**UNITED STATES DISTRICT COURT**
**SOUTHERN DISTRICT OF FLORIDA**

**CASE NO. 1:08-21243-CIV-ALTONAGA**

LEAGUE OF WOMEN VOTERS OF FLORIDA, FLORIDA AFL-CIO, and MARILYNN WILLS,

Plaintiffs,

vs.

KURT S. BROWNING, in his official capacity as Secretary of State of the State of Florida, and DONALD L. PALMER in his official capacity as Director of the Division of Elections within the Department of State for the State of Florida,

Defendants.
_____/

**DECLARATION OF RECORDS CUSTODIAN**

I, Amy Woodward, declare as follows:

1. I am the custodian of records for certain records maintained by the Secretary of State of the State of Florida ("Secretary"). I am over the age of eighteen and competent to make this declaration.

2. I have reviewed the attached documents, which were received by the Secretary of State on July 14, 2008, and which are maintained as records of the Secretary's office.

3. The Secretary of State received these records in the ordinary course of business. They have been maintained in the normal and customary manner.

4. The attached records have been redacted to exclude voter registration applicants' drivers license numbers, social security numbers, and signatures, which are confidential under Florida law. Except for these redactions, the attached records are true and correct copies of the records retained in official custody.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on July 15, 2008 at Tallahassee, Florida.

Amy Woodward

SUPERVISOR OF ELECTIONS
*Dr. Brenda C. Snipes*
BROWARD COUNTY, FLORIDA

BROWARD GOVERNMENTAL CENTER · 115 SOUTH ANDREWS AVENUE, ROOM 102 · FORT LAUDERDALE, FLORIDA 33301 · 954.357.7061



July 8, 2008

Ms. Susannah Randolph
State Political Director
Orlando ACORN
120 E. Colonial Drive
Orlando, Florida 32801

Re: Voter Registration Applications

Dear Ms. Randolph:

Attached you will find a package from Family Central that arrived at our office on June 30, 2008. Together with the package is a copy of an e-mail that Mrs. Judy Himber, Senior Customer Service Representative at Family Central, sent to Mrs. Jen Nemecek, ACORN Voter Engagement Organizer. The e-mail dated January 28th informs Mrs. Nemecek about the completed registration forms that were never picked up by any member of your organization.

When going through the attached package, you will find voter registration applications completed and dated as far back as November 2007. Those voters did not get the chance to vote in the Presidential Preference Primary Election on January 29, 2008 because their applications were never turned in to our office until now.

Your organization met with our office several times and was educated on registration procedures and regulations. Your failure to follow established procedures put our voters and potential voters at a distinct disadvantage. Please contact me immediately if you require further information.

Sincerely,

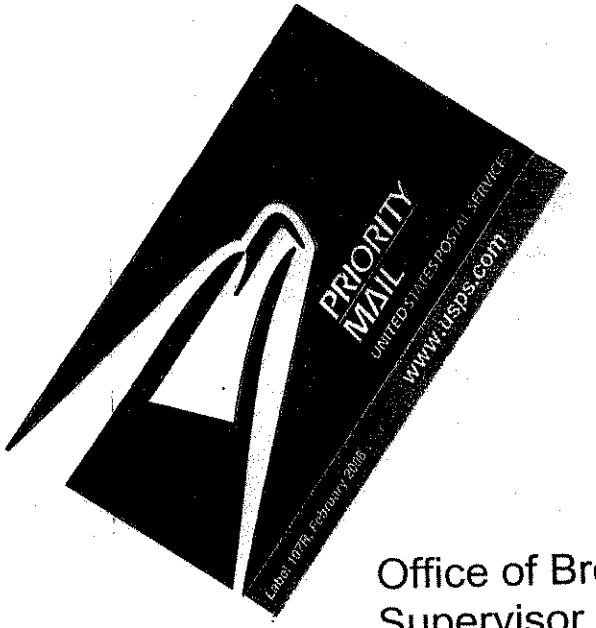
Dr. Brenda C. Snipes
Broward County Supervisor of Elections

Cc: Honorable Kurt S. Browning, Secretary of State
Fred Bellis, Executive Assistant and Election Coordinator
Mary Hall, Voter Services Director

