

Voter ID: 00-011881
FVRSIDNumber: 111756530

Name : HERBERT, DANIELLE SIMONE
Status : 0
Address: 1660 RENAISSANCE COMMONS BLVD
APT 2228
City : BB Zip : 33426

Precinct : 3187 -0
CHRIST FELLOWSHIP CHURCH BB
801 N CONGRESS AVE
#401
BOYNTON BEACH FL 33426

Register Date : 03-06-2000

Sex : F

SSN : [REDACTED]

Phone : - -

Race : B

Date Of Birth : 01-22-1978

Party : DEM

Driver Lic.: [REDACTED]

Military : NO

Overseas : NO

Out of Cnty : NO

Asst Req : NO

Shutin : NO

Homeless : NO

Withheld : NO

Disabled : NO

Mail Reg. : NO

Last Activity: 05/09/2016

Last Card Req: 10/16/2008

Last Voted:

Last Change: 05/09/2016

Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
C-BB	BOYNTON BEACH
CYBB1	BOYNTON BEACH DIST 1
CD21	CONGRESSIONAL DIST 21
CO3	COUNTY COMMISSION DIST 3
T-RCCD	RENAISSANCE COMM DEV
SB4	SCHOOL BOARD DIST 4
SH90	STATE HOUSE DIST 90
SS31	STATE SENATE DIST 31

04-26-2019 13:09:09

DATE	OPERATOR	CHANGE	Notes
05/09/2016 17:21:49	SUPERVISOR er)	[adddate] from '3/6/2000' to '5/09/2016' [lastactive] from '9/26/2014' to '5/9/2016' [email_samplebal] from '0' to 'N' [emailpublic] from '0' to '' [status] from 'K' to '0' [dtlastchng] from '9/26/2014' to '0/16/05/0' [mail_addr3] from '' to '' [precinct] from '' to '3187'	Broker Update

*** End of Report ***

04-26-2019
13:09:24

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

DANIELLE SIMONE HERBERT

Registered Address : 1660 RENAISSANCE COMMONS BLVD
APT 2228
BOYNTON BEACH FL 33426

FVRS Voter-ID: 111756530

Registered: 03-06-2000 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of DANIELLE SIMONE HERBERT as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackay
Deputy

04-26-2019
13:09:44

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

DANIELLE SIMONE HERBERT

Registered Address : 1660 RENAISSANCE COMMONS BLVD
APT 2228
BOYNTON BEACH FL 33426

FVRS Voter-ID: 111756530

Registered: 03-06-2000 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of DANIELLE SIMONE HERBERT as it appears on record in my office.
Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

record at a voter registration agency. Your signature can be viewed but not copied. (Section 97.0585, Fla. Stat.)

Race/Ethnicity: It is optional to list your race or ethnicity.

Boxes: Please check boxes (L) where applicable.

Numbered rows 1 through 7 and 12 must be completed for a new registration.

Florida Voter Registration Application

Part 2 -- Form (DS-DE #39, R1S-2.040, F.A.C.) (eff. 10/2013)

The downloadable/printable online form is available at:

<http://election.dos.state.fl.us/registration>

This is: ☐ New Registration ☒ Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) ☐ Request to Replace Voter Information Card

1	Are you a citizen of the United States of America?		☒ YES ☐ NO		OFFICIAL 2014 SEP 22 AM 1:32	
2	☒ I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.					
3	☒ I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.					
4	Date of Birth (MM-DD-YYYY)		01 - 22 - 1978		FVRS No: 111756530	
5	Florida Driver License (FL DL) or Florida Identification (FL ID) Card Number				If no FL DL or FL ID, then provide	Last 4 digits of Social Security Number
6	Last Name		First Name		Middle Name	Name Suffix (Jr., Sr., I, II, etc.):
7	HERBERT		DANIELLE		SIMONE	
8	Address Where You Live (legal residence-no P.O. Box)		Apt/Lot/Unit	City	County	Zip Code
9	1660 RNSSNC CMNS BLVD APT 2228			BOYNTON BEACH	PALM BEACH	33426
10	Mailing Address (if different from above address)		Apt/Lot/Unit	City	State or Country	Zip Code
11						
12	Address Where You Were Last Registered to Vote		Apt/Lot/Unit	City	State	Zip Code
13						
14	Former Name (if name is changed)		Gender	State or Country of Birth	Telephone No. (optional)	
15			☐ M ☐ F		()	
16	☒ Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:					
17	Party Affiliation (Check only one. If left blank, you will be registered without party affiliation)		Race/Ethnicity (Check only one)		(Check only one if applicable)	
18	☒ Florida Democratic Party		☐ American Indian/Alaskan Native		☐ I am an active duty Uniformed Services or Merchant Marine member	
19	☐ Republican Party of Florida		☐ Asian/Pacific Islander		☐ I am a spouse or a dependent of an active duty uniformed services or merchant marine member	
20	☐ No party affiliation		☒ Black, not of Hispanic Origin		☐ I am a U.S. citizen residing outside the U.S.	
21	☐ Minor party (print party name):		☐ Hispanic		☐ I will need assistance with voting.	
22			☐ White, not of Hispanic Origin		☐ I am interested in becoming a poll worker.	
23			☐ Multi-racial			
24			☐ Other:			
25	Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		SIGN/ MARK HERE		Date	
26					9/16/14	

SEP 22 2014

Voter ID: 04-041061
FVRSIDNumber: 111998794

Name : PENA, JOSE L
Status : 0
Address: 194 PONCE DE LEON ST

City : RPB Zip : 33411

Precinct : 6118 -0
RPB BRANCH LIBRARY
500 CIVIC CENTER WAY
ROYAL PALM BEACH FL 33411

Register Date : 07-07-2004

Sex : U

SSN : [REDACTED]

Phone : - -

Race : U

Date Of Birth : 01-29-1985

Party : NPA

Driver Lic.:

Military : NO

Overseas : NO

Out of Cnty : NO

Asst Req : NO

Shutin : NO

Homeless : NO

Withheld : NO

Disabled : NO

Mail Reg. : NO

Last Activity: 07/25/2014

Last Card Req: 07/24/2014

Last Voted:

Last Change: 07/25/2014

Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD18	CONGRESSIONAL DIST 18
CO6	COUNTY COMMISSION DIST 6
T-LIB	LIBRARY DISTRICT
T-POR	PORT OF PALM BEACH
C-RPB	ROYAL PALM BEACH
SB6	SCHOOL BOARD DIST 6
SH86	STATE HOUSE DIST 86
SS30	STATE SENATE DIST 30

4-26-2019 13:23:27

DATE	OPERATOR	CHANGE	Notes
7/25/2014 11:04:50	SUPERVISOR er)	[mail_addr3] from '' to '' [status] from 'K' to '0' [lastactive] from '2/14/2014' to '7/25/2014' [precinct] from '' to '6118' [dtlastchng] from '2/14/2014' to '0/14/07/2' [adddate] from '7/7/2004' to '7/25/2014' [emailpublic] from '0' to '' [email_samplebal] from '0' to 'N'	Broker Update

** End of Report ***

04-26-2019
13:23:33

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

JOSE L PENA

Registered Address : 194 PONCE DE LEON ST
ROYAL PALM BEACH FL 33411

FVRS Voter-ID: 111998794

Registered: 07-07-2004 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of JOSE L PENA as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackay
Deputy

04-26-2019
13:23:39

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

JOSE L PENA

Registered Address : 194 PONCE DE LEON ST
ROYAL PALM BEACH FL 33411

FVRS Voter-ID: 111998794

Registered: 07-07-2004 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of JOSE L PENA as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

FLORIDA VOTER REGISTRATION APPLICATION FORM

REVISED 1.01

1 Check boxes that apply: ☐ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ ID Replacement ☐ Signature Update

2 Are you a U.S. citizen? Yes? ☒ No? ☐ (If NO, you cannot register to vote)

3 ☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

4 ☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.

5 Date of Birth (MM/DD/YYYY) 21/09/85

6 FL DL# or FL ID# (If you do not have either, provide the last 4 Digits of SSN) RLC

7 Last Name Peña Suffix (circle) Jr First Name Jose Middle Name/Initial L

8 Address Where You Live (Legal Residence) (see instructions) Apt./Lot/Unit City W. P. B. County of Legal Residence U.S. State FL Zip Code 33415

9 Mailing Address If Different From Above Apt./Lot/Unit City County State Zip Code

10 Address Last Registered to Vote Apt./Lot/Unit City County State Zip Code

11 Address of Homestead Exemption Property Apt./Lot/Unit City County State Zip Code

12 Former Name If Making Name Change Day Phone Number

13 Party Affiliation (Check only one) ☐ Democratic Party ☐ Republican Party ☐ No Party Affiliation ☐ Other (print party name)

14 Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic

15 Sex ☐ M ☐ F Do you need voting assistance at the polls? ☐ Yes ☐ No Are you interested in being a poll worker? ☐ Yes ☐ No State or Country of Birth

16 Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

17 OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida. I am qualified to register as an elector under the Constitution and laws of the State of Florida. I am a U.S. citizen. I am a legal resident of Florida. All information on this form is true. I understand that if it is not true, I can be convicted of perjury.

