JERSEY Motor Vehicle
Commission

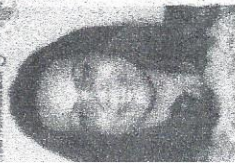
FOR IDENTIFICATION ONLY

DOB 12-15-1984

MARIA E ARIAS
279 HT PROSPECT APT 14
NEWARK NJ 07104-2997

ISSUED 03-19-2010 EXPIRES 03-31-2014

SEX HT EYES
F 5-02 BRN



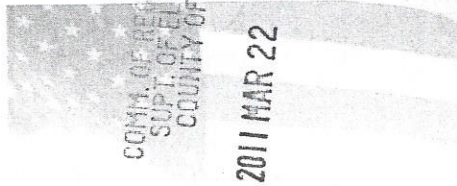
Maria E. Arias

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



DELETED

County of Essex, New Jersey
Voter Acknowledgement Card

151716516 M-0714 W-10 D-23

MARIA ARIAS
279 MOUNT PROSPECT AVE Apt-Unit 14
NEWARK NJ 07104

*Remember to Vote
on Election Day*

Signature _____

Registration No.	Registration Date	Birth Date	Muni.	WD	Dist.
151716516	02/15/2011	12/15/64	0714	10	23



Kathy V. Sumter
Deputy Commissioner of Registration
County of Essex
Hall of Records - Rm. 417A
Newark, New Jersey 07102-3109



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

Kathy V. Sumter
Deputy Commissioner of Registration
County of Essex
Hall of Records - Rm. 417A
Newark, New Jersey 07102-3109

07102+1762