BCS:pm
Letter to ACORN 7-08-08.doc

family central inc.
Changing lives for a lifetime™
3400 S.W. 81st Avenue
North Lauderdale, FL 33068-2001






Office of Brenda Snipes
Supervisor of Elections Broward County
115 South Andrews Ave.
Room # 102
Ft Lauderdale, FL. 33301

## Judy Himber

**From:** Jennifer Nemecek [polnat46@acorn.org]
**Sent:** Monday, January 28, 2008 7:34 PM
**To:** Judy Himber
**Subject:** Re: Florida Voter Registrations Applications

Judy,
I apologize! I will pick them up and deal with the board of elections to make sure that they do get on the rolls.

Jen Nemecek
Judy Himber wrote:
>
> You met with Gilbert Rincon and left Voter Registration Applications
> with me at Family Central. A few people completed them and I have
> them. I know it it's to late for these people to vote as their
> registration form was never picked up and/or turned in.
>
> What do you want me to do with them?
>
> Thank You,
>
> Judy
>
> Judy Himber
>
> Senior Customer Service Representative
>
> Family Central, Inc.
>
> 840 S.W. 81st Avenue
>
> North Lauderdale, FL 33068
>
> Phone: 954-724-3826
>
> Fax: 954-724-3900
>
> *jhimber@familycentral.org <mailto:jhimber@familycentral.org>
> www.familycentral.org*
> */"Changing lives for a lifetime"/*/^SM / /Family Central, Inc. is a
> tax-exempt, not-for-profit organization as described in Section
> 501(c)(3) of the Internal Revenue Code///
>
> ---
> --
>
> No virus found in this incoming message.
> Checked by AVG Free Edition.
> Version: 7.5.516 / Virus Database: 269.19.11/1243 - Release Date:
> 1/25/2008 11:24 AM
>



--
Jen Nemecek

ACORN Voter Engagement Organizer

Office: (954)295-2433
Cell: (954)661-8922
Address: 2700 W Oakland Park Blvd Suite 23, Oakland Park, FL 33311

Jennifer Nemecek
ACORN / Project Vote
cell (954) 661-8922
e-mail [redacted] polnat46@acorn.org

# DR. BRENDA C. SNIPES
# BROWARD COUNTY SUPERVISOR OF ELECTIONS

**Voter registration applications provided by ACORN to Family Central Inc. returned to Supervisor of Election's office on 6-30-08.**

| DATE OF BIRTH | APPLICANT'S NAME | DATE FVRA FORM FILLED OUT |
|---|---|---|
| 04-18-83 | Joseph, Tabetha | 02-25-08 |
| 08-06-84 | Aransevia, Natasha | 03-25-08 |
| 08-22-83 | Boyd, Latoya | 03-26-08 |
| 04-24-78 | Cerna, Flor de Liz | 12-10-07 |
| 09-17-08 | Cineas, Roselande | 04-23-08 |
| 07-11-87 | Gordon, Dulodin | 04-22-08 |
| 07-16-77 | Simmons, Belinda | 01-10-08 |
| 11-16-89 | Dennis, Brandise M. | 03-10-07 |
| 07-08-69 | Dudash, Christina A. | 11-10-07 |
| 02-18-90 | Hernandez, Daniel J. | 04-30-08 |
| 09-08-75 | Bissainthe, Lourdy Gersy | 12-11-07 |
| 11-19-77 | Pierre, Danise S. | 01-09-08 |
| 04-01-68 | Subarsingh, Charlene K. | 12-28-07 |
| 08-16-75 | Dennis, Andrew R. | 01-17-08 |
| 07-31-44 | Rogers, Doris | 12-04-07 |
| 09-25-69 | Montes, Melody M. | 01-14-08 |
| 01-17-83 | Wilson, Cheztabnika N. | 01-18-08 |
| 09-18-67 | Forrest, Evadne M. | 12-13-07 |
| 01-11-86 | Sanders, Ruby S. | 12-13-07 |
| 01-26-82 | Lordeus, Jacqueline | 4-28-08 |
| 07-18-88 | Johnson, Rhambreal M. | 12-17-07 |
| 07-19-74 | Graham, Lashonda G. | 12-14-07 |
| 02-15-82 | Garnett, Sashana K. | 01-10-07 |
| 04-01-79 | Petersun, Nicole L. | 01-09-08 |
| 11-21-80 | Hord, Faye L. | 01-31-08 |
| 01-30-83 | Joseph, Bjorn R. | 02-25-08 |

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/05

# FLORIDA VOTER REGISTRATION APPLICATION

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

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.