SIGNATURE: Sign or mark on line below. (Invalid without signature or mark) [Signature]

Date: JUL 07 2004

Voter ID: 00-064907
FVRSIDNumber: 111804982

Name : TULL, DONNA D
Status : 0
Address: 4159 HEATH CIR N

City : WPB Zip : 33407

Precinct : 7058 -0
PALM BEACH LAKES HIGH
3505 SHILOH DR
WEST PALM BEACH FL 33407

Register Date : 10-19-2000

Sex : F

SSN : [REDACTED]

Phone : - -

Race : B

Date Of Birth : 06-03-1978

Party : NPA

Driver Lic.: [REDACTED]

Mailing Address:

3379 LINEVIEW DR

ELLENWOOD GA 30294

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Reg : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 07/19/2016
Last Card Req: 11/06/2001
Last Voted: 11/04/2008
Last Change: 07/19/2016
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD20	CONGRESSIONAL DIST 20
CO7	COUNTY COMMISSION DIST 7
T-NID	NORTHERN IMPRV DIST
T-POR	PORT OF PALM BEACH
SB7	SCHOOL BOARD DIST 7
SH88	STATE HOUSE DIST 88
SS30	STATE SENATE DIST 30

FL-PALMBEACH-19-0527-B-000011

04-26-2019 13:21:34

DATE	OPERATOR	CHANGE	Notes
07/19/2016 12:00:46	SUPERVISOR er)	[lastactive] from '9/24/2011' to '7/19/2016' [status] from 'K' to '0' [adddate] from '10/19/2000' to '7/19/2016' [email_samplebal] from '0' to '' [emailpublic] from '0' to '' [dtlastchng] from '5/20/2012' to '0/16/07/1' [mail_addr3] from 'ELLENWOOD GA' to 'ELLENWOOD GA' [precinct] from '' to '7058'	Broker Update

*** End of Report ***

04-26-2019
13:21:55

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

DONNA D TULL

Registered Address : 4159 HEATH CIR N
WEST PALM BEACH FL 33407

FVRS Voter-ID: 111804982

Registered: 10-19-2000 Status: Canceled Total Items: 3

9250 Early	11/04/2008 2008 General Election
9177 Polls	01/29/2008 Presidential Preference P
246 Polls	11/07/2006 2006 General Election

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify the foregoing to be a true and correct copy of the voting record of DONNA D TULL as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

04-26-2019
13:21:40

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

DONNA D TULL

Registered Address : 4159 HEATH CIR N
WEST PALM BEACH FL 33407

FVRS Voter-ID: 111804982

Registered: 10-19-2000 Status: Canceled Total Items: 4

490	INOFF	11/04/2008	GENERAL
482	POLL	01/29/2008	PPP
474	POLL	11/07/2006	GENERAL 2006
465	POLL	11/02/2004	GENERAL 2004

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of DONNA D TULL as it appears on record in my office.

~~Witness my hand and seal on April 26, 2019.~~

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

1	2		3	00-064907	
4	Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Replacement			5	6 3 78
6	Tull		Donna		7 Sex (circle) M ☒ F ☐
8	401 Southwind Dr #		# 6	North Palm Bch. 33408	
9	Address Where You Get Your Mail (if different from #8)		City	Zip Code	10 County Where You Live (legal residence)
		401 Southwind Dr.	N.P.B.	33408	North Palm Bch.
11	Address of property for which you have been granted homestead exemption				City Zip Code
12	13 Race/Ethnicity - (see instructions)		14 Daytime Phone Number	15 Fl. Driver License/Fl. ID Card number	
		Black	(561) 844-1245	[REDACTED]	
16	Party Affiliation -- check one box only (see instructions)				
		☒ Democratic Party ☐ Other Party (write name below)			
		☐ Republican Party ☐ No Party Affiliation			
17	Former Name If Making A Name Change				
18	Your Name and Residence Address Where You Were Previously Registered (if applicable)				
		Name			
		Address			
		City	County	State	Zip Code
19	Do You Need Assistance to Vote? ☐ Yes ☒ No				
		20			
		[REDACTED]			
		OCT 19 2000			

Voter ID: 04-088933
FVRSIDNumber: 112046206

Name : MOSSOP, STACEY-ANN E
Status : 0
Address: 10786 PELICAN DR

City : WEL Zip : 33414

Precinct : 6198 -0
WELLINGTON BRANCH LIBRARY
1951 ROYAL FERN DR
WELLINGTON FL 33414

Register Date : 10-04-2004

Sex : F

SSN : - -

Phone : - -

Race : B

Date Of Birth : 11-25-1968

Party : REP

Driver Lic.: [REDACTED]

Military : NO

Overseas : NO

Out of Cnty : NO

Asst Req : NO

Shutin : NO

Homeless : NO

Withheld : NO

Disabled : NO

Mail Reg. : YES

Last Activity: 06/27/2017

Last Card Req: 10/22/2004

Last Voted:

Last Change: 06/27/2017

Pollworker: NO

Voter's Districts:

T-ACME	ACME IMPROVEMENT DISTRICT
X-ALL	ALL COUNTY-WIDE
CD21	CONGRESSIONAL DIST 21
CO6	COUNTY COMMISSION DIST 6
T-LIB	LIBRARY DISTRICT
T-POR	PORT OF PALM BEACH
SB6	SCHOOL BOARD DIST 6
SH86	STATE HOUSE DIST 86
SS29	STATE SENATE DIST 29
C-WEL	WELLINGTON

04-26-2019 14:00:47

DATE	OPERATOR	CHANGE	Notes
06/27/2017 15:39:32	SUPERVISOR er)	[email_samplebal] from '0' to '' [precinct] from '' to '6198' [mail_addr3] from '' to '' [dtlastchnng] from '5/30/2008' to '0/17/06/2' [adddate] from '10/4/2004' to '6/27/2017' [lastactive] from '5/30/2008' to '6/27/2017' [status] from 'K' to '0' [emailpublic] from '0' to ''	Broker Update

*** End of Report ***

14:00:53

VOTING HISTORY REPORT

STACEY-ANN E MOSSOP

Registered Address : 10786 PELICAN DR
WELLINGTON FL 33414

FVRS Voter-ID: 112046206

Registered: 10-04-2004 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify the foregoing to be a true and correct copy of the voting record of STACEY-ANN E MOSSOP as it appears on record in my office.
Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

04-26-2019
14:01:00

VOTING HISTORY REPORT

STACEY-ANN E MOSSOP

Registered Address : 10786 PELICAN DR
WELLINGTON FL 33414

FVRS Voter-ID: 112046206

Registered: 10-04-2004 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of STACEY-ANN E MOSSOP as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: _____

Deborah Mackey
Deputy

FLORIDA VOTER REGISTRATION APPLICATION FORM									
1	Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ ID Replacement ☐ Signature Update								OPTIONAL: 248584336
2	Are you a U.S. citizen? Yes ☒ No? ☐ (If NO, you cannot register to vote)								IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU DID NOT CHECK BOXES 1 AND 4, DO NOT COMPLETE THIS FORM.
3	Do you affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored?								
4	Do you affirm I have not been adjudicated mentally incompetent with respect to voting or, if I have, my competency has been restored?								
5	Date of Birth (MM/DD/YYYY) 11/25/1968								
6	PL. DO NOT SIGN IF you are not a U.S. citizen. Sign only if the last 4 digits of SSN.								
7	Last Name MOSSOP				Suffix (circle) R S J M IV		First Name STACEY-ANN		Middle Name/Initial E
8	Address Where You Live (Legal Residence) Apt./Box/Unit 10786 Pelican Dr.				City Wellington		County of Legal Residence Palm Beach		State FL Zip Code 33414
9	Mailing Address if Different from Above				City		County		State Zip Code
10	Address Last Registered to Vote				City		County		State Zip Code
11	Address of Homestead Exemption Property				City		County		State Zip Code
12	Former Name if Making Name Change						Day Phone Number		
13	Party Affiliation (Check only one) ☐ Democratic Party ☒ Republican Party ☐ No Party Affiliation ☐ Other (print party name) OCT - 4 2004								
14	Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☒ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic								
15	Sex ☐ M ☒ F		Do you need voting assistance at the polls? ☐ Yes ☒ No		Are you interested in being a poll worker? ☐ Yes ☒ No		State or Country of Birth		
16	Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.								
17	OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida. I am qualified to register as an elector under the Constitution and laws of the State of Florida. I am a U.S. citizen. I am a legal resident of Florida. All information on this form is true. I understand that if it is not true, I can be convicted of a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years. SIGNATURE: [Signature] without signature or mark.) Date: 10/3/04								

Voter ID: 06-054766
FVRSIDNumber: 114244502

Name : PASCAL, NADIA DIANE
Status : 0
Address: 1908 NW 4TH AVE

City : BR Zip : 33432

Precinct : 4188 -0
CHURCH OF ALL NATIONS BR
1300 NW 4TH AVE
BOCA RATON FL 33432

Register Date : 07-28-2006
Sex : F
SSN : [REDACTED]
Phone : 407-545-0401
Race : B
Date Of Birth : 08-03-1977
Party : DEM

Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 03/19/2014
Last Card Req:
Last Voted:
Last Change: 03/19/2014
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
C-BR	BOCA RATON
T-BRTD	BOCA RATON TAXING DIST
CD22	CONGRESSIONAL DIST 22
CO4	COUNTY COMMISSION DIST 4
SB5	SCHOOL BOARD DIST 5
SH89	STATE HOUSE DIST 89
SS29	STATE SENATE DIST 29

04-26-2019 14:01:53

DATE	OPERATOR	CHANGE	Notes
03/19/2014 08:42:04	SUPERVISOR er)	[status] from 'K' to '0' [adddate] from '7/28/2006' to '3/19/2014' [email_samplebal] from '0' to '' [emailpublic] from '0' to '' [lastactive] from '10/3/2011' to '3/19/2014' [dtlastchnng] from '1/6/2014' to '0/14/03/1' [mail_addr3] from '' to '' [precinct] from '' to '4188'	Broker Update

*** End of Report ***

04/26/2019
14:01:57

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

PAGE 1

NADIA DIANE PASCAL

Registered Address : 1908 NW 4TH AVE
BOCA RATON FL 33432

FVRS Voter-ID: 114244502

Registered: 07-28-2006 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of NADIA DIANE PASCAL as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

04-28-2019
14:02:02

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

PAGE 1

NADIA DIANE PASCAL

Registered Address : 1908 NW 4TH AVE
BOCA RATON FL 33432

FVRS Voter-ID: 114244502

Registered: 07-28-2006 Status: Canceled Total Items: 1

9250 Early 11/04/2008 2008 General Election

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of NADIA DIANE PASCAL as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Debrah Mockay
Deputy

FLORIDA VOTER REGISTRATION APPLICATION

Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update

Are you a citizen of the United States of America? Yes ☒ No ☐ (If No, you cannot register to vote)

I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.

IF YOU ANSWERED NO TO QUESTION 7, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE NOT ELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

Date of Birth (MM/DD/YYYY) 08/13/1977 Pascal, Nadia

if you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE".

Last Name	First Name	Middle Name/Initial
Pascal	Nadia	

Address Where You Live (Legal Residence) (complete to box)	Apt./Lot/Unit	City	County of Legal Residence	State	Zip Code
65 SE 12th St	14-B	Boca Raton	Palm Beach	FL	33432
Mailing Address if Different from Above	Apt./Lot/Unit	City	County	State	Zip Code
Address Last Registered to Vote	Apt./Lot/Unit	City	County	State	Zip Code
1220 SW 12th St	E-22	Delray Beach	Palm Bch	FL	33444
Former Name if Making Name Change	Day Phone Number				

Party Affiliation (Check only one) ☐ Democratic Party ☒ Republican Party ☐ Other, Minor Party (print party name)

Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☒ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic

Sex ☐ M ☒ F Do you need voting assistance at the polls? ☐ Yes ☒ No Are you interested in being a poll worker? ☐ Yes ☒ No State or Country of Birth

Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant.)

