

How Most Foreign Nationals Are Discovered in Voter Rolls



**U.S. Citizenship
and Immigration
Services**

Direct all responses by mail to the office listed below:
U.S. CITIZENSHIP AND IMMIGRATION SERVICES
530 Fellowship Road
Mount Laurel NJ 08054
(856) 439-5799

Carlos Alberto Gamarra
[REDACTED]
Pleasantville NJ [REDACTED]

Refer to this file: NBC*002825485
Alien Number: [REDACTED]
Date: September 25, 2012
Officer: Begey

CONTINUANCE

Examination of your N400 application shows that additional information, documents or forms are needed before your application can be acted upon. Please return this letter with the requested information and/or documents by October 25, 2012.

Failure to do so may result in the denial of your application.

Submission of this information, however, does not guarantee that this case will be approved. We strongly recommend that you submit all the requested information, documents, or forms as listed on the following pages as soon as possible so that we can resume processing. Any interim benefits that may otherwise stem from the filing of this application or petition will be delayed while this case is in suspense awaiting your response.

If you choose to submit only some or none of the requested information, then the application will be adjudicated on its merits. You may also request, in writing, to the Service that this application be withdrawn. If the district director consents to the withdrawal, the application will be denied without further notice to you and without prejudice to any future application. The withdrawal will constitute a waiver of any review pursuant to Section 336 of the Title 8 Code of Federal Regulations. If the district director does not consent to the withdrawal, then the application shall be adjudicated on its merits.

Foreign Nationals Are Registered Even After Admitting Ineligibility

Línea directa de protección de los votantes del Secretario de Estado: (800) 345-6663.

Protection Hotline: (800) 345-6663.

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

VOTER REGISTRATION FORM
FORMULARIO DE INSCRIPCIÓN PARA VOTANTES

USE BLANK OR BLUE INK—PLEASE PRINT CLEARLY
USAR UNA PLUMA DE TINTA AZUL O A LA GOMA—ESCRIBIR EN LETRA DE IMPRIMA

1 **LAST NAME (Only) - APELLIDO (último)**
 Mr. / Sr. Mrs. / Dra.
 Miss / Srta. Ms.
RODRIGUEZ

FIRST NAME (Only) - PRIMER NOMBRE (último)
MIDDLE NAME (Only) - SEGUNDO NOMBRE (último)

2 **CITY - CIUDAD**
S.D.

STATE - ESTADO DE ORIGEN - CÓDIGO POSTAL COUNTY - CONDADO
CA 92114 S.D.

3 **MAILING ADDRESS (if different from the address where you live, or PO BOX) - DIRECCIÓN POSTAL (si no es el mismo que el que vive o APARTADO POSTAL)**

4 **CITY - CIUDAD**
STATE - ESTADO DE ORIGEN - CÓDIGO POSTAL FOREIGN COUNTRY - PAÍS EXTRAJERARCO

5 **DATE OF BIRTH - FECHA DE NACIMIENTO**
Month - mes Day - día Year - año

PLACE OF BIRTH - LUGAR DE NACIMIENTO
U.S. State or Foreign Country - Estado de EE.UU. o País extranjero

6 **SOCIAL SECURITY NUMBER (if you have one) - NÚMERO DE SEGURO SOCIAL (si lo tiene)**
-X110

7 **E-MAIL ADDRESS - DIRECCIÓN DE CORREO ELECTRÓNICO**

8 **POLITICAL PARTY - PARTIDO POLÍTICO**

American Independent Party - Partido Independiente Americano
 Democratic Party - Partido Demócrata
 Green Party - Partido Verde
 Libertarian Party - Partido Libertariano
 Natural Law Party - Partido de Ley Natural
 Peace and Freedom Party - Partido Paz y Libertad
 Republican Party - Partido Republicano
 I Declare to State a Political Party - Declaro declarar a un partido político
 Other - Otro (Specify) - Especificar