REQUIRED

5 Date of Birth (MM/DD/YYYY): 04 / 18 / 83

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": FL [redacted]

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Joseph | | Tabetha | L |

| | Address Where You Live (Legal Residence) DO NOT GIVE PO BOX | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 821 SW 11 CT | — | N. Lauderdale | Broward | FL | 3306[illegible] |
| 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 954-675-3718

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

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

REQUIRED

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: 25Feb05

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified, NA= no answer; DC= disconnected; WN= wrong number, NP= no phone)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

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: |
| 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): 05/06/1984 | |
| 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: Arunsevia — Suffix (circle) Jr. Sr. II III IV — First Name: Natasha — Middle Name/Initial: C | |
| 8 | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX: 7802 SW 5th street — Apt/Lot/Unit — City: N. Laud — County of Legal Residence: Brow — State: Fl — Zip Code: 33068 | |
| 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: 954-708-6173 | |
| 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: F | |
| 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 [redacted] Date: 3/25/08 | |

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified; NA= no answer DC= disconnected; WN= wrong number; NP= no phone)

*To Register you must:*
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*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

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: |
| 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) 08/22/83 | |
| 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] | |

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Baud | | Latoya | K |

| | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 3831 Crystal Lake Drive | 204 | Pompano Beach | Broward | FL | 33064 |
| 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 (954) 773-3947 | | |
| 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 | | |
| 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 [redacted] Date: 3/20/08 | | | | |

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
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REVISED 1/06

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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.

REQUIRED

5 Date of Birth (MM/DD/YYYY): 04/24/1978

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]

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Cerqa | | Flor de liz | — |

| | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX. | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 8339 Royal Palm Blvd | | Coral Springs | Broward | FL | 33065 |
| 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: 954-319-7002

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

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

REQUIRED

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: 12-16-07

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

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☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE. Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

INVESTIGATE? Y / N (circle one)

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*

*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*

*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a f in Florida, or any other state, without your civil rights having been restored.*

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REVISED 1/06

# FLORIDA VOTER REGISTRATION APPLICATION

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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.

REQUIRED

5 Date of Birth (MM/DD/YYYY) 9/17/08 DL# [redacted]

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":

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Cineas | | Roselande | |

| | Address Where You Live (Legal Residence) DO NOT USE P.O. BOX | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 1151 east Ridge Circle | | Deerfield Beach | Broward | FL | 33064 |
| 9 | Mailing Address If Different from Above | Apt/Lot/Unit | City | Country | State | Zip Code |
| 10 | Address Last Registered to Vote: 1151 east Ridge Circle | Apt/Lot/Unit | City: Deerfield Beach | County: Broward | State: FL | Zip Code: 33064 |

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): ☐ 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

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

REQUIRED

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: 11-23-08

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified; NA= no answer; DC= disconnected; WN= wrong number; NP= no phone)

INVESTIGATE? Y / N (circle one)

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*

*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*

*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a fe in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned fo to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/05

# FLORIDA VOTER REGISTRATION APPLICATION

1 Check boxes that apply: ☑ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update — OFFICIAL USE ONLY:

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. My Rights 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.

REQUIRED

5 Date of Birth (MM/DD/YYYY) 7/7/87

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: Gordon | | Suffix (circle): Jr. Sr. II III IV | First Name: Dudley | | Middle Name/Initial: P. | |
| 8 Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX: 4540 N.W. 13 St | Apt/Lot/Unit | City: Lauderhill | County of Legal Residence: Broward | State: FL | Zip Code: 33313 | |
| 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

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

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

REQUIRED

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: 4-22-08

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified; NA= no answer; DC= disconnected; WN= wrong number; NP= no phone)

INVESTIGATE? Y / N (circle one)