Date: 7-24-06

Date 10/18/2019
Time 9:12:25 AM

Wendy Sartory Link
Supervisor of Elections
Voter Registration Receipt

Palm Beach County, FL

Regn Number / Número de Registración	115139152
Voter Name / Nombre de Votante	Alvarenga, Hector M
Residence / Residencia	412 S E St Lake Worth Beach FL 33460
Mailing Address / Dirección de Correo	none
Voter Status / Estado del Votante	Deleted Record
Birth Date / Fecha de Nacimiento	May/21/1988
Sex / Sexo	M
Race / Raza	4
Party / Partido	DEM
Registration Date / Fecha de Registración	Apr/16/2007
Assistance Required / Asistencia Requerida	N

115139152, Alvarenga, Hector M(Read Only) (Activity)

PAL115139152

Alvarenga, Hector M

412 S E St, Lake Worth Beach, 33460

Last Voter Activity Date

Aug/06/2018

pre-FVRS Regn Number

06136393

Date Last Voted

Registration Code

Date of Last Status Change

Apr/16/2007

Date Last Voter Card Printed

Apr/16/2007

Record Creation Date

Apr/16/2007

Number of Times Voted

Registration Date

Apr/16/2007

201902018020170

20160

Last Transaction

Operator

Date

08/06/18 12:13:52 PM

04-26-2019 14:04:34

DATE	OPERATOR	CHANGE	Notes
08/06/2018 12:13:37	SUPERVISOR er)	[precinct] from '' to '3062' [lastactive] from '4/20/2007' to '8/6/2018' [status] from 'K' to '0' [phone] from '5616707909' to '6707909' [dtlastchn] from '5/20/2012' to '0/18/08/0' [mail_addr3] from '' to '' [potential_pw] from '' to '0' [adddate] from '4/16/2007' to '8/06/2018'	Broker Update

*** End of Report ***

FL-PALMBEACH-19-0527-B-000028

04-26-2019
14:04:40

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

PAGE 1

HECTOR MANUEL ALVARENGA

Registered Address : 412 S E ST
LAKE WORTH FL 33460

FVRS Voter-ID: 115139152

Registered: 04-16-2007 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of HECTOR MANUEL ALVARENGA as it appears on record in my office.
Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mockley
Deputy

04-26-2019
14:04:45

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

HECTOR MANUEL ALVARENGA

Registered Address : 412 S E ST
LAKE WORTH FL 33460

FVRS Voter-ID: 115139152

Registered: 04-16-2007 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of HECTOR MANUEL ALVARENGA as it appears on record in my office.
Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

FLORIDA VOTER REGISTRATION APPLICATION

REVISED 1.06

1 Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update

2 Are you a citizen of the United States of America? Yes? ☒ No? ☐ (If no, you cannot register to vote)

3 ☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

4 ☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) 05/21/1988

6 If you have a current and valid FL DLW or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DLW, FL ID card#, or SSN, write "NONE":

7 Last Name Alvarezenga Suffix (circle) Jr Sr II III IV First Name Hector Middle Name Initial Manuel

8 Address Where You Live (Legal Residence) Apartment/Unit City County of Legal Residence State Zip Code
412 South E street Lake worth FL FL 33460

9 Mailing Address If Different from Above Apartment/Unit City County State Zip Code

10 Address Last Registered to Vote Apartment/Unit City County State Zip Code

11 Former Name if Making Name Change Day Phone Number (561) 670-7909

12 Party Affiliation (Check only one) ☒ Democratic Party ☐ Republican Party ☐ Other, Minor Party (print party name) ☐ No Party Affiliation

13 Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not Hispanic ☒ Hispanic ☐ White, not Hispanic

14 Sex ☒ M ☐ F Do you need voting assistance at the polls? ☐ Yes ☒ No Are you interested in being a poll worker? ☐ Yes ☒ No State or Country of Birth Honduras

15 Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

16 OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below (print name and date of birth of minor applicants)
RECEIVED APR 16 2007
Date: 4-16-07

Voter ID: 06-137366
FVRSIDNumber: 115154311

Name : NORTON, DANIEL PETERRAY
Status : 0
Address: 13399 46TH CT N

City : WPB Zip : 33411

Precinct : 6076 -0
WESTERN PINES MIDDLE
5949 140TH AVE N
WESTLAKE FL 33411

Register Date : 04-26-2007

Sex : M

SSN : - -

Phone : - -

Race : B

Date Of Birth : 05-09-1989

Party : REP

Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 10/14/2015
Last Card Req: 04/11/2014
Last Voted:
Last Change: 10/14/2015
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD18	CONGRESSIONAL DIST 18
CO6	COUNTY COMMISSION DIST 6
T-ITID	INDIAN TRAIL IMPRV DIST
T-LIB	LIBRARY DISTRICT
T-POR	PORT OF PALM BEACH
SB6	SCHOOL BOARD DIST 6
SH85	STATE HOUSE DIST 85
SS30	STATE SENATE DIST 30

DATE	OPERATOR	CHANGE	Notes
10/14/2015 10:48:25	SUPERVISOR er)	[emailpublic] from '0' to '' [adddate] from '4/26/2007' to '10/14/2015' [dtlastchn] from '4/11/2014' to '0/15/10/1' [lastactive] from '4/11/2014' to '10/14/2015' [status] from 'K' to '0' [mail_addr3] from '' to '' [email_samplebal] from '0' to 'N' [precinct] from '' to '6076'	Broker Update

*** End of Report ***

04-26-2019
14:06:52

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

DANIEL PETERRAY NORTON

Registered Address : 13399 46TH CT N
WEST PALM BEACH FL 33411

FVRS Voter-ID: 115154311

Registered: 04-26-2007 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of DANIEL PETERRAY NORTON as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

04-26-2019
14:06:58

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

DANIEL PETERRAY NORTON

Registered Address : 13399 46TH CT N
WEST PALM BEACH FL 33411

FVRS Voter-ID: 115154311

Registered: 04-26-2007 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of DANIEL PETERRAY NORTON as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

FOLD HERE		REVISED 1/06		FLORIDA VOTER REGISTRATION APPLICATION		FOLD HERE	
1	Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update					OFFICIAL USE ONLY: DS DE 39 1/06	
2	Are you a citizen of the United States of America? Yes? ☒ No? ☐ (If NO, you cannot register to vote)					4/27/07 (AP)	
3	☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.						
4	☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.						
IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.							
5	Date of Birth (MM/DD/YYYY) 05/09/1989						
6	If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE":						
7	Last Name Norton		Suffix (circle) S I II IV		First Name Daniel		Middle Name/Initial PeterRay
8	Address Where You Live (Legal Residence) so we can mail you		Appt/Unit	City Wellington	County of Legal Residence Palm Beach	State FL	Zip Code 33414
9	Mailing Address if Different from Above		Appt/Unit	City	County	State	Zip Code
10	Address Last Registered to Vote		Appt/Unit	City	County	State	Zip Code
11	Former Name if Making Name Change				Day Phone Number		
12	Party Affiliation (Check only one) ☐ Democratic Party ☒ Republican Party ☐ Other, Minor Party (print party name) RECEIVED APR 26 2007 ☐ No Party Affiliation						
13	Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☒ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic						
14	Sex ☒ M ☐ F	Do you need voting assistance at the polls? ☐ Yes ☒ No		Are you interested in being a poll worker? ☒ Yes ☐ No		State or Country of Birth Jamaica	
15	Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.						
16	OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.						
SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant.)					Date: 4-26-07		

Voter ID: 06-192594
FVRSIDNumber: 115935794

Name : HERNANDEZ, SUSANA
Status : 0
Address: 13919 68TH ST N

City : WPB Zip : 33412

Precinct : 6060 -0
INDIAN TRAIL IMPROVEMENT DIST
13476 61ST ST N
WEST PALM BEACH FL 33412

Register Date : 02-15-2008

Sex : U

SSN : -

Phone : [REDACTED]

Race : U

Date Of Birth : 04-28-1969

Party : DEM

Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 10/01/2013

Last Card Req:

Last Voted: 11/06/2012

Last Change: 10/01/2013

Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD18	CONGRESSIONAL DIST 18
CO6	COUNTY COMMISSION DIST 6
T-ITID	INDIAN TRAIL IMPRV DIST
T-LIB	LIBRARY DISTRICT
T-POR	PORT OF PALM BEACH
SB6	SCHOOL BOARD DIST 6
SH85	STATE HOUSE DIST 85
SS30	STATE SENATE DIST 30

04-26-2019 14:10:42

DATE	OPERATOR	CHANGE	Notes
10/01/2013 09:56:06	SUPERVISOR er)	[adddate] from '2/15/2008' to '10/01/2013' [phone] from '5613837049' to '3837049' [dtlastchn] from '5/20/2012' to '0/13/10/0' [precinct] from '' to '6060' [lastactive] from '11/6/2012' to '10/1/2013' [status] from 'K' to '0' [election] from '121106' to '' [email_samplebal] from '0' to '' [email_public] from '0' to '' [mail_addr3] from '' to ''	Broker Update

*** End of Report ***

04-26-2019
14:10:49

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

SUSANA HERNANDEZ

Registered Address : 13919 68TH ST N
WEST PALM BEACH FL 33412

FVRS Voter-ID: 115935794

Registered: 02-15-2008 Status: Canceled Total Items: 3

1106 POLL	11/06/2012 GENERAL
490 POLL	11/04/2008 GENERAL
489 POLL	08/26/2008 PRIMARY

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify the foregoing to be a true and correct copy of the voting record of SUSANA HERNANDEZ as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

04-26-2019
14:10:56

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

SUSANA HERNANDEZ

Registered Address : 13919 68TH ST N
WEST PALM BEACH FL 33412

FVRS Voter-ID: 115935794

Registered: 02-15-2008 Status: Canceled Total Items: 3

9547 Polls	11/06/2012	2012 General Election
9250 Polls	11/04/2008	2008 General Election
9249 Polls	08/26/2008	2008 Primary Election

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify the foregoing to be a true and correct copy of the voting record of SUSANA HERNANDEZ as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

Voter Registration Application

WVW0768A

CU8361783-NMB20361887

Are you a citizen of the United States of America? ☒ Yes ☐ No Will you be 18 years old on or before election day? ☐ Yes ☐ No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only. 115935794				
1	(Circle one) Mr. Mrs. Miss Ms.	Last Name Hernandez	First Name Susana	Middle Name(s)	(Circle one) Jr Sr II III IV	
2	Home Address 13919 68th St N		Apt. or Lot #	City/Town West Palm Beach	State FL	Zip Code 33412
3	Address Where You Get Your Mail If Different From Above Same			City/Town	State	Zip Code
4	Date of Birth 04 / 28 / 169 Month Day Year		Telephone Number (optional) 561-383-7049	ID Number - (See item 6 in the instructions for your state) 		
7	Choice of Party (see item 7 in the instructions for your State) Democrat		Race or Ethnic Group (see item 8 in the instructions for your State) 			
9	I have reviewed my state's instructions and I swear/affirm that: ☐ I am a United States citizen ☐ I meet the eligibility requirements of my state and subscribe to any oath required. ☐ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.			Please sign full name (or put mark) Date: 2 / 11 / 2008 Month Day Year		

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a change of name, what was your name before you changed it?