9 **HAVE YOU EVER BEEN REGISTERED TO VOTE? ¿SE FUE ALGUNA VEZ INSCRITO PARA VOTAR?**
 Yes - Sí No - No

10 **LAST NAME - APELLIDO**
FIRST NAME - PRIMER NOMBRE
MI - SOCIAL

11 **STREET ADDRESS - DIRECCIÓN (CALLE Y NÚMERO)**
CITY - CIUDAD
STATE - ESTADO DE ORIGEN - CÓDIGO POSTAL COUNTY - CONDADO

12 **POLITICAL PARTY - PARTIDO POLÍTICO**

2003 OCTOBER 17 AM REC'D SD CO.ROY
OFFICE (FOR OFFICE USE)
(NAME AND BY LA OFFICE)

NOTES: It is a felony if you sign this statement every time you have a chance to vote and are not registered to vote. If you are registered to vote, you must provide your voter registration information to the State of California. If you are not registered to vote, you must sign and return this form to the State of California. If you are not registered to vote, you must sign and return this form to the State of California. If you are not registered to vote, you must sign and return this form to the State of California.

SIGNATURE—You must sign and return this form to the State of California.





New Jersey Voter Registration Application

150712150 M-0118 W-02 D-01



CARLOS A GAMARRA

PLEASANTVILLE NJ

Are you a U.S. Citizen? Yes No (If No, DO NOT complete this form)

¿Es ciudadano estadounidense? Si No (Si no lo es, NO complete este formulario)

Will you be 18 years of age by the election? Yes No (If No, DO NOT complete this form)

¿Tendrá 18 años de edad para la próxima elección? Si No (Si no lo es, NO complete este formulario)

SEP 24 2008

Mailing Address

*****AUTO**5-DIGIT 08232

CARLOS A GAMARRA

PLEASANTVILLE NJ



Home Address

*Do you wish to declare a political party affiliation? (Optional)

Yes, the party name is

No, I do not wish to be affiliated with any political party.

*¿Desea declarar una afiliación a un partido político? (Opcional)

SI, el nombre del partido es



New Jersey Voter Registration Application

76

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

*Deleted
Not a U.S. Citizen*

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY Clerk: <u>BD 4/14/12</u> Registration #: <u>NR</u> Office Time Stamp: <u>2012 APR 18 4:58</u> SUPERINTENDENT OF ELECTIONS BERGEN COUNTY
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			
3 Last Name: <u>BANDELA</u>		First Name: <u>[REDACTED]</u>	Middle Name or Initial: <u>[REDACTED]</u>	Suffix (Jr., Sr., III): _____		
4 Date of Birth: <u>12-05-1989</u>						
5 NJ Driver's License Number or MVC Non-driver ID Number: <u>[REDACTED]</u> If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box): <u>[REDACTED]</u>		Apt: _____	Municipality: <u>Teaneck</u>	County: <u>Bergen</u>	State: <u>NJ</u>	Zip Code: <u>07666</u>
7 Mailing Address if different from above: <u>[REDACTED]</u>		Apt: _____	Municipality: <u>Teaneck</u>	County: <u>Bergen</u>	State: <u>NJ</u>	Zip Code: <u>07666</u>
8 Last Address Registered to Vote (DO NOT use PO Box): _____		Apt: _____	Municipality: _____	County: _____	State: _____	Zip Code: _____
9 Former Name if Making Name Change: _____			a. Day Phone Number (Optional): <u>[REDACTED]</u>			
			b. E-Mail Address (Optional): <u>[REDACTED]</u>			
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <ul style="list-style-type: none"> I am a U.S. Citizen I live at the above address I will be at least 18 years old on or before the next election 				
		<ul style="list-style-type: none"> I will have resided in the State and county at least 30 days before the next election I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws 				
		<ul style="list-style-type: none"> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1 				
Signature: Sign or mark and date on lines below <u>[REDACTED]</u>			if applicant is unable to complete this form, print the name and address of individual who completed this form.			
			Name: _____			
			Date: _____			
			Address: _____			

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



New Jersey Voter Registration Application

Bergen 76

Please print clearly in ink. All information is required unless marked optional. *sent to + signature*