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*

*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*

*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/06

# FLORIDA VOTER REGISTRATION APPLICATION

REQUIRED

1 Check boxes that apply: ☐ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update — OFFICIAL USE ONLY:

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): 07/16/1977

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]

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Simmons | | Belinda | L |

| | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 2840 NW 12th St | A | Ft. Lauderdale | USA | FL | 33311 |
| 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: (954) 636-8290

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

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

REQUIRED

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: 1/10/08

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified, NA= no answer DC= disconnected; WN= wrong number, NP= no phone)

INVESTIGATE? Y / N (circle one)

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*

*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*

*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail. you will have to provide identification prior to voting the first time*

REVISED 1/05

# FLORIDA VOTER REGISTRATION APPLICATION

| | | |
|---|---|---|
| 1 | Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update | OFFICIAL USE ONLY: |
| 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.

REQUIRED

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | Date of Birth (MM/DD/YYYY): 11/16/1989 | | | | | |
| 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" [redacted] | | | | | |
| 7 | Last Name: Dennis | Suffix (circle) Jr. Sr. II III IV | First Name: Brandise | | Middle Name/Initial: M | |
| 8 | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX: 2050 NW 28th Avenue | Apt/Lot/Unit | City: Fort Lauderdale | County of Legal Residence: Broward | State: FL | Zip Code: 33311 |
| 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: (954) 793-7164 | | |
| 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 | |
| 15 | Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S. | | | | | |

REQUIRED

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: 03-10-07

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☒ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

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:

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.

REQUIRED

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) 07/08/1969

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]

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Dudash | | Christina | A |

| | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 8825 Ramblewood Dr | 1508 | Coral Springs | Broward | FL | 33071 |
| 9 | Mailing Address if Different from Above | Apt/Lot/Unit | City | Country | State | Zip Code |
| | | | | | | |
| 10 | Address Last Registered to Vote: 7903 NW 19th Place | Apt/Lot/Unit | City: Margate | County: Broward | State: FL | Zip Code: 33063 |

11 Former Name if Making Name Change — Day Phone Number: 954-201-8006

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

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

REQUIRED

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: 11-10-07

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

INVESTIGATE? Y / N (circle one)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felo in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used o for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/05

# FLORIDA VOTER REGISTRATION APPLICATION

| | | |
|---|---|---|
| 1 | Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update | OFFICIAL USE ONLY: |
| 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): 02/18/1990 | |
| 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": [redacted] | |
| 7 | Last Name: Hernandez; Suffix (circle) Jr. Sr. II III IV; First Name: Daniel; Middle Name/Initial: | |
| 8 | Address Where You Live (Legal Residence) DO NOT USE P.O. BOX: 211 NW 151 Ave.; Apt/Lot/Unit: ; City: Pembroke Pines; County of Legal Residence: Broward; State: FL; Zip Code: 33028 | |
| 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: 954-330-9410 | |
| 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 | |
| 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 [redacted] Date: 4/30/08 |

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE. Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for u to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/06

# FLORIDA VOTER REGISTRATION APPLICATION

REQUIRED

1 Check boxes that apply: ☐ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update — OFFICIAL USE ONLY:

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): 09/08/1975

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":

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Bissainthe | | Lourdy | Gergy |

| | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX. | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 475 N.W. 46 AV | | Plantation | FL | FL | 33317 |
| 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: 954-245-6463

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

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

REQUIRED

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: 12-11-07

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified; NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17). + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/06

# FLORIDA VOTER REGISTRATION APPLICATION

REQUIRED

1 Check boxes that apply: ☐ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update — OFFICIAL USE ONLY:

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): 11/19/77

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]

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Pierre | | Danise | S |

| | Address Where You Live (Legal Residence) DO NOT USE P.O. BOX | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 7814 NW 71st Ct. | | Tamarac | Broward | FL | 33321 |
| 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: 954 822-3595

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

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

REQUIRED

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: 1/9/08

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified, NA= no answer DC= disconnected; WN= wrong number, NP= no phone)

INVESTIGATE? Y / N (circle one)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