A	Mr. Mrs. Miss Ms. Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
---	--------------------------------	------------	----------------	---------------------------------

If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
---	----------------------------------	---------------	------------------	-------	----------

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.		NORTH ↑
Example Route #2 Grocery Store Woodchuck Road Public School ● X		

FL-PALMBEACH-19-0527-B-000041

Voter ID: 06-197684
FVRSIDNumber: 116033897

Name : ESTIME, JUDSON
Status : 0
Address: 701 ATLANTA AVE
#APT D
City : LAN Zip : 33462

Precinct : 7170 -0
LANTANA TOWN HALL
500 GREYNOLDS CIR
LANTANA FL 33462

Register Date : 04-01-2008
Sex : M
SSN : [REDACTED]
Phone : -493-5039
Race : B

Date Of Birth : 10-31-1988

Party : NPA

Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : YES
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 02/26/2015
Last Card Req:
Last Voted:
Last Change: 02/26/2015
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD21	CONGRESSIONAL DIST 21
CO7	COUNTY COMMISSION DIST 7
C-LAN	LANTANA
SB7	SCHOOL BOARD DIST 7
SH89	STATE HOUSE DIST 89
SS31	STATE SENATE DIST 31

DATE	OPERATOR	CHANGE	Notes
02/26/2015 14:19:18	SUPERVISOR er)	[emailpublic] from '0' to '' [adddate] from '4/1/2008' to '2/26/2015' [mail_addr3] from '' to '' [precinct] from '' to '7170' [email_samplebal] from '0' to '' [status] from 'K' to '0' [lastactive] from '5/23/2012' to '2/26/2015' [dtlastchnng] from '5/23/2012' to '0/15/02/2'	Broker Update

*** End of Report ***

04-26-2019
14:13:03

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

PAGE 1

JUDSON ESTIME

Registered Address : 701 ATLANTA AVE
#APT D
LANTANA FL 33462

FVRS Voter-ID: 116033897

Registered: 04-01-2008 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of JUDSON ESTIME as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

04-26-2019
14:13:07

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

PAGE 1

JUDSON ESTIME

Registered Address : 701 ATLANTA AVE
#APT D
LANTANA FL 33462

FVRS Voter-ID: 116033897

Registered: 04-01-2008 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of JUDSON ESTIME as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

REVISED 5/08

FLORIDA VOTER REGISTRATION APPLICATION

1 Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update

2 Are you a citizen of the United States of America? Yes ☒ No ☐ (If NO, you cannot register to vote)

3 ☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

4 ☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) 10/31/1988

6 If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE": [REDACTED]

7 Last Name Estime Suffix (nickel) Jr. Sr. II III IV First Name Judson Middle Name/Initial

8 Address Where You Live (Legal Residence) (owner or no owner) Apt./Lot/Unit City County of Legal Residence State Zip Code
201 West Atlanta Avenue, Apt. 10 10 Lantana Palm Beach FL 33462

9 Mailing Address if Different from Above Apt./Lot/Unit City Country State Zip Code

10 Address Last Registered to Vote Apt./Lot/Unit City Country State Zip Code

11 Former Name if Making Name Change Day Phone Number (optional) (561) 493-5039

12 Party Affiliation (Check only one) ☐ Democratic Party ☐ Republican Party ☐ minor party (print registered party name): ☒ NONE

13 Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☒ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic

14 Sex ☒ M ☐ F Do you need voting assistance at the polls? ☒ Yes ☐ No Are you interested in being a poll worker? ☒ Yes ☐ No State or Country of Birth Haiti

15 Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

16 OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)

Date: 04-1-08

HSVR

Voter ID: 06-211575
FVRSIDNumber: 116328388

Name : RAJAWAT, DURGESH
Status : 0
Address: 134 SPARROW DR
APT B
City : RPB Zip : 33411

Precinct : 6122 -0
DAVID B FARBER TRAINING CENTER
1050 ROYAL PALM BEACH BLVD
STE B
ROYAL PALM BEACH FL 33411

Register Date : 06-24-2008
Sex : M
SSN : [REDACTED]
Phone : -628-4101
Race : W
Date Of Birth : 11-20-1975
Party : NPA
Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 08/06/2015
Last Card Req:
Last Voted:
Last Change: 08/06/2015
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD20	CONGRESSIONAL DIST 20
CO6	COUNTY COMMISSION DIST 6
T-LIB	LIBRARY DISTRICT
T-POR	PORT OF PALM BEACH
C-RPB	ROYAL PALM BEACH
SB6	SCHOOL BOARD DIST 6
SH86	STATE HOUSE DIST 86
SS30	STATE SENATE DIST 30

04-26-2019 14:17:53

DATE	OPERATOR	CHANGE	Notes
08/06/2015 16:40:39	SUPERVISOR er)	[dtlastchnng] from '5/20/2012' to '0/15/08/0' [precinct] from '' to '6122' [lastactive] from '7/8/2008' to '8/6/2015' [status] from 'K' to '0' [mail_addr3] from '' to '' [phone] from '5616284101' to '6284101' [adddate] from '6/24/2008' to '8/06/2015' [email_samplebal] from '0' to '' [ssnum] from '1029' to '000001029' [emailpublic] from '0' to ''	Broker Update

*** End of Report ***

04-26-2019
14:18:00

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

DURGESH RAJAWAT

Registered Address : 134 SPARROW DR
APT B
ROYAL PALM BEACH FL 33411

FVRS Voter-ID: 116328388

Registered: 06-24-2008 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of DURGESH RAJAWAT as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: *Deborah Mackey*
Deputy

14:18:07

VOTING HISTORY REPORT

DURGESH RAJAWAT

Registered Address : 134 SPARROW DR
APT B
ROYAL PALM BEACH FL 33411

FVRS Voter-ID: 116328388

Registered: 06-24-2008 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of DURGESH RAJAWAT as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy



Florida Voter Registration Application

TO REGISTER, YOU MUST:

- Be a citizen of the United States of America. (Box 2)
- Be a Florida resident. (Box 8)
- Be 18 years old. (You may pre-register if you are 17 or if you have a valid driver's license before your 17th birthday.) (Box 5)
- Not be adjudicated mentally incapacitated with respect to voting unless that right is restored. (Box 4)
- Not be a convicted felon unless you have had your civil rights restored. (Box 3)
- Provide your current and valid Florida driver's license number or Florida identification card number. If you do not have a current and valid Florida driver's license or Florida identification card, you must provide the last four digits of your Social Security number. If you do not have a Florida driver's license number, Florida identification card number or Social Security number, write "NONE" in the box. (Box 6)
- Complete all information in the black boxes on the application. (Boxes 2, 3, 4, 5, 6, 7, 8, 16)

YOU CAN USE THIS FORM TO:

- Register to vote in the State of Florida
- Change name or address
- Replace your defaced, lost or stolen Voter Information Card
- Register with a political party or change party affiliation
- Update your signature

DEADLINE INFORMATION

If this is a new registration application in Florida, the date the completed application is postmarked or hand delivered to a driver's license office, a voter registration agency, an armed forces recruitment office, the Division of Elections, or the office of any supervisor of elections in the state will be your registration date. You must be registered for at least 29 days before you can vote in an election. If your application is complete and you are qualified as a voter, a voter information card will be mailed to you.

PARTY AFFILIATION (BOX #12)

If you wish to register with a major political party, place an "X" in the box next to the desired major party. If you wish to register with a minor political party, place an "X" in the box preceding "minor party" and then print the name of the desired minor party. For a list of all political parties registered in Florida, go to the Division of Elections' web site: <http://election.dos.state.fl.us/online/parties.shtml>. If you do not wish to

register with any political party, place an "X" in the box preceding "NONE." Florida is a closed primary election state. Therefore, to vote in a primary election for partisan candidates, you must be a registered voter in the party for which a primary is being held. Regardless of party affiliation, all registered voters can vote on issues and non-partisan candidates.

NOTICE

The office at which you register or your decision not to register, your SSN, your FL DL# and your FL ID card# will remain confidential and will be used only for voter registration purposes.

NOTE

If the information on this application is not true, the applicant can be convicted of a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years.

QUESTIONS

Contact the office of your county supervisor of elections for additional information. Contact information is on the website for the Division of Elections: <http://election.dos.state.fl.us/county/index.shtml>

INFORMACIÓN EN ESPAÑOL

Sírvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en Español.

PLEASE COMPLETE THE APPLICATION BELOW. PLEASE PRINT USING A BLACK BALLPOINT PEN.

- 1) Black boxes must be completed on the application below for registration to be valid. 2) Return this completed application to the office of your supervisor of elections. 3) If you are a first-time voter in this state applying by mail to register to vote and you have not been issued a FL DL#, FL ID#, or SSN, include a copy of your ID with the application (see Special Identification Requirements for additional information required). 4) Mail with first-class stamp.