1 Check boxes that apply:						<input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY Clerk: <i>2/3/11 [signature]</i> Registration # Office Time Stamp		
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>				Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>						
3 Last Name: <i>ALMANZAR</i>		First Name: <i>EIDA</i>		Middle Name or Initial: <i>PATRICIA</i>		Suffix (ex. Jr., Sr., III)				
4 Date of Birth (MM/DDYY): <i>9-3-1968</i>										
5 NJ Driver's License Number or MVC Non-driver ID Number						If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.				
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."										
6 Home Address (DO NOT use PO Box)				Apt.	Municipality	County	State	Zip Code		
7 Mailing Address if different from above				Apt.	Municipality	County	State	Zip Code		
8 Last Address Registered to Vote (DO NOT use PO Box)				Apt.	Municipality	County	State	Zip Code	<input type="checkbox"/> by mail <input type="checkbox"/> in person	
9 Former Name if Making Name Change						Day Phone Number (Optional)				
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.										
11 Gender		Declaration - I swear or affirm that:								
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		<input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election		<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws			<input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 10:34-1			
Signature: Sign or mark and date on line below						If applicant is unable to complete this form, print the name and address of individual who completed this form.				
<i>x</i> _____ Date _____						Name _____ Date _____ Address _____				

Not U.S. Citizen



New Jersey Voter Registration Application

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

Bergen

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY Clerk E 4/23/12 Registration # RT
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>				
3 Last Name [REDACTED]		First Name JIXIANG	Middle Name or Initial	Suffix (Jr., Sr., III)		
4 Date of Birth Month 05 Day 26 Year 1961						Office Time Stamp APR 20 11 19 AM '12 SUPERINTENDENT OF ELECTIONS BERGEN COUNTY, N.J.
5 NJ Driver's License Number or MVC Non-driver ID Number [REDACTED]			If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. [REDACTED]			
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box)		Apt.	Municipality NEW MILFORD	County	State NJ	
7 Mailing Address if different from above		Apt.	Municipality	County	State Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State Zip Code	
9 Former Name if Making Name Change						
a. Day Phone Number (Optional) [REDACTED]						
b. E-Mail Address (Optional) [REDACTED]						
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ <small>(Optional)</small> <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Declaration - I swear or affirm that: <ul style="list-style-type: none"> I am a U.S. Citizen I live at the above address I will be at least 18 years old on or before the next election I will have resided in the State and county at least 30 days before the next election I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1 				
Signature: Sign or mark and date on lines below [REDACTED]			If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			
X [REDACTED]			Date 4/3/2012			



New Jersey *NOT US citizen* Voter Registration Application

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Please print clearly in ink. All information is required unless marked optional. *DOB-5-13-81*

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY Clerk: <i>8/1/2012</i> Registration # Office Time Stamp
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>			Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>			
3 Last Name XXXXXXXXXX		First Name TERACHI	Middle Name or Initial	Suffix (jr., Sr., III)		
4 Date of Birth						
5 NJ Driver's License Number or MVC Non-driver ID Number <small>If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.</small> <input type="checkbox"/> I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number.						
6 Home Address (DO NOT use PO Box) XXXXXXXXXX		Apt.	Municipality Englewood Cliffs	County Bergen	State NJ	Zip Code 07632
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change						<input type="checkbox"/> by mail <input type="checkbox"/> in person
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ <small>(Optional)</small> <input type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I live at the above address <input type="checkbox"/> I will be at least 18 years old on or before the next election		<input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		<input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1
Signature: Sign or mark and date on lines below						If applicant is unable to complete this form, print the name and address of individual who completed the form.
_____ Date _____						Name: The Voter Participation Center Date: 6/4/12 Address: 1640 Rhode Island Avenue, NW Suite 825 Washington DC 20036

2012



NOT A US Citizen



New Jersey ^{New (No D.A.B., Not a Citizen, No ID)} Voter Registration Application ^{MTP}