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: |
| 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): 04/01/1968 | |
| 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: Sinha Suba | Suffix (circle): Jr. Sr. II III IV — First Name: Charlene — Middle Name/Initial: K |
| 8 | Address Where You Live (Legal Residence) DO NOT USE PO BOX: 1907 SW 85 Ave — Apt/Lot/Unit — City: N. Lauderdale — County of Legal Residence: Broward — State: FL — Zip Code: 33068 | |
| 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: 954-675 8588 | |
| 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 | |
| 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 [redacted] Date: 12/28/ |

REQUIRED

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☑ An issue I care about in my community is Can't find a school I want to send my kids

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE. Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

INVESTIGATE? Y / N (circle one)

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*

*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*

*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

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

REQUIRED

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): 08/16/75

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]

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Dennis | | Andrew | R |

| | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 3122 NW 84 Way | | Sunrise | | FL | 33351 |
| 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: 954 465 0463

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

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

REQUIRED

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: 8/1/2008

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/05

# FLORIDA VOTER REGISTRATION APPLICATION

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

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.

REQUIRED

5 Date of Birth (MM/DD/YYYY): 09/31/1942

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: ROGERS | Suffix (circle): Jr. Sr. II III IV | First Name: DORIS | Middle Name/Initial: D | | | |
| 8 Address Where You Live (Legal Residence) DO NOT GIVE PO BOX: 2771 RIVERSIDE DR | Apt/Lot/Unit: 204 | City: CORAL SPRINGS | County of Legal Residence: BROWARD | State: FL | Zip Code: 33065 | |
| 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: 954 657-3117 | | | |

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

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

REQUIRED

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: 1/3/07

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

INVESTIGATE? Y / N (circle one)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

# FLORIDA VOTER REGISTRATION APPLICATION

REVISED 1/05

| | | |
|---|---|---|
| 1 | Check boxes that apply: ☑ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update | OFFICIAL USE ONLY: |
| 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.

REQUIRED

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | Date of Birth (MM/DD/YYYY): 09/25/1969 | | | | | |
| 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: Montes | Suffix (circle): Jr. Sr. II III IV | First Name: Melody | | Middle Name/Initial: M. | |
| 8 | Address Where You Live (Legal Residence) (DO NOT GIVE P.O. BOX): 14893 SW 38 Ct. | Apt/Lot/Unit: | City: Miramar | County of Legal Residence: | State: FL | Zip Code: 33027 |
| 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: 786 348- 4125 | | | |
| 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 | |
| 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 [redacted] Date: 1/14/08 | | | | |

REQUIRED

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/05

# FLORIDA VOTER REGISTRATION APPLICATION

1 Check boxes that apply: ☐ New Registration ☑ Address Change ☐ Party Change ☐ Name Change ☑ Card Replacement ☐ Signature Update — OFFICIAL USE ONLY:

REQUIRED

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): 01/17/1983

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: Wilson | Suffix (circle) Jr. Sr. II III IV | First Name: Chez'tabnika | Middle Name/Initial: N. | | | |
| 8 Address Where You Live (Legal Residence) DO NOT USE P.O. BOX: 5533 NE 2nd Ave. | Apt/Lot/Unit | City: Ft. Lauderdale | County of Legal Residence: Broward | State: FL | Zip Code: 33301 | |
| 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: 954-200-1525

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

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

REQUIRED

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: 1-18-08

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

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:

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.

REQUIRED

5 Date of Birth (MM/DD/YYYY): 09/18/67

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: Forrest | Suffix (circle) Jr. Sr. II III IV | First Name: Evadne | Middle Name/Initial: M | | | |
| 8 Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX: 312 N 62nd avenue | Apt/Lot/Unit | City: Hollywood | County of Legal Residence: Broward | State: FL | Zip Code: 33024 | |
| 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: (954) 987-2874 | | | |

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

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

REQUIRED

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: 12/13/07

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE. Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date _____ Comment? _____

VERIFICATION CALL RESPONSE _____ (AV= applicant verified; NV= not verified, NA= no answer DC= disconnected; WN= wrong number, NP= no phone)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/05

# FLORIDA VOTER REGISTRATION APPLICATION

1 Check boxes that apply: ☑ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update — OFFICIAL USE ONLY

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.