REVISED 1/03

FLORIDA VOTER REGISTRATION APPLICATION

1	Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update				OFFICIAL USE ONLY: 116328368 DS DE 39 1/08	
2	Are you a citizen of the United States of America? Yes ☒ No ☐ (If NO, you cannot register to vote)					
3	☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.					
4	☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.					
IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.						
5	Date of Birth (MM/DD/YYYY) 11-20-1975					
6	If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE":					
7	Last Name RAJAWAT		Suffix Jr. Sr. None III IV	First Name DURGESH		Middle Name/Initial
8	Address Where You Live (Legal Residence) 134 SPARROW DR		Apt/Lot/Unit B	City ROYAL PALM BCH		County of Legal Residence
9	Mailing Address if Different from Above		Apt/Lot/Unit	City		Country
10	Address Last Registered to Vote		Apt/Lot/Unit	City		Country
11	Former Name if Making Name Change				Day Phone Number (optional) 561-628 4101	
12	Party Affiliation (Check only one) ☐ Democratic Party ☐ Republican Party ☐ minor party (print: registered party name): ☒ NONE					
13	Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not Hispanic ☐ Hispanic ☒ White, not Hispanic					

AMERICAN
OVERSIGHT

FL-PALMBEACH-19-0527-B-000051

Date 10/18/2019
Time 10:11:14 AM

Wendy Sartory Link
Supervisor of Elections
Voter Registration Receipt

Palm Beach County, FL

Regn Number / Número de Registración	116444893
Voter Name / Nombre de Votante	Jean, Walbina
Residence / Residencia	3063 Angler Dr Delray Beach FL 33445
Mailing Address / Dirección de Correo	none
Voter Status / Estado del Votante	Deleted Record
Birth Date / Fecha de Nacimiento	Aug/23/1986
Sex / Sexo	F
Race / Raza	3
Party / Partido	DEM
Registration Date / Fecha de Registración	Jul/24/2008
Assistance Required / Asistencia Requerida	N

04-26-2019 14:20:26

DATE	OPERATOR	CHANGE	Notes
01/20/2016 08:50:47	SUPERVISOR er)	[dtlastchng] from '1/12/2016' to '0/16/01/2' [adddate] from '7/24/2008' to '1/20/2016' [emailpublic] from '1' to '' [email_samplebal] from '1' to '' [mail_addr3] from '' to '' [status] from 'K' to '0' [lastactive] from '1/12/2016' to '1/20/2016' [precinct] from '' to '7196'	Broker Update

*** End of Report ***

04-20-2019
14:20:45

VOTING HISTORY REPORT

WALBINA JEAN

Registered Address : 3063 ANGLER DR
DELRAY BEACH FL 33445

FVRS Voter-ID: 116444893

Registered: 07-24-2008 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of WALBINA JEAN as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

04-26-2019
14:20:56

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

WALBINA JEAN

Registered Address : 3063 ANGLER DR
DELRAY BEACH FL 33445

FVRS Voter-ID: 116444893

Registered: 07-24-2008 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of WALBINA JEAN as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackay
Deputy

REVISED 1/08

FLORIDA VOTER REGISTRATION APPLICATION

1 Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature UpdateOFFICIAL USE ONLY:
DS DE 39 1/08

RECEIVED

2 Are you a citizen of the United States of America? Yes ☒ No ☐ (If NO, you cannot register to vote)

JUL 24 2008

3 ☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

BILL COWLES

4 ☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

SUPERVISOR OF ELECTIONS

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4,
YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.5 Date of Birth
(MM/DD/YYYY)

08/23/86

6 If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE":

7 Last Name

Jean

Suffix (circle)

I. Sr. II III IV

First Name

Walbina

Middle Name/Initial

8 Address Where You Live (Legal Residence) DO NOT GIVE BOX

3063 Angler Dr.

Apt/Lot/Unit

City

Del Ray Bch

County of Legal Residence

Palm Beach FL

State

Zip Code

33445

9 Mailing Address If Different From Above

Apt/Lot/Unit

City

Country

State

Zip Code

10 Address Last Registered to Vote

Apt/Lot/Unit

City

County

State

Zip Code

11 Former Name if Making Name Change

Day Phone Number (optional)

561-843-3811

12 Party Affiliation (Check only one) ☒ Democratic Party ☐ Republican Party ☐ minor party (print registered party name):☐ NONE13 Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☒ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic14 Sex ☐ M ☒ FDo you need voting assistance at the polls? ☐ Yes ☒ NoAre you interested in being a poll worker? ☒ Yes ☐ No

State or Country of Birth

St. Martin

15 Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

16

OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)

X

Date: 7/17/08

Voter ID: 06-217112
FVRSIDNumber: 116449466

Name : GARCIA, NANCI
Status : 0
Address: 5701 PRISCILLA LN

City : LW Zip : 33463

Precinct : 2216 -0
INDIAN PINES ELEMENTARY
6000 OAK ROYAL DR
LAKE WORTH FL 33463

Register Date : 07-23-2008
Sex : U
SSN : - -
Phone : -351-8415
Race : 0
Date Of Birth : 10-13-1988
Party : DEM
Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 01/22/2015
Last Card Req:
Last Voted:
Last Change: 01/22/2015
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD21	CONGRESSIONAL DIST 21
CO2	COUNTY COMMISSION DIST 2
T-LIB	LIBRARY DISTRICT
SB3	SCHOOL BOARD DIST 3
SH90	STATE HOUSE DIST 90
SS31	STATE SENATE DIST 31

04-26-2019 14:22:03

DATE	OPERATOR	CHANGE	Notes
01/22/2015 12:38:34	SUPERVISOR er)	[emailpublic] from '0' to '' [lastactive] from '7/29/2008' to '1/22/2015' [precinct] from '' to '2216' [mail_addr3] from '' to '' [dtlastchng] from '5/20/2012' to '0/15/01/2' [email_samplebal] from '0' to '' [status] from 'K' to '0' [phone] from '5613518415' to '3518415' [adddate] from '7/23/2008' to '1/22/2015'	Broker Update

*** End of Report ***

04-26-2019
14:22:11

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

NANCI GARCIA

Registered Address : 5701 PRISCILLA LN
LAKE WORTH FL 33463

FVRS Voter-ID: 116449466

Registered: 07-23-2008 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of NANCI GARCIA as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

04-26-2019
14:22:16

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

NANCI GARCIA

Registered Address : 5701 PRISCILLA LN
LAKE WORTH FL 33463

FVRS Voter-ID: 116449466

Registered: 07-23-2008 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of NANCI GARCIA as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

FLORIDA VOTER REGISTRATION APPLICATION

YOU CAN USE THIS FORM TO: REGISTER TO VOTE IN THE STATE OF FLORIDA • CHANGE NAME OR ADDRESS • REPLACE YOUR DEFACED, LOST, OR STOLEN VOTER INFORMATION CARD • REGISTER WITH A POLITICAL PARTY OR CHANGE PARTY AFFILIATION • UPDATE YOUR SIGNATURE

To Register, You Must:

- Be a citizen of the United States of America. (BOX #2)
- Be a Florida resident. (BOX #8)
- Be 18 years old (you may pre-register if you are 17). (BOX #5)
- Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state. (BOX #4)
- Not have been convicted of a felony in Florida, or any other state, without your civil rights having been restored. (BOX #3)
- Provide your current and valid Florida driver's license number or Florida identification card number. If you do not have a current and valid Florida driver's license or Florida identification card, you must provide the last four digits of your Social Security number. If you do not have a FL DL#, FL ID card#, or SSN, write "NONE" in the box. (BOX #6)
- Complete all information in the black boxes on the application. (BOXES #2,3,4,5,6,7,8 & 16)

Deadline Information:

If this is a new registration application, the date the completed application is postmarked or hand delivered to a driver's license office, a voter registration agency, an armed forces recruitment office, the Division of Elections, or the office of any supervisor of elections in the state will be your registration date. If this is a new Florida application, you must be registered for at least 29 days before you can vote in an election. If your application is complete and you are qualified as a voter, a voter information card will be mailed to you.

Party Affiliation (BOX #12):

If you wish to register with a major political party, place an "X" in the box preceding the listed party with which you wish to affiliate. If you wish to register with a minor political party, place

an "X" in the box preceding "Other, Minor Party" and print the name of the party with which you wish to affiliate. A list of the minor political parties is on the website for the Division of Elections: <http://election.dos.state.fl.us/online/parties.shtml>. If you wish to register without party affiliation, place an "X" in the box preceding "No Party Affiliation".

Florida is a closed primary state. If you wish to register to vote in a partisan primary election, you must be a registered voter in the party for which the primary is being held. All registered voters, regardless of party affiliation, can vote on issues and non-partisan candidates.

Notice:

The office at which you register, or your decision not to register, your SSN, your FL DL# and

your FL ID card# will remain confidential and will be used only for voter registration purposes.

Note: If the information on this application is not true, the applicant can be convicted of a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years.

Questions:

Contact the office of your county supervisor of elections for additional information. Contact information is on the website for the Division of Elections: <http://election.dos.state.fl.us/county/index.shtml>

Información en Español:

Sírvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en Español.

PLEASE COMPLETE THE APPLICATION BELOW. PLEASE PRINT USING A BLACK BALL POINT PEN.

- 1) Black boxes must be completed on the application below for registration to be valid.
2) Return this completed application to the office of your supervisor of elections.
3) If you are a first-time voter in this state applying by mail to register to vote and you have not been issued a FL DL#, FL ID#, or SSN, include a copy of your ID with the application.
4) Mail with first class stamp.