76

6/28/12

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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form) Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)						
3 Last Name		First Name		Middle Name or Initial	Suffix (Jr., Sr., III)	Registration #
[REDACTED]		SEAN		[REDACTED]		
4 Date of Birth						Office Time Stamp
5 NJ Driver's License Number or MVC Non-driver ID Number						If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."
[REDACTED]						
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
[REDACTED]			Hackensack	Bergen	NJ	07601
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code
[REDACTED]						
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
[REDACTED]						
9 Former Name if Making Name Change						<input type="checkbox"/> by mail <input type="checkbox"/> in person
a. Day Phone Number (Optional) _____ b. E-Mail Address (Optional) _____						
10 Do you wish to declare a political party affiliation? (Optional)						
<input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender		Declaration - I swear or affirm that:				<input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I live at the above address <input type="checkbox"/> I will be at least 18 years old on or before the next election				
		<input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws				
Signature: Sign or mark and date on lines below						If applicant is unable to complete this form, print the name and address of individual who completed this form.
[REDACTED]						
Date: 6/15/2012						
Name: The Voter Participation Center						
Date: 6/4/12						
Address: 1640 Rhode Island Avenue, NW Suite 825						
Washington DC 20036						

Foreign Nationals Are Voting

Voter Name: Shuvalova Voter ID: [REDACTED]

	Current (3/31/2017)	7/31/2017	5/14/2016
Voter Name	Shuvalova, [REDACTED]	Shuvalova, [REDACTED]	Shuvalova, [REDACTED]
Status	ACTIVE	ACTIVE	CANCELLED
Status Reason	Re-registration due to Name & Party change	Re-registration due to Name & Party change	Cancellation Requested by Voter
Original Reg Date	7/16/2012	7/16/2012	7/16/2012
Reg Date	3/30/2017	3/30/2017	7/16/2012
Res Address	[REDACTED]	[REDACTED]	[REDACTED]
Res City/State/Zip	[REDACTED]	[REDACTED]	[REDACTED]
Precinct	[REDACTED]	[REDACTED]	[REDACTED]
Mailing Address 1	[REDACTED]	[REDACTED]	[REDACTED]
Mailing Address 2	[REDACTED]	[REDACTED]	[REDACTED]
Mailing Address 3	[REDACTED]	[REDACTED]	[REDACTED]
Mailing Address 4	[REDACTED]	[REDACTED]	[REDACTED]
Foreign Address	No	No	No
Birth Date	[REDACTED]	[REDACTED]	[REDACTED]
Birth Place	RU - Russia	RU - Russia	RU - Russia
Voter ID	[REDACTED]	[REDACTED]	[REDACTED]
Reg Number	[REDACTED]	[REDACTED]	[REDACTED]
SSN	[REDACTED]	[REDACTED]	[REDACTED]
DL Number	[REDACTED]	[REDACTED]	[REDACTED]
State Voter ID	[REDACTED]	[REDACTED]	[REDACTED]
State Voter Status	Active	Active	Cancelled
Party	Republican	Republican	Democratic
Language	[REDACTED]	[REDACTED]	[REDACTED]
VBM Pgm Type	Perm	Perm	Perm
Ethnicity	[REDACTED]	[REDACTED]	[REDACTED]
Reg Source/Location	NVRA: Public Assistance (Mandated)	NVRA: Public Assistance (Mandated)	Office
Reg Method	Mail (must have postmark)	Mail (must have postmark)	In Person/In Office/ROV
Reg Form Type	Other	[REDACTED]	[REDACTED]
Phone	[REDACTED]	[REDACTED]	[REDACTED]
Email	[REDACTED]	[REDACTED]	[REDACTED]
Locator Number	2017-3-52282-3	2017-3-52282-3	2012-7-10899-1
Rcvd Ballot Preference	(none)	(none)	(none)
Remarks	VOTER WROTE ON BALLOT NOT CITIZEN 5/14/16 CK/FR: NO WALL ON THE NORTH EAST WATERFRONT	VOTER WROTE ON BALLOT NOT CITIZEN 5/14/16 CK/FR: NO WALL ON THE NORTH EAST WATERFRONT	VOTER WROTE ON BALLOT NOT CITIZEN 5/14/16 CK/FR: NO WALL ON THE NORTH EAST WATERFRONT

The Washington Times

"A Russian national or any other noncitizen can easily influence a U.S. election by simply registering to vote in California -- just ask Elizaveta Shuvalova.