REQUIRED

5 Date of Birth (MM/DD/YYYY) 01/11/1986

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":

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Sanders | | Ruby | J |

| | Address Where You Live (Legal Residence) DO NOT USE P.O. BOX | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 400 NW 19th Ct | | Pompano Bch | Broward | FL | 33060 |
| 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 (954) 394-3938

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

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

REQUIRED

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: 10/13/07

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified, NA= no answer DC= disconnected; WN= wrong number, NP= no phone)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a fe in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned fc to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

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:

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.

REQUIRED

5 Date of Birth (MM/DD/YYYY): 01 / 04 / 1982

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: Lordeus — Suffix (circle): Jr. Sr. II III IV — First Name: Jacqueline — Middle Name/Initial:

8 Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX: 6640 SW 17 Street — Apt/Lot/Unit: — City: North Lauderdale — County of Legal Residence: — State: FL — Zip Code: 33068

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

10 Address Last Registered to Vote: SAME — Apt/Lot/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): ☐ 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:

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

REQUIRED

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: 4/28/08

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital?_____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified; NA= no answer; DC= disconnected; WN= wrong number; NP= no phone)

INVESTIGATE? Y (N) _____

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*

*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*

*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

# FLORIDA VOTER REGISTRATION APPLICATION

REVISED 1/06

1 Check boxes that apply: ☑ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update — OFFICIAL USE ONLY:

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.

REQUIRED

5 Date of Birth (MM/DD/YYYY): 07/18/1988

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":

| | Last Name | Suffix (circle) Jr. Sr. II III IV | First Name | Middle Name/Initial |
|---|---|---|---|---|
| 7 | Johnson | | Khambrea | T |

| | Address Where You Live (Legal Residence) (do not use P.O. box) | Apt/Lot/Unit | City | County of Legal Residence | State | Zip Code |
|---|---|---|---|---|---|---|
| 8 | 4160 NW 31st Street | Unit 8 | 325 Lauderhill | Broward | FL | 33313 |
| 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: 305-331-7945

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

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

REQUIRED

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.)

[redacted] Date: 12-17-07

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified, NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

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: |
| 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.

REQUIRED

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | Date of Birth (MM/DD/YYYY) 7/19/74 | | | | | |
| 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 Graham | Suffix (circle) Jr. Sr. II III IV | First Name Lashonda | | Middle Name/Initial G | |
| 8 | Address Where You Live (Legal Residence) [redacted] SW 29 St. | Apt/Lot/Unit | City Miramar | County of Legal Residence Broward | State FL | Zip Code 33025 |
| 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 786-486-4130 | | | |
| 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 | |
| 15 | Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S. | | | | | |

REQUIRED

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: 7/14/08

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified; NA= no answer

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

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: |
| 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) 02/15/1982 | |
| 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: Garnett — Suffix (circle): Jr. Sr. II III IV — First Name: Sashana — Middle Name/Initial: K | |
| 8 | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX: 2521 Lincoln Street — Apt/Lot/Unit: 112 — City: Hollywood — County of Legal Residence: Broward — State: FL — Zip Code: 33020 | |
| 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: 954-625-6187 | |
| 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 | |
| 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 [redacted] Date: 01/10/07 |

REQUIRED

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE. Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____ (AV= applicant verified; NV= not verified, NA= no answer DC= disconnected, WN= wrong number, NP= no phone)

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/06

# FLORIDA VOTER REGISTRATION APPLICATION

REQUIRED

1. Check boxes that apply: ☑ New Registration ☐ Address Change ☐ Party Change ☐ Name Change ☐ Card Replacement ☐ Signature Update — OFFICIAL USE ONLY:
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): 04/01/79
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: Peterson — Suffix (circle) Jr. Sr. II III IV — First Name: Nicole — Middle Name/Initial: L
8. Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX: 111 NE 75th — Apt/Lot/Unit — City: Pompano Beach — County of Legal Residence — State: FL — Zip Code: 33068
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: (954) 708-9341
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
15. Are You: ☐ Active Duty Military/Merchant Marine ☐ Dependent of Active Duty Military/Merchant Marine ☐ U.S. Citizen Currently Residing Outside the U.S.

REQUIRED

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.) [redacted] Date: 1/9/08

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials _____ Date Calling: 1st _____ / 2nd _____

INTAKE Y / N / M (circle one) Intake Date: _____ Comment?