REVISED 1/06

FLORIDA VOTER REGISTRATION APPLICATION

1	Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update				OFFICIAL USE ONLY DS DE 39 1/06	
2	Are you a citizen of the United States of America? Yes ☒ No ☐ (If NO, you cannot register to vote)					
3	☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.					
4	☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.					
IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.						
5	Date of Birth (MM/DD/YYYY) 10/13/08					
6	If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE":					
7	Last Name GARCIA		Suffix (circle) ☒ Jr. ☐ Sr. ☐ II ☐ III ☐ IV	First Name Nanci		Middle Name/Initial
8	Address Where You Live (Legal Residence) DO NOT GIVE PO BOX 5701 PRISCILLA LN		Apt/Lot/Unit	City Lake Worth	County of Legal Residence	State Zip Code 33463
9	Mailing Address If Different from Above		Apt/Lot/Unit	City	County	State Zip Code
10	Address Last Registered to Vote		Apt/Lot/Unit	City	County	State Zip Code
11	Former Name if Making Name Change				Day Phone Number (561) 551-8415	
12	Party Affiliation (Check only one) ☒ Democratic Party ☐ Republican Party ☐ Other, Minor Party (print party name): ☐ No Party Affiliation					
13	Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic					
14	Sex ☐ M ☐ F	Do you need voting assistance at the polls? ☐ Yes ☐ No		Are you interested in being a poll worker? ☐ Yes ☐ No		State or County of Birth
15	Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ Other (print name and address)					

AMERICAN
OVERSIGHT

FLA. PALMBEACH 10-0527-B-000001 2008

Voter ID: 06-219753
FVRSIDNumber: 116283649

Name : SYLVAIN, RONY
Status : 0
Address: 1116 NE 21ST ST

City : BG Zip : 33430

Precinct : 6036 -0
GOVE ELEMENTARY
1000 SE AVENUE G
BELLE GLADE FL 33430

Register Date : 06-13-2008
Sex : M
SSN : [REDACTED]
Phone : 561-257-9697
Race : U
Date Of Birth : 04-25-1990
Party : DEM
Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : YES
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 01/19/2016
Last Card Req: 11/18/2014
Last Voted: 11/04/2014
Last Change: 01/19/2016
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
C-BG	BELLE GLADE
CD20	CONGRESSIONAL DIST 20
CO6	COUNTY COMMISSION DIST 6
T-LIB	LIBRARY DISTRICT
T-POR	PORT OF PALM BEACH
SB6	SCHOOL BOARD DIST 6
SH81	STATE HOUSE DIST 81
SS29	STATE SENATE DIST 29

04-26-2019 14:22:48

DATE	OPERATOR	CHANGE	Notes
01/19/2016 11:13:00	SUPERVISOR er)	[lastactive] from '11/18/2014' to '1/19/2016' [precinct] from '' to '6036' [email_samplebal] from '0' to 'N' [dtlastchnng] from '11/18/2014' to '0/16/01/1' [election] from '141104' to '' [adddate] from '6/13/2008' to '1/19/2016' [emailpublic] from '0' to '' [status] from 'K' to '0' [mail_addr3] from '' to ''	Broker Update

*** End of Report ***

04-26-2019
14:23:01

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

RONY SYLVAIN

Registered Address : 1116 NE 21ST ST
BELLE GLADE FL 33430

FVRS Voter-ID: 116283649

Registered: 06-13-2008 Status: Canceled Total Items: 2

1104 POLL non 11/04/2014 GENERAL
1106 POLL 11/06/2012 GENERAL

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of RONY SYLVAIN as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

04-26-2019
14:23:07

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

RONY SYLVAIN

Registered Address : 1116 NE 21ST ST
BELLE GLADE FL 33430

FVRS Voter-ID: 116283649

Registered: 06-13-2008 Status: Canceled Total Items: 2

0218 Polls 11/04/2014 2014 General Election
9547 Polls 11/06/2012 2012 General Election

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of RONY SYLVAIN as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: _____

Deborah Mackey
Deputy

FLORIDA VOTER REGISTRATION APPLICATION

REVISED 1/08

1	Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Reside Re-registration ☐ Signature Update		OFFICIAL USE ONLY: DS DE 39 1/08	
2	Are you a citizen of the United States of America? Yes ☒ No ☐ If NO, you cannot register to vote.		116283649 Palm Beach	
3	☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.			
4	☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.			
IF YOU ANSWERED NO TO QUESTION 2 OR 3, YOU ARE NOT ELIGIBLE TO REGISTER TO VOTE. IF YOU ARE ELIGIBLE, YOU ARE THEREBY ENCOURAGED TO VOTE IN THE NEXT GENERAL ELECTION.				
5	Date of Birth (MM/DD/YYYY) 04/25/1990			
6	If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE".			
7	Last Name Sylvain	Suffix (circle) Jr. Sr. II III IV	First Name Rony	Middle Name/Initial
8	Address Where You Live (Legal Residence) DO NOT OMIT NO BOX 665 W. Ave. A	Apt/Lot/Unit 4	City Belle Glade	County of Legal Residence Palm Beach
9	Mailing Address If Different from Above	Apt/Lot/Unit	City	State FL
10	Address Last Registered to Vote	Apt/Lot/Unit	City	Zip Code 33430
11	Former Name If Making Name Change		Day Phone Number (optional) (561) 449-1088	
12	Party Affiliation (Check only one) ☒ Democratic Party ☐ Republican Party ☐ minor party (print registered party name):		☐ NONE	
13	Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic			
14	Sex ☒ M ☐ F	Do you need voting assistance at the polls? ☒ Yes ☐ No	Are you interested in being a poll worker? ☐ Yes ☒ No	State or Country of Birth Haiti
15	Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.			
16	OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)  Date: 6/13/08	

Date 10/18/2019
Time 10:14:11 AM

Wendy Sartory Link
Supervisor of Elections
Voter Registration Receipt

Palm Beach County, FL

Regn Number / Número de Registración
Voter Name / Nombre de Votante
Residence / Residencia

116585665
Hambley, Wesley S
1913 Division Ave
West Palm Beach FL 33407

Mailing Address / Dirección de Correo

none

Voter Status / Estado del Votante
Birth Date / Fecha de Nacimiento
Sex / Sexo
Race / Raza
Party / Partido

Deleted Record
May/27/1985
M
4
DEM

Registration Date / Fecha de Registración
Assistance Required / Asistencia Requerida

Aug/26/2008
N

04-26-2019 14:24:34

DATE	OPERATOR	CHANGE	Notes
12/16/2014 11:03:16	SUPERVISOR er)	[status] from 'K' to '0' [email_samplebal] from '0' to '' [lastactive] from '5/25/2012' to '12/15/2014' [precinct] from '' to '7106' [emailpublic] from '0' to '' [adddate] from '8/26/2008' to '12/16/2014' [mail_addr3] from '' to '' [dtlastchnng] from '5/25/2012' to '0/14/12/1'	Broker Update

*** End of Report ***

04-26-2019
14:24:38

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

WESLEY S HAMBLEY

Registered Address : 1913 DIVISION AVE
WEST PALM BEACH FL . 33407

FVRS Voter-ID: 116585665

Registered: 08-26-2008 Status: Canceled Total Items: 1

490 POLL 11/04/2008 GENERAL

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of WESLEY S HAMBLEY as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackay
Deputy

04-26-2019
14:24:44

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

WESLEY S HAMBLEY

Registered Address : 1913 DIVISION AVE
WEST PALM BEACH FL 33407

FVRS Voter-ID: 116585665

Registered: 08-26-2008 Status: Canceled Total Items: 1

9250 Polls 11/04/2008 2008 General Election

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of WESLEY S HAMBLEY as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Macky
Deputy

RECEIVED NAME

1 Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update

2 Are you a citizen of the United States of America? Yes ☒ No ☐ (If NO, you cannot register to vote) *EF*

3 ☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

4 ☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) *5 12 1985*

6 If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE"

7 Last Name *Hambley* Suffix (circle) Jr. Sr. III IV *Wesley* First Name *Wesley* Middle Name/Initial *W*

8 Address Where You Live (Legal Residence) *1913 Divison Ave* Apt./Lot/Unit *West Palm Beach* City *Palm Beach* Country of Legal Residence *FL* State *33407* Zip Code

9 Mailing Address if Different from Above Apt./Lot/Unit City Country State Zip Code

10 Address Last Registered to Vote Apt./Lot/Unit City Country State Zip Code

11 Former Name if Making Name Change Day Phone Number (optional)

12 Party Affiliation (Check only one) ☒ Democratic Party ☐ Republican Party ☐ Minor party (what registered party name) ☐ NONE

13 Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not Hispanic ☒ Hispanic ☐ White, not Hispanic

14 Sex ☒ M ☐ F Do you need voting assistance at the polls? Yes ☐ No ☒ Are you interested in being a poll worker? *NO* *Aug 26 2008* or Country of Birth

15 Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

16 OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (must include signature or mark of applicant)

Date: *8/26/08*

Voter ID: 06-244294
FVRSIDNumber: 116806031

Name : DAWSON, ANDREE M
Status : 0
Address: 6847 MOONLIT DR

City : DB Zip : 33446

Precinct : 5068 -0
CAMELOT VILLAGE CLUBHOUSE
6610 MOONLIT DR
DELRAY BEACH FL 33446

Register Date : 09-15-2008
Sex : U
SSN : - -
Phone : -499-6245
Race : U
Date Of Birth : 10-18-1942
Party : NPA
Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 10/27/2014
Last Card Req:
Last Voted: 11/06/2012
Last Change: 10/27/2014
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD21	CONGRESSIONAL DIST 21
CO5	COUNTY COMMISSION DIST 5
T-LIB	LIBRARY DISTRICT
SB3	SCHOOL BOARD DIST 3
SH91	STATE HOUSE DIST 91
SS31	STATE SENATE DIST 31

04-26-2019 14:25:38

DATE	OPERATOR	CHANGE	Notes
10/27/2014 11:02:57	SUPERVISOR er)	[emailpublic] from '0' to '' [adddate] from '9/15/2008' to '10/27/2014' [email_samplebal] from '0' to '' [mail_addr3] from '' to '' [status] from 'K' to '0' [lastactive] from '10/7/2014' to '10/27/2014' [precinct] from '' to '5068' [dtlastchng] from '10/7/2014' to '0/14/10/2'	Broker Update

*** End of Report ***

04/20/2019
14:25:44

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

ANDREE M DAWSON

Registered Address : 6847 MOONLIT DR
DELRAY BEACH FL 33446

FVRS Voter-ID: 116806031

Registered: 09-15-2008 Status: Canceled Total Items: 3

1106 POLL	11/06/2012 GENERAL
0814 POLL	08/14/2012 PRIMARY
490 POLL	11/04/2008 GENERAL

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of ANDREE M DAWSON as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackey
Deputy

04-26-2019
14:25:49

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

ANDREE M DAWSON

Registered Address : 6847 MOONLIT DR
DELRAY BEACH FL 33446

FVRS Voter-ID: 116806031

Registered: 09-15-2008 Status: Canceled Total Items: 3

9547 Polls	11/06/2012	2012 General Election
9546 Polls	08/14/2012	2012 Primary Election
9250 Polls	11/04/2008	2008 General Election

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify the foregoing to be a true and correct copy of the voting record of ANDREE M DAWSON as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

Voter Registration Application

WWW0851A

CU0759741--N0310759561

Are you a citizen of the United States of America? ☒ Yes ☐ No
 Will you be 18 years old on or before election day? ☒ Yes ☐ No
 If you checked "No" in response to either of these questions, do not complete form.
 (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)

This space for office use only.
 110800031 AS

1 (Circle one) Last Name Dawson First Name Andree Middle Name(s) M M (Circle one) Jr Sr II III IV

2 Home Address 6847 Moonlit Dr Apt. or Lot # Town H City/Town Delray Beach State FL Zip Code 33446

3 Address Where You Get Your Mail If Different From Above City/Town DELRAY State FL Zip Code 33446

4 Date of Birth 10/18/42 5 Telephone Number (optional) 561-499-6245 6 ID Number - (See item 6 in the instructions for your state)

7 Choice of Party (see item 7 in the instructions for your state) choice 8 Race or Ethnic Group (see item 8 in the instructions for your state) ETHNIC group

9 I have reviewed my state's instructions and I swear/affirm that:
 I am a United States citizen
 I meet the eligibility requirements of my state and subscribe to any oath required.
 The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.