"Shuvalova said she didn't even know her name was added to the San Francisco voter rolls in 2012, when she was a 21-year-old Russian citizen living legally in the U.S. but ineligible to vote."

7/31/2018

Sección de los votantes del Secretario de Estado: (800) 345-8683.



STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

VOTER REGISTRATION FORM
FORMULARIO DE INSCRIPCIÓN PARA VOTANTES

USE BLACK OR BLUE INK—PLEASE PRINT CLEARLY UTILICE UNA PLUMA DE TINTA NEGRA O AZUL—ESCRIBA EN LETRA DE BLOQUE

Mr./Sr.
 Miss/Sra.
 Mrs./Sra.
 Ms.

LAST NAME (Only) — APELLIDO (solamente)

CORTEZ

1 FIRST NAME (Only) — PRIMER NOMBRE (solamente)

MIDDLE NAME (Only) — SEGUNDO NOMBRE (solamente)

2 ADDRESS where you live (Number, Street, Ave., Road, Drive, including N, S, E, W) (NO PO BOX/BUSINESS ADDRESS) — DIRECCIÓN en la que usted vive (Número, calle, avenida, camino, sendero, incluyendo N, S, E, O) (NO BUSE APARTADO POSTAL/DIRECCIÓN COMERCIAL)

APT./ESPANIDAD — No. DE APT./No. DE ESPANIDAD DE UNIDAD

CITY — CIUDAD

BONITA

STATE — ESTADO ZIP CODE — CÓDIGO POSTAL COUNTY — CONDADO

CA 91902

3 IF NO STREET ADDRESS, describe where you live (Census Street, Route, Section, Range, N, S, E, W) — SI NO TIENE CALLE Y NÚMERO, describa dónde vive (calle, ruta, sección, rango, N, S, E, O)

4 MAILING ADDRESS: (if different from the address where you live, or PO BOX) — DIRECCIÓN POSTAL: (si no es la misma en que vive, o APARTADO POSTAL)

CITY — CIUDAD

STATE — ESTADO ZIP CODE — CÓDIGO POSTAL FOREIGN COUNTRY — PAÍS EXTRANJERO

5 DATE OF BIRTH — FECHA DE NACIMIENTO
Month - mes Day - día Year - año

PLACE OF BIRTH — LUGAR DE NACIMIENTO
(N.E. State or Foreign Country Only) (Estado de EE.UU. o país extranjero solamente)

MEXICO

7 CA DRIVER'S LICENSE OR CA ID NUMBER — No. DE LA LICENCIA DE CONDUCIR O DE IDENTIFICACIÓN DE CALIFORNIA

SOCIAL SECURITY NUMBER (SSN) — (Last 4 digits) — NÚMERO DE SEGURO SOCIAL (SSN) — (Las últimas 4 dígitos)

8 TELEPHONE — TELÉFONO

E-MAIL ADDRESS — DIRECCIÓN DE CORREO ELECTRÓNICO

November 3, 1992
November 5, 1996
November 3, 1998
March 7, 2000
November 7, 2000
November 5, 2002
October 7, 2003
November 2, 2004
November 7, 2006

Presidential General
Presidential General
Gubernatorial General
Presidential Primary
Presidential General
Gubernatorial General
Statewide Special
Presidential General
Gubernatorial General



County of San Diego

MICHAEL VU
Registrar of Voters
Phone: (658) 565-5800
Fax: (658) 505-7294

REGISTRAR OF VOTERS
County Operations Center Campus
5600 Overland Avenue, Suite 100, San Diego, California 92123-1266
Web: www.sdvote.com