ACTION: Y / N / M (circle one) Action Date: _____

*To Register you must:*

*+ Be a citizen of the United States of America + Be a Florida resident*

*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*

*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/06

# FLORIDA VOTER REGISTRATION APPLICATION

REQUIRED

1. Check boxes that apply: [X] New Registration [ ] Address Change [ ] Party Change [ ] Name Change [ ] Card Replacement [ ] Signature Update — OFFICIAL USE ONLY:
2. Are you a citizen of the United States of America? Yes? [X] No? [ ] (If NO, you cannot register to vote)
3. [X] I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.
4. [X] 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): 11/21/1980
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: Hord | Suffix (circle): Jr. Sr. II III IV | First Name: Faye | Middle Name/Initial: L
8. Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX: 5586 NW 113TH Terrace | Apt/Lot/Unit: | City: Coral Springs | County of Legal Residence: Broward | State: FL | Zip Code: 33071
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: (954) 802-5003
12. Party Affiliation (Check only one) [X] 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 [X] White, not Hispanic
14. Sex [ ] M [X] F | Do you need voting assistance at the polls? [ ] Yes [X] No | Are you interested in being a poll worker? [X] Yes [ ] No | State or Country of Birth: BRAZIL
15. Are You: [ ] Active Duty Military/Merchant Marine [ ] Dependent of Active Duty Military/Merchant Marine [ ] U.S. Citizen Currently Residing Outside the U.S.

REQUIRED

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: 1/31/08

## Sign me up as a provisional member of ACORN for FREE! [ ] YES [ ] NO

E-mail:_____ Cell/Phone:_____

[ ] Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

[ ] I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

[ ] I am struggling to pay medical bills or have medical debt. Hospital? _____

[ ] An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials: _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE: Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____

VERIFICATION CALL RESPONSE: _____

*To Register you must:*
*+ Be a citizen of the United States of America + Be a Florida resident*
*+ Be 18 years old (you my pre-register if you are 17) + Complete Boxes 2,3,4,5,6,7,8 & 16.*
*+ Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state and + Not have been convicted of a felon in Florida, or any other state, without your civil rights having been restored.*

- *If the information on this application is not true, the applicant can be convicted of a felony of the third degree and/or imprisoned for up to five years.*
- *The office at which you register or your decision not to register, your SSN, your FL DL# or ID will remain confidential and be used on for voter registration purposes.*
- *If this application is submitted by mail, you will have to provide identification prior to voting the first time*

REVISED 1/05

# FLORIDA VOTER REGISTRATION APPLICATION

| | | |
|---|---|---|
| 1 | Check boxes that apply: ☐ New Registration ☒ Address Change ☐ Party Change ☐ Name Change ☒ Card Replacement ☐ Signature Update | OFFICIAL USE ONLY: |
| 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) 01/30/83 | |
| 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: Joseph — Suffix (circle) Jr. Sr. II III IV — First Name: Tyson — Middle Name/Initial: K | |
| 8 | Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX: 8211 SW 11 CT — Apt/Lot/Unit: — City: N. Lauderdale — County of Legal Residence: Broward — State: FL — Zip Code: 33068 | |
| 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: 954 235-8332 | |
| 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 | |
| 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 [redacted] Date: 25 Feb 08 | |

## Sign me up as a provisional member of ACORN for FREE! ☐ YES ☐ NO

E-mail:_____ Cell/Phone:_____

☐ Please check this box so **ACORN** can send you **text messages** about important issues and to remind you to vote next November. We promise to send you no more than 5 messages. Standard text message rates apply. For more information on these rates, consult your wireless carrier.

☐ I, or someone I know, is having a problem with mortgage foreclosure. Lender?_____

☐ I am struggling to pay medical bills or have medical debt. Hospital? _____

☐ An issue I care about in my community is _____

FOR OCC OFFICE USE ONLY

Caller's Initials. _____ Date Calling: 1st _____ / 2nd _____ / 3rd _____

INTAKE. Y / N / M (circle one) Intake Date: _____ Comment? _____

ACTION: Y / N / M (circle one) Action Date: _____ Comment? _____