Please sign full name (or put mark) _____
 Date: 9 / 15 / 08 SEP 15 2008
 Month Day Year

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a change of name, what was your name before you changed it?

A Mr. Mrs. Miss Ms. Last Name First Name Middle Name(s) (Circle one) Jr Sr II III IV

If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B Street (or route and box number) Apt. or Lot # City/Town/County State Zip Code

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C Write in the names of the crossroads (or streets) nearest to where you live.
 Draw an X to show where you live.
 Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.

Example: Route #2, Grocery Store, Woodchuck Road, Public School, X

NORTH ↑

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D

Voter ID: 06-309992
FVRSIDNumber: 114288737

Name : DULCIO, GAELLE
Status : 0
Address: 6712 HERITAGE GRANDE
2103
City : BB Zip : 33437

Precinct : 5046 -0
GREEN CAY NATURE CENTER
12800 HAGEN RANCH RD
BOYNTON BEACH FL 33437

Register Date : 05-02-2006

Sex : F

SSN : [REDACTED]

Phone : - -

Race : B

Date Of Birth : 03-10-1988

Party : NPA

Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 05/24/2018
Last Card Req: 10/11/2013
Last Voted:
Last Change: 05/24/2018
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD21	CONGRESSIONAL DIST 21
CO5	COUNTY COMMISSION DIST 5
T-LIB	LIBRARY DISTRICT
SB3	SCHOOL BOARD DIST 3
SH91	STATE HOUSE DIST 91
SS31	STATE SENATE DIST 31

04-26-2019 14:27:56

DATE	OPERATOR	CHANGE	Notes
05/24/2018 09:40:07	SUPERVISOR er)	[election] from '' to '' [email_samplebal] from '0' to 'N' [emailpublic] from '0' to '' [adddate] from '5/2/2006' to '5/24/2018' [lastactive] from '10/11/2013' to '5/24/2018' [mail_addr3] from '' to '' [dtlastchnng] from '10/11/2013' to '0/18/05/2' [precinct] from '' to '5046' [status] from 'K' to '0'	Broker Update

*** End of Report ***

04-26-2019
14:28:02

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

GAELE DULCIO

Registered Address : 6712 HERITAGE GRANDE
2103
BOYNTON BEACH FL 33437

FVRS Voter-ID: 114288737

Registered: 05-02-2006 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of GAELE DULCIO as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Debra Macky
Deputy

04-26-2019
14:28:07

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

PAGE 1

GAELE DULCIO

Registered Address : 6712 HERITAGE GRANDE
2103
BOYNTON BEACH FL 33437

FVRS Voter-ID: 114288737

Registered: 05-02-2006 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of GAELE DULCIO as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By:

Deborah Mackay
Deputy

1	Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ First Name/Last Name ☐ Signature Update		OFFICIAL USE ONLY: 114288737	
2	Are you a citizen of the United States of America? Yes? ☒ No? ☐ (If NO, you cannot register to vote)			
3	☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.			
4	☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.			
IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.				
5	Date of Birth (MM/DD/YYYY) 03/10/1988			
6	If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE".			
7	Last Name DULCE	Suffix (middle) Jr. Sr. III IV	First Name GALLE	Middle Name/Initial
8	Address Where You Live (Legal Residence) (Household) 1600 N.E. 135th	Apartment #303	City MIAMI	County of Legal Residence DADE
9	Mailing Address If Different from Above	Apartment	City	State FL Zip Code 33181
10	Address Last Registered to Vote	Apartment	City	State Zip Code
11	Former Name if Mailing Name Change		Day Phone Number 786-237-3046	
12	Party Affiliation (Check only one) ☐ Democratic Party ☐ Republican Party ☐ Other: Minor Party (set party name) ☐ No Party Affiliation			
13	Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☒ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic			
14	Sex ☐ M ☒ F	Do you need voting assistance at the polls? ☐ Yes ☒ No	Are you interested in being a poll worker? ☐ Yes ☒ No	State or Country of Birth FLA
15	Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Overseas			
16	OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		SIGNATURE: Sign or mark on line box below. (If you sign without signature or mark of applicant.) MAY 02 2006	
			Date:	

Voter ID: 06-427864
FVRSIDNumber: 119144029

Name : RUBIO DURAN, FELIX
Status : 0
Address: 102 HOLIDAY DR

City : LW Zip : 33461

Precinct : 3052 -0
OUR SAVIOR LUTHERAN CHURCH
1615 LAKE AVE
LAKE WORTH FL 33460

Register Date : 10-27-2011

Sex : M

SSN : [REDACTED]

Phone : 561-900-8773

Race : H

Date Of Birth : 02-21-1946

Party : DEM

Driver Lic.: [REDACTED]

Military : NO

Overseas : NO

Out of Cnty : NO

Asst Req : YES

Shutin : NO

Homeless : NO

Withheld : NO

Disabled : NO

Mail Reg. : NO

Last Activity: 02/16/2018

Last Card Req: 02/02/2018

Last Voted: 03/14/2017

Last Change: 02/16/2018

Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD21	CONGRESSIONAL DIST 21
CO3	COUNTY COMMISSION DIST 3
C-LW	LAKE WORTH
SB4	SCHOOL BOARD DIST 4
SH87	STATE HOUSE DIST 87
SS31	STATE SENATE DIST 31

04-26-2019 14:30:22

DATE	OPERATOR	CHANGE	Notes
02/16/2018 15:32:02	SUPERVISOR er)	[mail_addr3] from '' to '' [status] from 'K' to '0' [lastactive] from '2/2/2018' to '2/16/2018' [precinct] from '' to '3052' [email_samplebal] from '0' to 'N' [election] from '170314' to '' [adddate] from '10/27/2011' to '2/16/2018' [emailpublic] from '0' to '' [dtlastchnng] from '2/2/2018' to '0/18/02/1'	Broker Update

*** End of Report ***

04-26-2019
14:30:27

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

PAGE 1

FELIX RUBIO DURAN

Registered Address : 102 HOLIDAY DR
LAKE WORTH FL 33461

FVRS Voter-ID: 119144029

Registered: 10-27-2011 Status: Canceled Total Items: 5

0314 AB	03/14/2017 UNIFORM MUNICIPAL
1108 AB	11/08/2016 GENERAL
1104 AB	11/04/2014 GENERAL
1106 EARLYDEM	11/06/2012 GENERAL
0814 EARLYDEM	08/14/2012 PRIMARY

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of FELIX RUBIO DURAN as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

04-26-2019
14:30:34

PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
VOTING HISTORY REPORT

PAGE 1

FELIX RUBIO DURAN

Registered Address : 102 HOLIDAY DR
LAKE WORTH FL 33461

FVRS Voter-ID: 119144029

Registered: 10-27-2011 Status: Canceled Total Items: 6

0282 AB	11/08/2016	2016 General Election
0281 AB	08/30/2016	2016 Primary Election
0448 AB	03/15/2016	2016 Pres Preference Prim
0218 AB	11/04/2014	2014 General Election
9547 Early	11/06/2012	2012 General Election
9546 Early	08/14/2012	2012 Primary Election

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify the foregoing to be a true and correct copy of the voting record of FELIX RUBIO DURAN as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

REVISED 1/08

FLORIDA VOTER REGISTRATION APPLICATION

- 1 Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update
- 2 Are you a citizen of the United States of America? Yes ☒ No ☐ (If NO, you cannot register to vote)
- 3 ☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.
- 4 ☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

OFFICIAL USE ONLY:
DS DE 39 1/08

119144029
10-31-11
Eym

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) 2/21/46

6 If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE":

7 Last Name RUBIO Suffix (circle) Jr. Sr. II III IV First Name FELIX Middle Name/Initial R

8 Address Where You Live (Legal Residence) DO NOT GIVE PO BOX Apt/Lot/Unit City LAKE WORTH County of Legal Residence PALM BEACH FL State Zip Code 33461

9 Mailing Address if Different from Above Apt/Lot/Unit City Country State Zip Code

10 Address Last Registered to Vote Apt/Lot/Unit City Country State Zip Code

11 Former Name if Making Name Change Day Phone Number (optional) 561-900-8773

12 Party Affiliation (Check only one) ☒ Democratic Party ☐ Republican Party ☐ minor party (print registered party name): ☐ NONE

13 Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not Hispanic ☒ Hispanic ☐ White, not Hispanic max's card

14 Sex ☒ M ☐ F Do you need voting assistance at the polls? ☒ Yes ☐ No Are you interested in being a poll worker? ☐ Yes ☒ No State or Country of Birth

15 Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

16 OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)

X [Signature] Date: 10-27-2011

Voter ID: 06-462996
FVRSIDNumber: 119240050

Name : CEBALLOS, ALVARO J
Status : 0
Address: 122 OLIVE TREE CIR

City : GA Zip : 33413

Precinct : 2086 -0
COMMUNITY CHRISTIAN CHURCH
521 JOG RD
WEST PALM BEACH FL 33415

Register Date : 11-15-2011

Sex : M

SSN : [REDACTED]

Phone : - -

Race : H

Date Of Birth : 07-27-1992

Party : NPA

Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 10/23/2013

Last Card Req:

Last Voted:

Last Change: 10/23/2013

Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD21	CONGRESSIONAL DIST 21
CO2	COUNTY COMMISSION DIST 2
C-GA	GREENACRES
T-LIB	LIBRARY DISTRICT
SB2	SCHOOL BOARD DIST 2
SH87	STATE HOUSE DIST 87
SS31	STATE SENATE DIST 31