CYNTHIA L. PAES
Assistant Registrar of Voters
Phone: (658) 565-5800
Fax: (658) 505-7294

September 13, 2016

Officer: Payne
U.S. Citizenship and Immigration Services
P.O. Box 128338
San Diego Ca 92112

RE: File

Dear Officer Payne:

This letter is to confirm that Mr. _____ Gonzalez, date of birth _____ residing at _____, Escondido CA 92025, was registered to vote in San Diego County. Mr. Gonzalez registered to vote on March 5, 2003. The record shows that Mr. Gonzalez voted in the following election's in San Diego County:

November 7, 2000	Presidential General
March 7, 1995	MTN EM SCH/ESC SCH/JAM-DUL CPA
November 8 th 1994	Gubernatorial General
November 2 nd , 1993	Statewide Consolidated
November 3 rd , 1992	Presidential General

Mr. Gonzalez's registration was cancelled today, Sept 13th 2016, on the basis of non-citizenship. A copy of the voter's registration form and voting history are attached. If you need further information, please do not hesitate to call (858) 505-7335.

Sincerely,



County of San Diego

MICHAEL VU
Registrar of Voters
Phone: (658) 565-5800
Fax: (658) 505-7294

REGISTRAR OF VOTERS
County Operations Center Campus
5800 Overland Avenue, Suite 100, San Diego, California 92123-1288
Web: www.sdvote.com

CYNTHIA L. PAES
Assistant Registrar of Voters
Phone: (658) 565-5800
Fax: (658) 505-7294

March 28, 2016

Officer: J. Reynoso
U.S. Citizenship and Immigration Services
300 N. Los Angeles St Rm#8509
Los Angeles, CA 90012

RE: File #

Dear Officer J, Reynoso:

This letter is to confirm that Ms. _____ Clay, date of birth _____, residing at _____, Valley Center CA 92082, was registered to vote in San Diego County. Ms. Clay registered to vote on June 2nd, 2010. Ms. Clay's record was cancelled on Dec 7th, 2015 due to a duplicate record found with the county of Los Angeles. The record shows that Ms. Clay voted in the following elections in San Diego County:

June 3, 2014	Gubernatorial Primary
November 6, 2012	Presidential General
November 2, 2010	Gubernatorial General

Ms. Clay's cancel reason will be changed today, March 28, 2016, on the basis of non-citizenship. A copy of the voter's registration form and voting history are attached. If you need further information, please do not hesitate to call (858) 505-7335.

Sincerely,



County of San Diego

MICHAEL VU
Registrar of Voters

REGISTRAR OF VOTERS
County Operations Center Campus
5800 Overland Avenue, Suite 100, San Diego, California 92123-1266

CYNTHIA L. PAES
Assistant Registrar of Voters

March 6, 2014

Officer Bach
U.S. Department of Homeland Security
U.S. Citizenship & Immigration Services
PO Box 128338
San Diego CA 92112-8338

RE:

Dear Officer Bach:

This letter is to confirm that Mr. Satoafaiga, date of birth _____ residing at _____ El Cajon, CA, 92021, is currently registered to vote in San Diego County. Our records show that Mr. Satoafaiga originally registered to vote in San Diego County on August 18, 1999, at San Diego, CA, 92113. Mr. Satoafaiga reregistered on January 13, 2000 at National City, CA 91950. On October 29, 2001, Mr. Satoafaiga completed and turned in another registration form with the same address on _____ Again on September 22, 2003, we received a registration form from Mr. Satoafaiga with an address change to _____ San Diego, CA 92114. The latest registration we received from Mr. Satoafaiga was on May 11, 2012, changing his address to his current address stated above. A search of our records indicates Mr. Satoafaiga has voted in the following elections in San Diego County:

March 2, 2004	Presidential Primary
November 2, 2004	Presidential General
July 26, 2005	City of San Diego – Spec Muni Election
November 4, 2008	Presidential General
June 8, 2010	Gubernatorial Primary
June 5, 2012	Presidential Primary
November 6, 2012	Presidential General

Ms. Satoafaiga's registration was canceled today, March 6, 2014, on the basis of non-citizenship. A copy of all registration forms and voting history are attached.