04-26-2019 14:31:47

DATE	OPERATOR	CHANGE	Notes
10/23/2013 16:10:49	SUPERVISOR er)	[adddate] from '11/15/2011' to '10/23/2013' [mail_addr3] from '' to '' [email_public] from '0' to '' [email_samplebal] from '0' to '' [precinct] from '' to '2086' [dtlastchnng] from '5/20/2012' to '0/13/10/2' [status] from 'K' to '0' [lastactive] from '11/15/2011' to '10/23/2013' ,	Broker Update

*** End of Report ***

04-26-2019
14:31:56

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

ALVARO J CEBALLOS

Registered Address : 122 OLIVE TREE CIR
GREENACRES FL 33413

FVRS Voter-ID: 119240050

Registered; 11-15-2011 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of ALVARO J CEBALLOS as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

04-26-2019
14:32:02

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

ALVARO J CEBALLOS

Registered Address : 122 OLIVE TREE CIR
GREENACRES FL 33413

FVRS Voter-ID: 119240050

Registered: 11-15-2011 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of ALVARO J CEBALLOS as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

REVISED 1/08

FLORIDA VOTER REGISTRATION APPLICATION

1 Check boxes that apply ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature UpdateOFFICIAL USE ONLY:
DS DE 39 1/082 Are you a citizen of the United States of America? Yes ☒ No ☐ (If NO, you cannot register to vote)

119240050

3 ☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

11-15-11 LR

4 ☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4,
YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) 07/17/1992

6 If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE": [REDACTED]

7 Last Name Ceballos Suffix (circle) Jr. Sr. II III IV First Name Alvaro Middle Name/Initial J

8 Address Where You Live (Legal Residence) DO NOT OWE NO BOX Apt/Lot/Unit 127 City West Palm Beach County of Legal Residence Palm Beach State FL Zip Code 33413

9 Mailing Address If Different from Above Apt/Lot/Unit City Country State Zip Code

10 Address Last Registered to Vote Apt/Lot/Unit City Country State Zip Code

11 Former Name If Making Name Change Day Phone Number (optional)

12 Party Affiliation (Check only one) ☐ Democratic Party ☐ Republican Party ☐ minor party (print registered party name): ☒ NONE13 Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not Hispanic ☒ Hispanic ☐ White, not Hispanic14 Sex ☒ M ☐ F Do you need voting assistance at the polls? ☐ Yes ☒ No Are you interested in being a poll worker? ☐ Yes ☒ No State or Country of Birth Colombia15 Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

16 OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)

X [REDACTED]

Date: 11/14/11

NOV 15 2011

Voter ID: 06-467396
FVRSIDNumber: 119295196

Name : JOHNSON, TIFFANY B
Status : 0
Address: 14780 ENCLAVE LAKES DR
APT C 4
City : DB Zip : 33484

Precinct : 5106 -0
LAS VERDES CLUBHOUSE
5121 LAS VERDES CIR
DELRAY BEACH FL 33484

Register Date : 12-12-2011
Sex : F
SSN : [REDACTED]
Phone : 561-245-7102
Race : B
Date Of Birth : 07-05-1994
Party : DEM
Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 04/03/2017
Last Card Req: 07/17/2014
Last Voted:
Last Change: 04/03/2017
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
CD21	CONGRESSIONAL DIST 21
CO5	COUNTY COMMISSION DIST 5
T-LIB	LIBRARY DISTRICT
SB3	SCHOOL BOARD DIST 3
SH91	STATE HOUSE DIST 91
SS29	STATE SENATE DIST 29

04-26-2019 14:32:55

DATE	OPERATOR	CHANGE	Notes
04/03/2017 16:34:57	SUPERVISOR er)	[lastactive] from '7/19/2016' to '4/3/2017' [status] from 'K' to 'O' [precinct] from '' to '5106' [dtlastchng] from '7/19/2016' to '0/17/04/0' [adddate] from '12/12/2011' to '4/03/2017' [mail_addr3] from '' to '' [email_samplebal] from '1' to 'N' [emailpublic] from '1' to ''	Broker Update

*** End of Report ***

04-26-2019
14:33:01

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

TIFFANY B JOHNSON

Registered Address : 14780 ENCLAVE LAKES DR
APT C 4
DELRAY BEACH FL 33484

FVRS Voter-ID: 119295196

Registered: 12-12-2011 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of TIFFANY B JOHNSON as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackay
Deputy

04-26-2019
14:33:07

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

TIFFANY B JOHNSON

Registered Address : 14780 ENCLAVE LAKES DR
APT C 4
DELRAY BEACH FL 33484

FVRS Voter-ID: 119295196

Registered: 12-12-2011 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of TIFFANY B JOHNSON as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

REVISED 1/08

FLORIDA VOTER REGISTRATION APPLICATION

OFFICIAL USE ONLY:
DS DE 39 1/08

119295196

12-12-11

AN

- 1 Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update
- 2 Are you a citizen of the United States of America? Yes ☒ No ☐ (If NO, you cannot register to vote)
- 3 ☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.
- 4 ☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) 07/05/1994

6 If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE": [REDACTED]

7 Last Name Johnson Suffix (circle) Jr. Sr. II III IV First Name Tiffany Middle Name/Initial B

8 Address Where You Live (Legal Residence) 22405 SW 66th Ave Apt/Lot/Unit 1606 City Boca Raton County of Legal Residence Palm Beach FL State FL Zip Code 33428

9 Mailing Address If Different from Above Apt/Lot/Unit City Country State Zip Code

10 Address Last Registered to Vote Apt/Lot/Unit City Country State Zip Code

11 Former Name if Making Name Change Day Phone Number (optional) 861 245 7102

12 Party Affiliation (Check only one) ☒ Democratic Party ☐ Republican Party ☐ minor party (print registered party name): ☐ NONE

13 Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☒ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic

14 Sex ☐ M ☒ F Do you need voting assistance at the polls? ☐ Yes ☒ No Are you interested in being a poll worker? ☒ Yes ☐ No State or Country of Birth Jamaica

15 Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S. DEC 12 2011

16

OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)

X

Date: 12/12/11

Voter ID: 06-503228
FVRSIDNumber: 119670348

Name : ALIKHANYAN, ALINA
Status : 0
Address: 300 E CLUB CIR
APT 203
City : BR Zip : 33487

Precinct : 4152 -0
BOCA DELRAY LODGE #171
4093 NW 4TH AVE
BOCA RATON FL 33431

Register Date : 04-26-2012

Sex : U

SSN : [REDACTED]

Phone : [REDACTED]

Race : U

Date Of Birth : 01-16-1994

Party : NPA

Driver Lic.: [REDACTED]

Military : NO
Overseas : NO
Out of Cnty : NO
Asst Req : NO
Shutin : NO
Homeless : NO
Withheld : NO
Disabled : NO
Mail Reg. : NO

Last Activity: 10/14/2015
Last Card Req:
Last Voted:
Last Change: 10/14/2015
Pollworker: NO

Voter's Districts:

X-ALL	ALL COUNTY-WIDE
C-BR	BOCA RATON
T-BRTD	BOCA RATON TAXING DIST
CD22	CONGRESSIONAL DIST 22
CO4	COUNTY COMMISSION DIST 4
SB5	SCHOOL BOARD DIST 5
SH89	STATE HOUSE DIST 89
SS29	STATE SENATE DIST 29

04-26-2019 14:34:41

DATE	OPERATOR	CHANGE	Notes
10/14/2015 10:50:14	SUPERVISOR er)	[email_samplebal] from '0' to '' [lastactive] from '4/27/2012' to '10/14/2015' [precinct] from '' to '4152' [dtlastchng] from '5/20/2012' to '0/15/10/1' [status] from 'K' to '0' [emailpublic] from '0' to '' [adddate] from '4/26/2012' to '10/14/2015' [mail_addr3] from '' to ''	Broker Update

*** End of Report ***

04-26-2019
14:34:46

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

ALINA ALIKHANYAN

Registered Address : 300 E CLUB CIR
APT 203
BOCA RATON FL 33487

FVRS Voter-ID: 119670348

Registered: 04-26-2012 Status: Canceled Total Items: 0

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of ALINA ALIKHANYAN as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

04-26-2019
14:34:52

PALM BEACH COUNTY Supervisor of Elections
VOTING HISTORY REPORT

PAGE 1

ALINA ALIKHANYAN

Registered Address : 300 E CLUB CIR
APT 203
BOCA RATON FL 33487

FVRS Voter-ID: 119670348

Registered: 04-26-2012 Status: Canceled Total Items: 1

State of FLORIDA
County of PALM BEACH

I, WENDY SARTORY LINK, Supervisor of Elections, hereby certify
the foregoing to be a true and correct copy of the voting record
of ALINA ALIKHANYAN as it appears on record in my office.

Witness my hand and seal on April 26, 2019.

WENDY SARTORY LINK
Supervisor of Elections

By: Deborah Mackey
Deputy

REVISED 1/08

FLORIDA VOTER REGISTRATION APPLICATION

OFFICIAL USE ONLY:
DS DE 39 1/081 Check boxes that apply: ☐ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update2 Are you a citizen of the United States of America? Yes ☒ No ☐ (If NO, you cannot register to vote)3 ☒ I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.4 ☒ I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) 01/16/1994

6 If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE": [REDACTED]

7 Last Name Alikhanyan Suffix (circle) Jr. Sr. II III IV First Name Alina Middle Name/Initial

8 Address Where You Live (Legal Residence) DO NOT GIVE PO BOX Apt/Lot/Unit City County of Legal Residence State Zip Code 300 E Gumbo Cir. 203 BOCA RATON FL 33487

9 Mailing Address if Different from Above Apt/Lot/Unit City Country State Zip Code

10 Address Last Registered to Vote Apt/Lot/Unit City Country State Zip Code

11 Former Name if Making Name Change Day Phone Number (optional)

12 Party Affiliation (Check only one) ☐ Democratic Party ☐ Republican Party ☐ minor party (print registered party name) ☒ NONE13 Race/Ethnicity (Check only one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not Hispanic ☐ Hispanic ☐ White, not Hispanic14 Sex ☐ M ☐ F Do you need voting assistance at the polls? ☐ Yes ☐ No Are you interested in being a poll worker? ☐ Yes ☐ No State or Country of Birth15 Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

16 OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)

X [REDACTED]

Date: 4/26/12