If you need further information, please call (858) 505-7341.

Sincerely,



New Jersey Fails in Basic Voter List Hygiene

Tens of Thousands of NJ Voters Have Fake Dates of Registration, Birth

C	D	E	F	G	H	I	J
party	status	reg_date	last	first	middle	suffix	dob
Democratic	Active	1800-01-01	BIRO	ALEXANDER	S		1800-01-01
Republican	Active	1800-01-01	BURGESS	SCOTT	A		1800-01-01
Republican	Active	1800-01-01	CHAKY	EDWARD	S		1800-01-01
Democratic	Active	1800-01-01	HUFF	ANNIE	B		1800-01-01
Democratic	Active	1800-01-01	MEYERS	RICHARD			1800-01-01
Republican	Active	1800-01-01	RADIMER	MADLINE			1800-01-01
Democratic	Active	1800-01-01	SHOULARS	BESSIE			1800-01-01
Unaffiliated	Active	1885-01-01	CRUZ	EDGARDO	O		1800-01-01
Unaffiliated	Active	1885-01-01	WRIGHT	REGGIE			1800-01-01
Unaffiliated	Active	1885-01-01	ISAACSON	SYDNEY			1800-01-01
Republican	Active	1885-01-01	MAARSCH	CONRAD		Jr.	1800-01-01
Democratic	Active	1885-01-01	MULLER	ROBERT	E		1800-01-01

Some NJ Voters Were Born Centuries Ago, in Future

C	D	E	J	K
party	status	reg_date	dob	street_num
Unaffiliated	Pending	2021-10-19	9/30/2029	8
Unaffiliated	Active	1993-03-19	1893-03-19	10
Republican	Active	1993-05-12	1893-05-12	22
Republican	Active	1985-01-01	1038-06-30	108
Unaffiliated	Active	2020-09-28	0956-11-17	21

**It's Easy to Become Registered
More than Once – Even 7 Times**

Meet: Rashawn Slade of Allegheny County, Pennsylvania

Meet: William Widener of Gloucester County, NJ

Voter Profile

Generated By: glboejfran004
Date Generated: 05/20/2022

Voter Information:

Voter Name: WILLIAM F WIDENER
DOB: [REDACTED]
Voter ID: I5895837938
Legacy ID:

Residence Address:

County: Gloucester
Street Number: [REDACTED]
Street Name: [REDACTED]
Address Line 2:
Municipality: Swedesboro Borough
City: SWEDESBORO
State: NJ
Zipcode: 080851262

Party Information:

Current Party: Democratic
Party Privilege Date: 12/25/2021

Miscellaneous:

Gender: Male
Registration Date: 12/04/2021
Registration Type: Agency

Voter Profile

Generated By: glboejfran004
Date Generated: 05/20/2022

Voter Information:

Voter Name: WILLIAM F WIDENER
DOB: [REDACTED]
Voter ID: O1121237667
Legacy ID:

Residence Address:

County: Gloucester
Street Number: [REDACTED]
Street Name: [REDACTED]
Address Line 2:
Municipality: Swedesboro Borough
City: SWEDESBORO
State: NJ
Zipcode: 080851262

Party Information:

Current Party: Democratic
Party Privilege Date: 12/25/2021

Miscellaneous:

Gender: Male
Registration Date: 12/04/2021
Registration Type: Agency

Voter Profile

Generated By: glboejfran004
Date Generated: 05/20/2022

Voter Information:

Voter Name: WILLIAM F WIDENER
DOB: [REDACTED]
Voter ID: L1837137650
Legacy ID:

Residence Address:

County: Gloucester
Street Number: [REDACTED]
Street Name: [REDACTED]
Address Line 2:
Municipality: Swedesboro Borough
City: SWEDESBORO
State: NJ
Zipcode: 080851262

Party Information:

Current Party: Democratic
Party Privilege Date: 12/25/2021

Miscellaneous:

Gender: Male
Registration Date: 12/04/2021
Registration Type: Agency

Voter Profile

Generated By: glboejfran004
Date Generated: 05/20/2022

Voter Information:

Voter Name: WILLIAM F WIDENER
DOB: [REDACTED]
Voter ID: O6138237957
Legacy ID:

Residence Address:

County: Gloucester
Street Number: [REDACTED]
Street Name: [REDACTED]
Address Line 2:
Municipality: Swedesboro Borough
City: SWEDESBORO
State: NJ
Zipcode: 080851262

Party Information:

Current Party: Democratic
Party Privilege Date: 12/25/2021

Miscellaneous:

Gender: Male
Registration Date: 12/04/2021
Registration Type: Agency

Californians Are Credited for Voting in Arizona, Too

Currently Under Investigation in AZ...

AZ Voters Who Voted in Two Different States in the 2020 General Election

One state's address is the out-of-state mailing address in the other state's registration data

AZ

Voter ID: 27444060
Last Name: WEEKS
First Name: JEFFREY
Middle Name: FRANKLIN

Street Number: 1800
Street: CLUBHOUSE DR
City: BULLHEAD CITY
State: AZ
Zip Code: 86442

Party: LIB

Date of Birth:
Year of Birth: 1982

Vote Type: ERL

Out of State Address Information

Street Number: 333
Street: N M ST
City: LOMPOC
State: CA
Zip Code: 93436

CA

Voter ID: 31174183
Last Name: WEEKS
First Name: JEFFREY
Middle Name:

Street Number: 333
Street: N M ST
City: LOMPOC
State: CA
Zip Code: 93436

Party: REP

Date of Birth: 10/26/1982
Year of Birth: 1982

Vote Type: ABS

Out of State Address Information

Street Number:
Street:
City:
State:
Zip Code:

Currently Under Investigation in AZ...

AZ Voters Who Voted in Two Different States in the 2020 General Election

One state's address is the out-of-state mailing address in the other state's registration data

AZ

Voter ID: 26422169
Last Name: WARNKE
First Name: JAMES
Middle Name: LEE

Street Number: 2941
Street: CARAVELLE DR
City: LAKE HAVASU CITY
State: AZ
Zip Code: 86406

Party: REP
Date of Birth: 1940
Year of Birth: 1940
Vote Type: ERL

Out of State Address Information

Street Number: 3049
Street: COACH LITE DR
City: CHICO
State: CA
Zip Code: 95973

CA

Voter ID: 34191135
Last Name: WARNKE
First Name: JAMES
Middle Name: LEE

Street Number: 3049
Street: COACH LITE DR
City: CHICO
State: CA
Zip Code: 95973

Party: NPA
Date of Birth: 10/7/1940
Year of Birth: 1940
Vote Type: ABS

Out of State Address Information

Street Number:
Street:
City:
State:
Zip Code:

Currently Under Investigation in AZ...

AZ Voters Who Voted in Two Different States in the 2020 General Election One state's address is the out-of-state mailing address in the other state's registration data

AZ

Voter ID: 25551314
Last Name: CIMINS
First Name: THOMAS
Middle Name: JOHN

Street Number: 301
Street: CEDAR GROVE RD
City: YUMA
State: AZ
Zip Code: 85365

Party: NPA
Date of Birth: 1964
Year of Birth: 1964
Vote Type: ERL

Out of State Address Information

Street Number: 239
Street: BRIDLE RUN TER
City: ALPINE
State: CA
Zip Code: 91901

CA

Voter ID: 7181477
Last Name: CIMINS
First Name: THOMAS
Middle Name: JOHN

Street Number: 239
Street: BRIDLE RUN TER
City: ALPINE
State: CA
Zip Code: 91901

Party: NPA
Date of Birth: 4/19/1964
Year of Birth: 1964
Vote Type: ABS

Out of State Address Information

Street Number:
Street:
City:
State:
Zip Code: