

# PUBLIC INTEREST

LEGAL FOUNDATION

## ALIEN INVASION IN VIRGINIA

The discovery and coverup of noncitizen registration and voting

VIRGINIA  
VOTERS  
VALLIANCE

September 30, 2016

*“The recount is almost over, and in this contest for attorney general ... it’s become apparent that our campaign is going to come up a few votes short,” Obenshain said, noting that he’d already called Herring to offer his congratulations. ‘It was a vigorous and hard-fought campaign, but it’s over.’ Obenshain’s concession will end a recount process that began on Nov. 5, when the two candidates were separated by a razor-thin election night margin. **Herring defeated Obenshain by 165 votes out of more than 2.2 million votes cast, according to results certified by the Virginia Virginia Department of Elections on Nov. 25.**”*

- *Politico*, December 18, 2013, covering Republican Mark Obenshain’s whisker thin loss in the Virginia Attorney General’s race.

## ***Only Americans Should Choose American Leaders***

Citizenship is the most fundamental element of eligibility to vote in American elections. Every state requires voters to be U.S. citizens to vote in state elections.<sup>1</sup> The Virginia Constitution, specifically, delineates that “[e]ach voter shall be a citizen of the United States.”<sup>2</sup> Only Americans should choose American leaders. Federal law makes it a crime for an alien to register to vote or to vote in a federal election. Simply put, it is a felony for a non-citizen to register and to cast a ballot.<sup>3</sup> Each time such a crime is perpetrated, whether by accident or willfully, a citizen is effectively disenfranchised.

The right to vote free from dilution by aliens is safeguarded primarily in several places—all of them appear to be failing to prevent aliens from participating in American elections and in the Commonwealth of Virginia. On the front end, federal law requires election officials to use reasonable efforts to identify and remove ineligible registrants from the voter rolls. The Federal voter registration form purports to prevent aliens from registering to vote, but it is an ineffective honor system under which the alien need merely lie to get on the voter rolls. On the back end, federal and state law enforcement officials are entrusted with prosecuting non-citizens who register and vote as a means to deter others from doing the same. Here too, the system is failing because the Obama administration has ignored instance after instance of voter fraud.

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<sup>1</sup> See U.S. Dept. of Just., *Federal Prosecution of Election Offenses* 66 (7th ed. 2007), *available at* <https://www.justice.gov/sites/default/files/criminal/legacy/2013/09/30/electbook-rvs0807.pdf>

<sup>2</sup> Va. Const., Art. II, Sec. 1.

<sup>3</sup> 18 U.S.C. § 1015(f). It is also a felony for an individual to simply “falsely and willfully represent[] himself to be a citizen of the United States.” 18 U.S.C § 911.

In practice, none of these so-called safeguards is functioning correctly. Based on voting history records, large numbers of ineligible aliens are registering to vote and casting ballots. They are canceling out the valid votes of American citizens. In some Virginia jurisdictions, the number of people registered to vote exceeds the number of citizens eligible to vote. When the Justice Department has been told of aliens registering to vote and committing federal felonies, nothing is done.

## ***Summary of Findings***

An investigation in Virginia by the Public Interest Legal Foundation (PILF) and the Virginia Voter's Alliance (VVA) shows that the cause of this problem is something much worse than simple ineffective governance. Worse still, Virginia state election officials are obstructing access to public records that reveal the extent to which non-citizens are participating in our elections. These obstructionist tactics have led to PILF and VVA obtaining data from only a handful of Virginia counties so far. But the information from a few counties demonstrates a massive problem.

**In our small sample of just eight Virginia counties who responded to our public inspection requests, we found 1046 aliens who registered to vote illegally.**

The problem is most certainly exponentially worse because we have no data regarding aliens on the registration rolls for the other 125 Virginia localities. Even in this small sample, when the voting history of this small sample of alien registrants is examined, **nearly 200 verified ballots were cast before they were removed from the rolls. Each one of them is likely a felony.**

Again, this is from just a small sampling of Virginia counties. Each of the aliens we have discovered to have registered or voted has likely committed a felony. Will the Justice Department act now that their names, registration records and dates of voting are herein provided?

Ultimately, the number of illegal votes doesn't matter when the integrity of the process is at stake. Nobody should tolerate voter fraud, whether it comes in bunches as we describe here, happens occasionally, or decides the outcome of an election. Lawlessness in elections is a precursor for lawlessness across our government and culture. The response of law enforcement officials to both single instances of voter fraud and the hundreds of examples documented in this report should be the same: swift, sure and unwavering. No excuses should be made for the lawless who taint the electoral process.

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**The most alien votes were cast in 2012, followed by 2008, the year President Obama was elected to his first term.**

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In Virginia, like most states, there is no formal program for identifying non-citizen registrants. The Commonwealth formerly arranged to use the Federal Systematic Alien Verification for Entitlements (SAVE) database to detect aliens, but vigorous

use seems to have ended during the administration of Governor Terry McAuliffe. Most discoveries of non-citizens on the registration rolls are accidental or chance. What this means is that the number of registered non-citizens thus far identified by this investigation is just the “tip of the iceberg.” The true extent of the problem likely runs in the thousands, if not more. And it is not unique to Virginia.

There is plenty of blame to go around. One culprit, however, is glaringly obvious—federal and state voter registration forms, which ask registrants to affirm their citizenship with nothing more than the check of a box. No documentary proof of citizenship must be shown. It is nothing more than an honor system, one that is unquestionably failing to keep non-citizens from voting. States that have tried to remedy this problem by asking registrants to prove their citizenship with documentary proof have uniformly been stonewalled by litigation brought by our own Department of Justice and legions of attorneys working with left-leaning voter groups committed to keeping ineligible voters on the rolls.

This report demonstrates the serious problem that unelected election officials have refused to address and even conspired to hide. It is our hope that this report will result in swift change and restore confidence in our elections.

### ***When an alien completes a voter registration form, they commit a felony.***

This report must begin with the relevant law. It is only with that in mind that the reader can comprehend the gravity of the problem Virginia and other states are facing when it comes to non-citizen participation in our elections. When non-citizens register or actually vote, they violate both state and federal statutes because citizenship is a requirement to vote in both state and federal elections.

The offenses a fraudulent voter might commit when he registers and votes are numerous:

- Virginia Code § 24.2-1004: Criminalizes casting an illegal ballot.
- Title 18, United States Code § 611: Criminalizes voting by illegal aliens in federal elections.
- Title 18, United States Code § 911: Criminalizes representing oneself to be a citizen of the United States.
- Title 18, United States Code § 1015: Criminalizes false statements in order to register to vote or to vote in any Federal, State, or local election.
- Title 52, United States Code § 20511: Criminalizes the fraudulent submission of voter registration applications and the fraudulent casting of ballots.

The United State Attorney General and the law enforcement officers in the Commonwealth of Virginia are, respectively, authorized to prosecute violations of all of these statutes. Given that the integrity of an election is where the consent of the governed is obtained, you would think that federal and state elections officials would treat these crimes with appropriate seriousness. As will be discussed later in this report, that is, however, not the case.

## *The National Voter Registration Act and the Help America Vote Act*

The problems in Virginia and other states can be traced as far back as 1993. Within months of assuming the Presidency, Bill Clinton signed into law the National Voter Registration Act (“NVRA”)<sup>4</sup>, a sweeping piece of legislation that proponents claimed would increase the number of registered voters and participation in our elections. One thing is for sure— it has increased the number of ineligible voters on state voter rolls.

The NVRA, commonly known as “Motor Voter,” requires each state to offer voter registration to any individual that applies for a driver’s license.<sup>5</sup> This provision of the law requires the applicant to swear to his or her citizenship under penalty of perjury,<sup>6</sup> but does not permit nor deny the state’s ability to verify citizenship through formal documentation. Instead, the law provides that the states “may require only the minimum amount of information necessary to . . . enable State election officials to assess the eligibility of the applicant and to administer voter registration and other parts of the election process.”<sup>7</sup>

Attempts by various states to require registrants to provide documentary proof of citizenship during registration for federal elections have been thwarted by lawsuits brought by left-leaning voter groups and the Department of Justice. *Virginia therefore requires applicants to **merely check a box** in order to “prove” their citizenship status.*

The NVRA also allows individuals to register to vote through the mail using the federal voter registration form (the “Federal Form”), a document that is developed and maintained by a federal agency called the

Election Assistance Commission. In 2002, the Help America Vote Act added a citizenship question to the Federal Form.<sup>8</sup> Like Virginia’s state registration form, the Federal Form requires only that a registrant check a box to “prove” his or her citizenship. Under the NVRA, state are required to “accept and use” the Federal Form for purposes of registration,<sup>9</sup> but the law does not prevent states from applying their own eligibility requirements.

**Virginia Voter Registration Application**

Starred (\*) items are required. If you do not complete all of the items that are marked w

1.  YES  NO  
\* I am a citizen of the United States of America.

\* Full social security number  No SSN was ever issued.

SSN field: [ N ] [ N ] [ N ] [ N ] - [ N ] [ N ] - [ N ] [ N ] [ N ] [ N ]

<sup>4</sup> 52 U.S.C. § 20501 *et seq.*

<sup>5</sup> See 52 U.S.C. § 20504(a)(1) and (c)(1).

<sup>6</sup> 52 U.S.C. § 20504(c)(2)(C).

<sup>7</sup> 52 U.S.C. § 20504(c)(2)(B)(ii).

<sup>8</sup> 52 U.S.C. § 21083(b)(4)(A)(i).

<sup>9</sup> 52 U.S.C. § 20505(A)(1).

<b>Voter Registration Application</b>		
<b>Before completing this form, review the General, Application, and State specific instructions.</b>		
Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If you checked "No" in response to either of these questions, do not complete form.</b> <small>(Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)</small>	This space for office use only.	

The NVRA also imposes voter list maintenance and record keeping obligations. The law does not contain a checklist of required actions, but rather states generally that election officials must “conduct a general program that makes a reasonable effort to remove the names of ineligible voters from the official lists of eligible voters by reason of . . . the death of the registrant or a change in the residence of the registrant.”<sup>10</sup> What constitutes a “reasonable effort” is not provided by the statute, which has often made litigation necessary to enforce these list maintenance obligations.

Election officials must also “maintain for at least 2 years” and “make available for public inspection” “all records concerning the implementation of programs and activities conducted for the purpose of ensuring the accuracy and currency of official lists of eligible voters.”<sup>11</sup> Like the NVRA’s list maintenance provision, the public inspection provision suffers from ambiguity, allowing election officials to deny access to records based on their unilateral determination that certain records are outside the scope of the statute. In one such example, the nonprofit organization Project Vote endured three years of litigation simply to obtain copies of completed voter registration applications requested from the General Registrar of Norfolk, Virginia—records which the Fourth Circuit Court of Appeals ruled were “unmistakably” within the scope of records that election officials must make publicly available for inspection.<sup>12</sup>

PILF has filed four separate lawsuits in 2016 alone to force election officials to allow inspection of their election records. **In Virginia, election officials have opposed transparency and many Virginia counties are not in compliance with federal law regarding our requests and may yet be sued in federal court to obtain requested records.**

The NVRA authorizes the federal Attorney General to enforce the NVRA’s mandates, including the statute’s list maintenance and public inspection provisions.<sup>13</sup> However, this grant of authority has been sparingly used during the Obama years because officials within the enforcing agency—the Department of Justice Civil Rights Division—are ideologically opposed to enforcing this federal law. Justice Department officials are aware of corrupted voter rolls, but their politics prevent them from doing the right thing.

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<sup>10</sup> 52 U.S.C. § 20507(a)(4).

<sup>11</sup> 52 U.S.C. § 20507(i).

<sup>12</sup> *Project Vote / Voting for Am., Inc. v. Long*, 682 F.3d 331 (4th Cir. 2012).

<sup>13</sup> 52 U.S.C. § 20510(a).

## ***Obstruction Begins in Alexandria***

The effort to obscure the number of non-citizens who are registering and voting in Virginia began in the City of Alexandria.

In January 2016, the election integrity group Virginia Voter's Alliance (VVA) contacted Alexandria General Registrar Anna Leider, notifying her that based on implausible registration data, her office appeared to be in violation of the NVRA's mandate that she use reasonable efforts to remove ineligible registrants. **The letter additionally requested access to ten categories of records concerning Ms. Leider's list maintenance programs pursuant to the NVRA's public inspection provision.**

In April 2016, PILF, on behalf of VVA and David Norcross, a private Alexandria citizen, sued Ms. Leider under the NVRA's private right of action, alleging that her office violated the NVRA by refusing to provide inspection of election records and for failing to conduct reasonable list maintenance practices.

After a court hearing where Alexandria said it would make the requested records available, VVA then proceeded to visit Ms. Leider's office to inspect the city's records.

**Among the records uncovered at Ms. Leider's office was a list of registrants who had been purged from the voter rolls because they were determined to not be U.S. citizens. The list includes hundreds of non-citizen registrants, all of whom had likely committed felonies by registering to vote.**

When VVA asked to photocopy the list, Ms. Leider refused, contradicting her statements made to the court. **Her refusal, however, was directed by state election officials. Ms. Leider's attorney later stated that she cannot provide the list because of "guidance" from the Virginia Department of Elections.** The excuse was that the reason for a registrant's cancellation—including by reason of non-citizen status—is confidential, and such information can neither be inspected nor duplicated.

A week later, and over eight months after the initial request was made, Ms. Leider finally capitulated. Her attorney provided VVA with a list, identifying **70 registrants who had been removed from Alexandria's registration lists after they were determined to not be U.S. citizens. These were just the aliens who were caught.**

Records showing the removal of ineligible non-citizen registrants are quintessentially records "concerning the implementation of programs and activities conducted for the purpose of ensuring the accuracy and currency of official lists of eligible voters,"<sup>14</sup> records that must be made available for public inspection under the NVRA. **Yet it took months of negotiations and a federal lawsuit to bring these records to the public's attention.**

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<sup>14</sup> 52 U.S.C. § 20507(i).

Did any of the non-citizens removed from Alexandria’s registration lists cast votes? Ms. Leider wouldn’t tell PILF. According to her attorney, that information, too, is “confidential and available only for official use by the Department of Elections and general registrars.” As discussed later in this report, some of these individuals have, in fact, participated in Virginia’s elections.

### ***The Virginia Alien Voter Cover-up Goes Statewide***

Alexandria is not the only jurisdiction that concealed the commission of felonies committed by non-citizen voters in Virginia. Upon the discovery of Alexandria’s list of purged non-citizen registrants, **PILF utilized the NVRA’s public inspection provision to request similar information from 19 Virginia counties and cities on August 8, 2016. Nearly all of the counties have failed to comply with their federal obligation to provide transparent list maintenance records to us.**

Requests for a list of non-citizens purged from the voter lists since 2011 were made to the following Virginia counties and cities:

- **Arlington**
- **Albemarle**
- **Bedford**
- **Chesterfield**
- **Fairfax City**
- **Fauquier**
- **Frederick**
- **Falls Church**
- **Loudon**
- **Hampton**
- **Hanover**
- **James City**
- **Lancaster**
- **Manassas**
- **Prince William**
- **Roanoke**
- **Stafford**
- **Rappahannock**
- **York**

The election officials in charge of these jurisdictions were sometimes responsive, at first. **Prince William County provided a list of 433 non-citizens who had registered to vote in the county, but were then removed after they were determined to not be U.S. citizens.**<sup>15</sup>

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<sup>15</sup> See Exhibit 1. PILF notes that, on page 1, one registrant appears to be listed twice. However, on page 29, Prince William County lists the “Declared Non-Citizen Total” at 433 individuals.



The only indication that any of these potential felons were brought to attention of law enforcement is one communication provided by the county, which indicates that the United States Citizenship and Immigration Services contacted the county's general registrar requesting the voter registration application of one individual—Mahruk Hassan Zaidi.<sup>16</sup> The discovery was accomplished by chance and not a result of the county's own list maintenance. An additional communication shows that registration material for Ms. Zaidi, and one other individual, were then forwarded to the attorney for Prince William County. The communication notes that both individuals voted in the November 2012 General Election.

**The United States Attorney in Virginia has done nothing about the felonies committed by 433 aliens registering in Prince William County alone.**

**Bedford County**, a relatively small rural county in Virginia with only about 60,000 individuals of voting age, also provided a list of 35 non-citizens that had been removed from their voter rolls. Bedford County also provided copies of notices sent to 54 individuals who indicated on their DMV applications that they were not citizens. Upon learning that these individuals were not citizens, the county did not cancel their registrations. Rather, the county sent each individual a Notice of Intent to Cancel,<sup>17</sup> which informed the applicant that although they indicated they were not a citizen on their DMV application, their registration would remain active if they simply signed the notice, affirming they were a citizen. Based on the fact that only 35 non-citizens were removed between 2011 and the present, we can conclude that 19 individuals who swore under penalty of perjury to the DMV that they were not U.S. citizens returned the notice, stating they are a U.S. citizen. Like the initial check box used to register, the affirmation notice is nothing more than an honor system that easily allows non-citizens to remain registered to vote.

One week after providing the list of purged non-citizens, Barbara Gunter, the general registrar for Bedford County, contacted PILF by phone. The Virginia Department of Elections had since contacted Ms. Gunter and told her that she should not have provided us with the list because doing so violates federal law—the Federal Drivers Privacy Protection Act. She asked that PILF delete the list. Obviously we did not delete the list, and as we shall see, providing the records to the public obviously does not violate the federal law the Virginia Department of Elections used to strong-arm local election officials into noncompliance.

**We received no records showing that election officials had referred any non-citizen voters for investigation or prosecution.**

**Roanoke County** acted similarly. After providing a list of **22 alien registrants**, General Registrar Judith Stokes emailed PILF, asking that we “destroy” the list she had previously provided.<sup>18</sup> Like Bedford County, Ms. Stokes explained that her request originated with the Department of Elections.

<sup>16</sup> See Exhibit 2.

<sup>17</sup> An example of this notice is provided in Exhibit 3.

<sup>18</sup> The email is reproduced in its entirety at Exhibit 4 to this report.

This is where production of records required to be released effectively stopped. Over the course of August and September 2016, responses from election officials rolled in, *each one explaining that state election officials had instructed them not to provide lists of non-citizens* who had been removed from Virginia's voter rolls.

The responses were nearly identical and soon it became clear that they were orchestrated by Edgardo Cortes, the Commissioner of the Virginia Department of Elections, and an appointee of Governor McAuliffe. According to numerous county election officials, Commissioner Cortes had issued guidance to them, instructing them not to respond to our requests for records pertaining to non-citizen voters. Some election officials kindly provided us the original communications from Cortes.



The guidance from Commissioner Cortes included these instructions:<sup>19</sup>

- c. **ELECT is working on creating a single cancellation report that does not include the reason for cancellation and only releasable information to facilitate your response to these types of requests. We will offer a statewide report to the requesting organization. While there is a VERIS report that provides a list of registrants canceled due to non-citizenship for your administrative use, you may not provide the information regarding reason for cancellation for non-citizen status as this information is received from DMV and is covered under the federal Driver's Privacy Protection Act (DPPA). The GR/EB Handbook already indicates that this information is not releasable. The DPPA prohibits the release of covered data. It is not sufficient to simply redact the reason code column from the current VERIS report since it contains only individuals identified by DMV as being potentially non-citizen and cancelled as a result.**
- d. **The Department will not provide voting history as this is not covered under NVRA. The Code of Virginia establishes who may obtain this information and how in 24.2-406. Only the Department of Elections may provide this information to authorized individuals and entities. We will notify the requestor of this fact and you should respond accordingly to this or any other request for voting history.**

This is what a cover-up of alien voting looks like. State election officials are preventing public access not only to records showing the number of non-citizens who have successfully registered to vote, but also records showing how many of them voted prior to being removed from the registration rolls.

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<sup>19</sup> The email is reproduced in its entirety at Exhibit 5 to this report.

Commissioner Cortes' guidance was distributed statewide on August 19, 2016. Yet not until September 16 did Commissioner Cortes contact PILF. In his correspondence, Commissioner Cortes offered to provide a "customized report" at a cost of \$240,<sup>20</sup> a report that he claimed would satisfy our request concerning non-citizens. It wouldn't.

**Commission Cortes refused to provide a list of non-citizens who have been purged from the registration list in each jurisdiction.** He likewise refused to provide the voting history of purged non-citizens, reiterating his position that such information is not subject to release under the NVRA's public inspection provision, but is available only to "qualified entities" under limited circumstances.<sup>21</sup>

## ***The Virginia State Board of Election's Excuses to Hide the Scope of Alien Registration***

### **The Drivers Privacy Protect Act**

According to the guidance issued to county election officials, Commissioner Cortes states that a list of registrants purged from Virginia's registration lists cannot be provided to the public because such information is protected from release by the federal Driver's Privacy Protection Act (DPPA). This is nonsense.

The DPPA makes it "unlawful for any person knowingly to obtain or disclose personal information, from a motor vehicle record, for any use not permitted" by one of fourteen exceptions to the prohibition on disclosure.<sup>22</sup> According to Commissioner Cortes, neither general registrars nor the Department of Elections can disclose a list of registrations cancelled by election officials because, according to him, a registrant's citizenship status, as indicated on his driver's license application, is "personal information." Commissioner Cortes is plainly wrong for numerous reasons.

PILF seeks list maintenance records from election officials, not from any other state agency. The DPPA prohibits only the disclosure of "personal information" from a "motor vehicle record."<sup>23</sup> "Motor vehicle record" is defined by the law; it includes "any record that pertains to a motor vehicle operator's permit, motor vehicle title, motor vehicle registration, or identification card issued by a department of motor vehicles."<sup>24</sup> Neither the registrant's citizenship status nor the reason for the registrant's cancellation is "personal information" under the DPPA.

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<sup>20</sup> This cost was later waived after we informed Commissioner Cortes that the NVRA permits election officials to charge "reasonable costs" for "photocopying" only. 52 U.S.C. § 20507(i)(1). It does not permit election officials to impose costs for time spent producing records.

<sup>21</sup> The email is reproduced in its entirety at Exhibit 6 to this report.

<sup>22</sup> 18 U.S.C. § 2722(a).

<sup>23</sup> 18 U.S.C. § 2722(a).

<sup>24</sup> 18 U.S.C. § 2722(a).

The DPPA prohibits the disclosure of only “personal information” and highly restricted personal information.”<sup>25</sup> “Personal information” is defined by the law; it includes “information that identifies an individual, including an individual’s photograph, social security number, driver identification number, name, address (but not the 5-digit zip code), telephone number, and medical or disability information.”<sup>26</sup> “Highly restricted personal information” is “an individual’s photograph or image, social security number, medical or disability information.”<sup>27</sup>

List maintenance records pertaining to the removal of aliens from the rolls has nothing to do with a motor vehicle record or any protected personal information or highly restricted personal information.

### **Voter History**

Commission Cortes’ guidance directed local election officials to conceal records showing the voting history of any individual whose registration was cancelled for reasons of citizenship. According to Commissioner Cortes, documents concerning voting activity are not covered under the NVRA’s public inspection provision and can only be disclosed publicly as permitted by Commonwealth law, which permits disclosure, at a reasonable cost, only to a list of qualified entities.<sup>28</sup>

In the end, the State Board could not conceal the extent of alien voting because PILF and VVA worked with a third party with access to voter history to determine which of the aliens who registered to vote, actually voted. Not surprisingly, many ballots were cast by these aliens.

## ***The Extent of the Non-citizen Registration in Virginia***

Despite the cover-up orchestrated by state election officials, PILF was successful in procuring additional data concerning non-citizen voter registration in Virginia. It was, however, not easy. Federal law says it should be easy, but Virginia has a great deal to hide when it comes to alien registration and voting.

By way of dozens of phone calls and in-person visits to election offices, we were able to extract additional information from local registrars concerning non-citizen participation in Virginia’s elections. Some officials, however, stood firm, refusing to provide us with the requested information. The information we have been able to gather thus far demonstrates what many of us already knew: **non-citizens are registering and voting in our elections.** The obstructionist effort led by state election officials has prevented us from learning how much deeper the problem runs.

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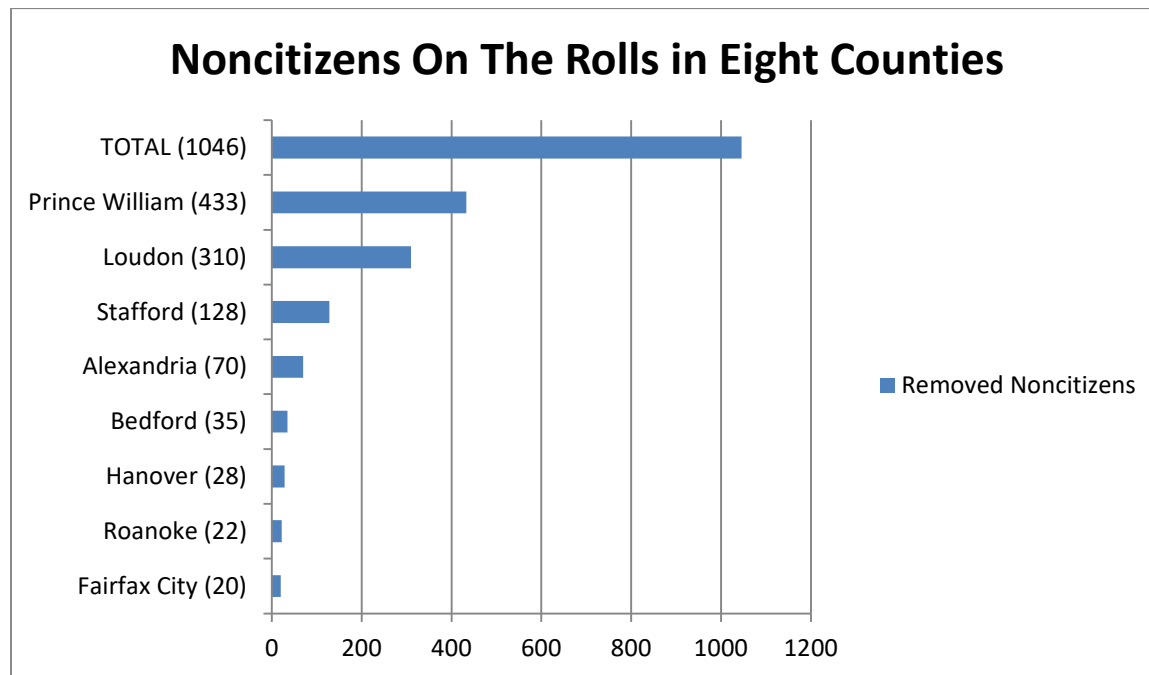
<sup>25</sup> 18 U.S.C. § 2722(a).

<sup>26</sup> 18 U.S.C. § 2725(3).

<sup>27</sup> 18 U.S.C. § 2725(4).

<sup>28</sup> Va. Code Ann. § 24.2-406.

Below is the number of registrants per jurisdiction that have been removed from the voter rolls since, at most, 2011.



This data is but a minor snapshot of the problem. It represents non-citizen registrants in only 8 of Virginia’s 133 voting jurisdictions and includes only those non-citizens that were discovered to have been improperly registered. Because no formal programs exist in Virginia to identify non-citizen registrants, the discovery and removal of these non-citizens is either by accident or because the registrant later indicated to election officials that he or she was not a citizen. The total number of non-citizens that remain registered to vote therefore cannot be completely ascertained. It is, however, likely, that based on discoveries to date, thousands of non-citizens remain registered and eligible to vote throughout the Commonwealth.

At the instruction of Commissioner Cortes, local election officials refused to provide us with records showing the voting history of non-citizens removed from registration lists.

In the 8 jurisdictions that provided us with lists of aliens recently removed from their voter rolls, **we discovered that 31 non-citizens had cast a total of 186 votes between 2005 and 2015. The most alien votes were cast in 2012 followed by 2008, the year President Obama was elected to his first term.**

The bill would have required the clerk of court to “make such information available to local elections officials so that they could cancel the registration of those individuals deemed ineligible to vote. The bill’s purpose was clear: prevent ineligible residents from registering and voting in Virginia’s elections. **Governor McAuliffe gave essentially no justification for his veto of this commonsense law, stating only that the issue needed “addition study.”**<sup>29</sup>

<sup>29</sup> <http://leg1.state.va.us/cgi-bin/legp504.exe?151+amd+HB1315AG>.

It may be no accident that Commissioner Cortes had not done all he could when it comes to transparency about aliens voting in Virginia elections. Before he was picked by Governor McAuliffe, he worked at the Advancement Project, an organization strongly opposed to using citizenship verification tools such as the federal SAVE database.

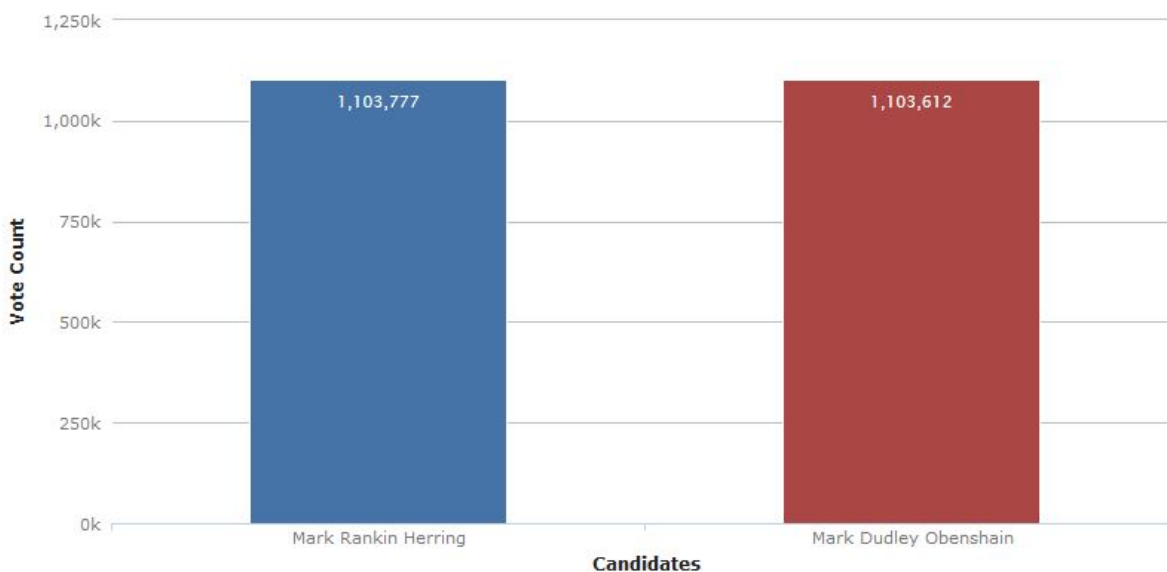
PILF’s request to local election officials asked for *all communications with federal and state law enforcement officials pertaining to non-citizens who had either registered to vote or voted.*

**However, we received no records showing that election officials had referred any non-citizen voters for investigation or prosecution.** In fact, some jurisdictions indicated that they do not even review voter history to identify fraudulent votes. Like our other requests, this absence of records is due in part to the obstructionist efforts by Commissioner Cortes, whose guidance to local election officials informed them that communications with law enforcement officials were not records covered by NVRA and therefore did not need to be provided to PILF.

### ***Systems Failure: The Tradition of Ignoring Alien Voter Fraud in Virginia***

The lack of action by the Department of Justice and law enforcement officials in Virginia is nothing new. In 2011, members of the Fairfax County Electoral Board alerted the Office of the U.S. Attorney for the Eastern District of Virginia in Alexandria, as well as the Public Integrity Section of the Criminal Division of the Justice Department (which coordinates election crime prosecutions) in Washington, of possible voter fraud by non-citizens.

### **2013 Attorney General General Election**



*1: Source Virginia State Board of Elections election results website.*

The Fairfax County board had discovered 278 registered voters who had represented to the DMV that they were not U.S. citizens. Almost half of them—117—had not only registered to vote, they had in fact voted in state and federal elections. The Department of Justice never followed up, leaving nearly 300 gift-wrapped cases of voter fraud untouched.

**Systems Failure: Voter registration forms easily permit non-citizens to register and participate in our elections.**

The lack of prosecution of election crimes provides a key deterrent to voter fraud, if it is used. But the existing registration process provides non-citizens with an easy path to the ballot box. As previously explained, the federal voter registration form and the registration forms used by the Commonwealth of Virginia rely on nothing more than an honor system to limit voter registration to citizens of this country. In all cases, these forms include a checkbox at the top of the form, which asks registrants to answer “yes” or “no” to the question “Are you a citizen of the United States?” The registrant must additionally sign the form, under penalty of perjury, attesting to the fact that his or her answer to that question is true and correct. There are no other “safeguards” in place to protect the integrity of the registration process.

As the data demonstrates, this honor system has undeniably failed to prevent non-citizens from registering and voting. PILF’s investigation requested that county election officials provide us with copies of voter registration forms used by the non-citizens those election officials later removed from voter rolls.

Prince William County, which provided a list of 433 non-citizens removed from its voter rolls since 2011, **provided us with those registration forms for non-citizens removed since 2015. These forms highlight the failures of our current registration process.**

Prince William County removed a total of 84 non-citizens from its voter rolls in 2015 and 2016.<sup>30</sup> **Of these registrants, 77 checked “yes” on their registration form, attesting, under penalty of perjury, that they were U.S. citizens.** Without any other confirmation, these individuals were registered to vote because Virginia is not using the SAVE database to check all incoming registrations for citizenship status.

However, a “yes” answer is not necessary to secure registration. **Four individuals actually answered “no” to the citizenship question but were registered to vote.**

1	*Are you a citizen of the United States of America? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	*Will you be at least 18 years of age on or before the next General Election day? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If you checked “NO” in response to either of these questions, do not complete this form.	
2	[Redacted] <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	[Redacted] / [Redacted]	[Redacted]	[Redacted]
	*Social Security Number	*Gender	*Date of Birth	Daytime Telephone Number
	Delrosario DEL ROSARIO	JAYSON		
	*Last Name	*First Name	*Full Middle or Maiden Name	*Suffix (Jr., Sr., III, Etc.)
3	14736 Darning Dr.	#203	Gainesville	20155
	*Residence (Permanent) Home Address	Apt/Unit/Lot/Rm/Ste	City/Town	Zip Code

**One registrant checked neither “yes” nor “no” but was still registered to vote.** The citizen checkbox on federal voter registration forms is failing to keep aliens off American voter rolls.

<sup>30</sup> The completed registration applications provided to PILF are available at Exhibit 7. The applications for at least two registrants were not provided by Prince William County.

<b>1</b>	*Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO	*Will you be at least 18 years of age on or before the next General Election day? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you checked "NO" in response to either of these questions, do not complete this form.	
<b>2</b>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Gender	11/9/76 * Date of Birth	571-471-9910 Daytime Telephone Number	
<b>3</b>	KALIADAKIS * Last Name	JORGE * First Name	L * Full Middle or Maiden Name	<input type="checkbox"/> None <input type="checkbox"/> None * Suffix (Jr., Sr., III, Etc.)
14768 SOARSTONE DR APT 102 * Residence (Permanent) Home Address		GAINSVILLE VA City/Town		20155 Zip Code
If Rural Address or Homeless, please describe where you reside				E-mail address

Only two other jurisdictions, Fairfax City and Hanover County, complied with PILF’s request to inspect voter registration application forms of the aliens who were detected. In Fairfax City, 20 non-citizens were removed from the rolls since 2011. Of those individuals who were registered to vote, 15 answered “yes” to the citizenship question, **3 answered “no,”** and 2 answered neither “yes” nor “no.” In Hanover, which also provide 20 applications of purged non-citizens, 17 answered “yes” to the citizenship question, **2 answered “no,”** and 1 answered neither “yes” nor no.”

The answer to this problem seems simple: **require all applicants to provide documentary proof of citizenship at the time of their registration.**

This obviously solution has, however, faced severe opposition by well-funded organizations and our own Department of Justice. Several states, including Alabama, Kansas, and Georgia have tried to safeguard their residents’ right to vote by requiring all individuals to prove their citizenship prior to registering to vote.

Virginia Governor Terry McAuliffe is also doing his part to make voting by non-citizens even easier. In April 2015, Governor McAuliffe vetoed legislation<sup>31</sup> that would have required jury commissioners to retain information from individuals not qualified to serve as jurors for reasons that would also disqualify them from voting, such as

- not being a citizen of the United States
- no longer being a resident of the Commonwealth
- being a resident of another county or city in the Commonwealth
- having been convicted of a felony and having not provided evidence that their right to vote has been restored, or
- having been adjudicated incapacitated.

The bill would have required the clerk of court to “make such information available to local elections officials so that they could cancel the registration of those individuals deemed ineligible to vote. The bill’s purpose was clear: prevent ineligible residents from registering and voting in Virginia’s elections. Governor McAuliffe gave essentially no justification for his veto of this commonsense law, stating only that the issue needed “addition study.”<sup>32</sup>

<sup>31</sup> House Bill 1315, available at <http://leg1.state.va.us/cgi-bin/legp504.exe?151+ful+HB1315ER+pdf>.

<sup>32</sup> <http://leg1.state.va.us/cgi-bin/legp504.exe?151+amd+HB1315AG>.



It is unlikely that this report, or any amount of evidence demonstrating the rampant election fraud taking place in Virginia, will convince Governor McAuliffe that additional safeguards to needed to protect the voting rights of his constituents.

### ***Systems Failure: Inviting Aliens to Stay on the Rolls***

In one astonishing example, **one non-citizen was invited to remain on the voter rolls even after he had informed election officials he was an alien.** When William Leslie Gray registered to vote in 2007, he checked “yes” in response to the application’s citizenship question. In 2010, Mr. Gray renewed his driver’s license and on his application, he checked “no” to the citizenship question. The inconsistencies in Mr. Gray’s answers alerted election officials that he might not be eligible to vote. His registration, however, was not canceled. Instead, Mr. Gray was mailed an “Affirmation of Citizenship,” which asked Mr. Gray to affirm, subject to penalty of law, that he was a U.S. citizen. Mr. Gray signed the form and returned it. In May 2015, Mr. Gray’s voter registration was cancelled after election officials determined that he was, in fact, not a U.S. citizen.<sup>33</sup>

*What can be done?*

There are several changes that states and the federal government can and should make to prevent non-citizens from registering and voting illegally in state and federal elections:

- The registration process must be changed. The check-box honor system is a failure and is facilitating voter fraud. All states should require anyone who registers to vote to provide documentary proof of U.S. citizenship. In the alternative, states should fully utilize the federal SAVE database which contains the names of aliens who have had contact with the immigration system.
- Congress and state legislatures should require all federal and state courts to notify local election officials when individuals summoned for jury duty from voter registration rolls are excused because they are not United States citizens.
- State legislatures or state elections officials should enact requirements that force local election officials to conduct a systematic review of the voter history of all registrants who were purged from the rolls due to not meeting the requirements of U.S. citizenship.
- The database, known as E-Verify, that is being used by U.S. employers to check the citizenship status of prospective employees should be made available to election officials and administrators of statewide registration databases so that election officials can easily identify registered voters who are not U.S. citizens.
- Law enforcement at both the federal and state level should exercise their authority to prosecute cases of voter fraud. Voter registration and voting history records such as those contained in this report makes prosecution an easy task. Armed with that information,

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<sup>33</sup> Mr. Gray’s registration applications are available at Exhibit 8.

prosecutors would simply have to verify whether or not the individual was a citizen at the time of registration or voting.

*Conclusion*

The problem is real and the solutions are simple. What is happening in Virginia is happening in every other state. Your vote is at risk and elected officials must act. You can help. Please contact your local election officials to ask what they are doing to ensure voter lists are accurate and free of ineligible voters.

Locality: 153  
Precinct: ALL  
District: ALL

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ELECTIONS  
Cancellation - Declared Non-Citizen  
153 - PRINCE WILLIAM COUNTY

Start Date: 01/01/2011  
End Date: 08/16/2016

**Declared Non-Citizen**

January 2011

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0304	<b>DEIBERT, PHILLIP L.</b> 11173 Timmerman St - Quantico, VA 22134-4224	126359207	1/25/2011	Declared Non-Citizen
0304	<b>JOBES, JENNIFER R.</b> 2921A Qtrs Mccdc - QUANTICO, VA 22134	919030525	1/25/2011	Declared Non-Citizen
0407	<b>beavers, danielle f.</b> 8054 Portwood Turn - Manassas, VA 20109-8120	586354707	1/25/2011	Declared Non-Citizen
0409	<b>ANKRAH, IVY</b> 10642 Blendia Ln Apt 0 - Manassas, VA 20109-3479	246676112	1/25/2011	Declared Non-Citizen
0409	<b>GARDELLA, VELIA S.</b> 10920 Pope St - Manassas, VA 20109-8253	920162839	1/25/2011	Declared Non-Citizen
0412	<b>MORRIS, CHRISTOPHER S.</b> 6660 Hunting Path Rd - Haymarket, VA 20169-2932	624142784	1/4/2011	Declared Non-Citizen
0502	<b>RODNEY, BRIAN A.</b> 1670 Devil Ln - Woodbridge, VA 22192-2830	744895902	1/25/2011	Declared Non-Citizen
0602	<b>TRAN, HAI T.</b> 15119 Colder Ln - Woodbridge, VA 22193-1620	416996211	1/25/2011	Declared Non-Citizen
0603	<b>ROMERO, WALTER R.</b> 4521 Edinburg Dr - Woodbridge, VA 22193-2616	920122794	1/25/2011	Declared Non-Citizen
0605	<b>CHAVEZ, EDGARDO A.</b> 14084 Geraldine Ct - Woodbridge, VA 22193-2400	731384574	1/26/2011	Declared Non-Citizen
0605	<b>CHAVEZ, EDGARDO A.</b> 14084 Geraldine Ct - Woodbridge, VA 22193-2400	731384574	1/26/2011	Declared Non-Citizen
0706	<b>COLSTON, MITCHELL</b> 16504 Boatswain Cir - Woodbridge, VA 22191-3073	917114572	1/25/2011	Declared Non-Citizen
0707	<b>GUEVARA, DELIS A.</b> 13215 Alison St - Woodbridge, VA 22191-1618	919727204	1/25/2011	Declared Non-Citizen
0708	<b>DENT, LESLEY J.</b> 1712 Cherry Hill Rd - Dumfries, VA 22026-2935	919066776	1/28/2011	Declared Non-Citizen

Locality: 153  
Precinct: ALL  
District: ALL

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ELECTIONS  
Cancellation - Declared Non-Citizen  
153 - PRINCE WILLIAM COUNTY

Start Date: 01/01/2011  
End Date: 08/16/2016

February 2011

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0105	<b>FARIA, DULCE D.</b> 8211 Spruce St - Manassas, VA 20111-2217	919991605	2/28/2011	Declared Non-Citizen
0108	<b>PALMER, ANGELA R.</b> 9901 Gardenia Ln Apt 102 - Manassas, VA 20109-5401	919641969	2/28/2011	Declared Non-Citizen
0206	<b>KARGBO, ALIKALI</b> 13145 Thrift Ln - Woodbridge, VA 22193-6102	917117205	2/28/2011	Declared Non-Citizen
0301	<b>RICHARDSON, JAMES C. Jr.</b> 3800 Port Hope Pt - Triangle, VA 22172	919731965	2/28/2011	Declared Non-Citizen
0405	<b>GALO MARTINEZ, INGRIS Y.</b> 9697 Copeland Dr - Manassas, VA 20109-3224	920241170	2/28/2011	Declared Non-Citizen
0407	<b>CARRILLO RODRIGUEZ, JAQUELINE D.</b> 9717 Lomond Dr - Manassas, VA 20109-3104	920323122	2/28/2011	Declared Non-Citizen
0411	<b>FRIEDRICH, ALEXANDRA</b> 8061 Juliet Ln Apt 204 - Manassas, VA 20109-7877	059088157	2/28/2011	Declared Non-Citizen
0502	<b>MEACHEM, AARON P.</b> 12833 Tumbling Brk LN - Woodbridge, VA 22192	919740335	2/28/2011	Declared Non-Citizen
0609	<b>AMIR, GHAZAL F.</b> 16146 Eagle Beak Cir - Woodbridge, VA 22191-6066	917094751	2/28/2011	Declared Non-Citizen
0703	<b>bonilla, elsy n.</b> 13593 Lynn St - Woodbridge, VA 22191-2121	721788390	2/28/2011	Declared Non-Citizen

March 2011

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0407	<b>TOBAR, WILLIAM A.</b> 8326 Highland St - Manassas, VA 20110-3671	919049346	3/17/2011	Declared Non-Citizen

April 2011

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0103	<b>GUTKIN, MARTIN L.</b> 7734 Knightshayes Dr - Manassas, VA 20111-2991	920198363	4/4/2011	Declared Non-Citizen
0105	<b>DELGADO, ISAAC</b> 7531 Tendring Trl - Manassas, VA 20111-1781	817550563	4/4/2011	Declared Non-Citizen
0109	<b>RIVAS, BLANCA L.</b> 8843 Clinton Dr - Nokesville, VA 20181-3204	917601962	4/4/2011	Declared Non-Citizen

Locality: 153  
 Precinct: ALL  
 District: ALL

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ELECTIONS**  
**Cancellation - Declared Non-Citizen**  
**153 - PRINCE WILLIAM COUNTY**

Start Date: 01/01/2011  
 End Date: 08/16/2016

0201	<b>PEREIRA, DAISY M.</b> 13209 Orkin Ln - Woodbridge, VA 22193-7003	920097938	4/4/2011	Declared Non-Citizen
0203	<b>UNDERWOOD, RALPH E.</b> 13987 Napa Dr - Manassas, VA 20112-3821	917939009	4/4/2011	Declared Non-Citizen
0302	<b>lee, alexander f.</b> 16828 Francis West Ln - Dumfries, VA 22026-2110	260597014	4/4/2011	Declared Non-Citizen
0307	<b>WIMBERLY, GLENDERINE</b> 3349 Esquarre Ct - Woodbridge, VA 22193-1059	093889092	4/4/2011	Declared Non-Citizen
0405	<b>AWAN, NAZIR</b> 9522 Covington Pl - Manassas, VA 20109-3328	917965805	4/4/2011	Declared Non-Citizen
0602	<b>dennis, ross o.</b> 3809 Claremont Ln - Woodbridge, VA 22193-1633	271463029	4/4/2011	Declared Non-Citizen
0607	<b>MORALES IRAHETA, BILMA</b> 12910 Ketterman Dr - Woodbridge, VA 22193-5024	920168714	4/4/2011	Declared Non-Citizen
0701	<b>Campbell, Peter A.</b> 13339 Colchester Ferry Pl - Woodbridge, VA 22191-1224	558681760	4/4/2011	Declared Non-Citizen
0703	<b>PECK, AMANDA L.</b> 1870 Gableridge Turn Apt 102 - Woodbridge, VA 22191-1981	519239811	4/4/2011	Declared Non-Citizen
0704	<b>WONPAT, RICHARD I.</b> 1435 California St - Woodbridge, VA 22191-3501	602014024	4/4/2011	Declared Non-Citizen
0706	<b>GRINNER, JAMES M.</b> 2608 Cast Off Loop - Woodbridge, VA 22191-1469	583168430	4/4/2011	Declared Non-Citizen

**May 2011**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0106	<b>GODENI, LIND</b> 8223 Wycliffe Ct - Manassas, VA 20109-3409	392718844	5/20/2011	Declared Non-Citizen
0110	<b>THROPP, AMY J.</b> 15851 Spyglass Hill Loop - Gainesville, VA 20155-3202	919633215	5/20/2011	Declared Non-Citizen
0112	<b>CHONGMEECHAI, UTHAI</b> 10033 Naughton Ct - Bristow, VA 20136-3071	476622522	5/20/2011	Declared Non-Citizen
0113	<b>SHAHZAD, REHANA</b> 14340 Grackle Ct - Gainesville, VA 20155-5872	920404346	5/20/2011	Declared Non-Citizen
0201	<b>CAVERO, ANGEL R.</b> 5708 Ridgedale Dr - Woodbridge, VA 22193-3862	919049722	5/20/2011	Declared Non-Citizen
0302	<b>RODRIGUEZ, MARTIN</b> 16870 Francis West Ln - Dumfries, VA 22026-2106	917548131	5/2/2011	Declared Non-Citizen

Locality: 153  
Precinct: ALL  
District: ALL

COMMONWEALTH OF VIRGINIA  
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153 - PRINCE WILLIAM COUNTY

Start Date: 01/01/2011  
End Date: 08/16/2016

0304	<b>YOUNG, BETH M.</b> 830 QTRS MCCDC - QUANTICO, VA 22134	920136835	5/20/2011	Declared Non-Citizen
0407	<b>KLEIN, KELLY S.</b> 8079 Portwood Turn - Manassas, VA 20109-8119	594195091	5/2/2011	Declared Non-Citizen
0411	<b>GONZALEZ, DAVID C. Jr.</b> 11053 Camfield Ct Apt 102 - Manassas, VA 20109-7505	918285979	5/2/2011	Declared Non-Citizen
0412	<b>tadakara, slnduri d.</b> 6908 Witton Cir - Gainesville, VA 20155-4422	221045676	5/20/2011	Declared Non-Citizen
0412	<b>THORNTON, AUDREY I.</b> 7025 Sauvage Ln - Gainesville, VA 20155-1673	607014164	5/20/2011	Declared Non-Citizen
0501	<b>SLEDGE, PAMELA A.</b> 3190 Narrow Glen Way - Woodbridge, VA 22192-1409	940393097	5/20/2011	Declared Non-Citizen
0502	<b>PENA, JUANA D.</b> 1806 Rochelle Ct - Woodbridge, VA 22192-5626	918384885	5/20/2011	Declared Non-Citizen
0508	<b>JOHNSON, UNIQUE N.</b> 12142 Salemtown Dr - Woodbridge, VA 22192-6272	917560593	5/2/2011	Declared Non-Citizen
0605	<b>BARAHONA, JOSE O.</b> 4133 Granby Rd - Woodbridge, VA 22193-2509	006693595	5/20/2011	Declared Non-Citizen
0609	<b>ACHEAMPONG, AKUA A.</b> 15784 Silent Tree Pl - Woodbridge, VA 22191-4279	919387290	5/2/2011	Declared Non-Citizen
0701	<b>castillo, marco a.</b> 908 Hopton Rd - Woodbridge, VA 22191-1312	359730494	5/2/2011	Declared Non-Citizen
0702	<b>CHAVEZ PORTILLO, JOSE A.</b> 2029 Cumberland Dr - Woodbridge, VA 22191-2552	773610920	5/20/2011	Declared Non-Citizen
0703	<b>CANALES FUNES, DOUXSY G.</b> 13565 Lynn St - Woodbridge, VA 22191-2121	589008897	5/20/2011	Declared Non-Citizen
0703	<b>NHE, BUN P.</b> 1536 Maurice Dr - Woodbridge, VA 22191-1948	917581343	5/20/2011	Declared Non-Citizen
0704	<b>GRANADOS, BLASINA</b> 1431 California St - Woodbridge, VA 22191-3501	919222967	5/20/2011	Declared Non-Citizen
0704	<b>HILAIRE, GILBERT Jr.</b> 14778 Arkansas St - Woodbridge, VA 22191-3506	918657849	5/3/2011	Declared Non-Citizen
0704	<b>ROMERO, FLOR D.</b> 2024 Horizon Ct Apt 103 - Woodbridge, VA 22191-3937	919350437	5/2/2011	Declared Non-Citizen
0708	<b>RUGGIERO, NICHOLAS C.</b> 2925 Wythe Ct - Woodbridge, VA 22191-4637	246127531	5/2/2011	Declared Non-Citizen

Locality: 153  
Precinct: ALL  
District: ALL

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ELECTIONS  
Cancellation - Declared Non-Citizen  
153 - PRINCE WILLIAM COUNTY

Start Date: 01/01/2011  
End Date: 08/16/2016

June 2011

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0108	<b>DENNIS, LATOYA N.</b> 12538 Haltwhistle Ct - Bristow, VA 20136-1147	918378228	6/22/2011	Declared Non-Citizen
0108	<b>WILSON, SHAWN M.</b> 9910 Gardenia Ln Apt 201 - Manassas, VA 20109-5412	918450094	6/22/2011	Declared Non-Citizen
0204	<b>MCCONNAUGHEY, CHRISTIANE P.</b> 11769 Nates Pl - Woodbridge, VA 22192-7410	917857293	6/22/2011	Declared Non-Citizen
0209	<b>HULL, EMMA N.</b> 11913 Millpond Ct - Manassas, VA 20112-3285	919711109	6/22/2011	Declared Non-Citizen
0210	<b>kopeck, ashlea m.</b> 12564 Clawson Ln - Manassas, VA 20112-3477	077132306	6/22/2011	Declared Non-Citizen
0301	<b>MABRY, DERRICK G.</b> 3797 Port Hope Pt - Triangle, VA 22172	917951698	6/22/2011	Declared Non-Citizen
0304	<b>TURAY, SAMUEL C.</b> 19322 Belleau Wood Dr Apt T2 - Triangle, VA 22172-2304	919946765	6/22/2011	Declared Non-Citizen
0306	<b>BENNETT, THOMAS</b> 16213 Cypress Ct - Dumfries, VA 22025-1748	917065014	6/22/2011	Declared Non-Citizen
0310	<b>NEDD, LEON E.</b> 4320 Golden Gate Way - Dumfries, VA 22025-2025	829448092	6/22/2011	Declared Non-Citizen
0501	<b>WEAVER, KOLLINE E.</b> 12148 Beaverwood Pl - Woodbridge, VA 22192-1403	918789286	6/22/2011	Declared Non-Citizen
0603	<b>KWANTRENG, NII A.</b> 14489 Watson LN UNIT 9 - Woodbridge, VA 22193-2939	918219292	6/22/2011	Declared Non-Citizen
0604	<b>BRAXTON, MARK A.</b> 13911 Hedgewood Dr Apt 116 - Woodbridge, VA 22193-7910	103031429	6/22/2011	Declared Non-Citizen
0707	<b>URQUIA, JHONY R.</b> 1700 Varsity Dr - Woodbridge, VA 22191-1826	919814419	6/22/2011	Declared Non-Citizen
0708	<b>GRIMES, DELISA M.</b> 2808 Woodmark Dr Apt 304 - Woodbridge, VA 22191-4731	255849632	6/22/2011	Declared Non-Citizen

July 2011

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0107	<b>LEE, ALLEN</b> 9672 Laurencekirk Pl - Bristow, VA 20136-2712	298931275	7/21/2011	Declared Non-Citizen

Locality: 153  
 Precinct: ALL  
 District: ALL

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ELECTIONS  
 Cancellation - Declared Non-Citizen  
 153 - PRINCE WILLIAM COUNTY**

Start Date: 01/01/2011  
 End Date: 08/16/2016

0110	<b>ARORA, SANDHYA</b> 15145 Gaffney Cir - Gainesville, VA 20155-4892	920346796	7/21/2011	Declared Non-Citizen
0402	<b>potter, stephanie j.</b> 4222 Benvenue Rd - Haymarket, VA 20169-2444	520702499	7/21/2011	Declared Non-Citizen
0409	<b>LONIGRO, NICK A. Jr.</b> 8046 Sudley Rd - Manassas, VA 20109-3401	909014427	7/21/2011	Declared Non-Citizen
0501	<b>ROACH, JOHN O. II</b> 3517 Mount Burnside Way - Woodbridge, VA 22192-1015	609012403	7/21/2011	Declared Non-Citizen
0606	<b>AGUILAR CARDENAS, RAMON A.</b> 14822 Danville Rd - Woodbridge, VA 22193-1927	920219688	7/21/2011	Declared Non-Citizen
0607	<b>PINEDA, JOSE H.</b> 4416 Hamilton Dr - Woodbridge, VA 22193-5207	104086440	7/21/2011	Declared Non-Citizen
0608	<b>roy, mohadeb</b> 5679 Northton Ct - Woodbridge, VA 22193-6906	150309931	7/21/2011	Declared Non-Citizen
0701	<b>WATKINS, VANESSA C.</b> 14101 Bay Vista Dr Apt 302 - Woodbridge, VA 22191-4819	874511165	7/21/2011	Declared Non-Citizen
0705	<b>MADISON, ANGELINA M.</b> 1121 Marseille Ln - Woodbridge, VA 22191-3245	303003670	7/21/2011	Declared Non-Citizen

**September 2011**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0205	<b>CUELLAR TORRES, ALEX A.</b> 8141 Hillcrest Dr - Manassas, VA 20111-2821	003168997	9/30/2011	Declared Non-Citizen

**October 2011**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0104	<b>HANSON, LORNE N.</b> 10452 Lonesome Rd - Nokesville, VA 20181-1532	073946632	10/11/2011	Declared Non-Citizen
0104	<b>HOOSIER, CYNTHIA M.</b> 10709 Lonesome Rd - Nokesville, VA 20181-1525	918809218	10/11/2011	Declared Non-Citizen
0104	<b>KLOTZ, NATHAN J.</b> 11705 Nokes St - Nokesville, VA 20181-2223	918848003	10/11/2011	Declared Non-Citizen
0111	<b>KAMARA, MARGARET</b> 8941 Benchmark Ln - Bristow, VA 20136-5777	919727538	10/11/2011	Declared Non-Citizen
0203	<b>FRANKENBERY, LEE R. III</b> 11774 Mente Rd - Manassas, VA 20112-5322	918311092	10/11/2011	Declared Non-Citizen



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ELECTIONS**  
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**153 - PRINCE WILLIAM COUNTY**

Start Date: 01/01/2011

End Date: 08/16/2016

Locality: 153  
 Precinct: ALL  
 District: ALL

0204	<b>WALLS, ELIZABETH R.</b> 9423 Blackstone Rd - Manassas, VA 20110-3637	603006739	10/11/2011	Declared Non-Citizen
0212	<b>BROWN, ANTHONY S.</b> 8307 Leighlex Ct - Manassas, VA 20111-5267	018535668	10/11/2011	Declared Non-Citizen
0301	<b>ARIZAGA, CARMEN R.</b> 17915 Milroy Dr - Dumfries, VA 22026-2628	919218348	10/11/2011	Declared Non-Citizen
0302	<b>GRAVES, MAGDALENA E.</b> 3120 Eagle Ridge Dr - Woodbridge, VA 22191-6521	613013769	10/11/2011	Declared Non-Citizen
0306	<b>JENSEN, RICHARD A.</b> 15734 Edgewood Dr - Dumfries, VA 22025-1730	920092567	10/11/2011	Declared Non-Citizen
0411	<b>RAGLAND, JOVAN O.</b> 11986 Coverstone Hill Cir Apt 1114 - Manassas, VA 20109-7524	918749004	10/11/2011	Declared Non-Citizen
0504	<b>valverde, nelly r.</b> 12498 Skipper Cir - Woodbridge, VA 22192-2350	960020863	10/11/2011	Declared Non-Citizen
0508	<b>HAJDINI, FATMIRE</b> 3834 Ogilvie Ct - Woodbridge, VA 22192-5026	920164897	10/11/2011	Declared Non-Citizen
0512	<b>haynes, amy g.</b> 12763 Wood Hollow Dr Apt 1211 - Woodbridge, VA 22192-6533	005205079	10/11/2011	Declared Non-Citizen
0601	<b>MENDOZA, MARCO E.</b> 3476 Beale Ct - Woodbridge, VA 22193-1702	111654047	10/11/2011	Declared Non-Citizen
0602	<b>MANZANO, MARIA E.</b> 13223 Kephart Ln - Woodbridge, VA 22193-4912	918503836	10/11/2011	Declared Non-Citizen
0606	<b>TURBERVILLE, BRYANT J.</b> 14480 Duran Dr - Woodbridge, VA 22193-2711	919341160	10/11/2011	Declared Non-Citizen
0702	<b>GOMEZ, ANA E.</b> 2362 W Longview Dr - Woodbridge, VA 22191-2440	919945146	10/11/2011	Declared Non-Citizen

**November 2011**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0304	<b>MILERSON, MARIA</b> 19321 Belleau Wood Dr Apt T3 - Triangle, VA 22172-2303	920016431	11/21/2011	Declared Non-Citizen
0607	<b>DUNN, ROBERT P. Jr.</b> 4866 Muscogee Ln - Woodbridge, VA 22192-5349	919738649	11/9/2011	Declared Non-Citizen

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December 2011

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0108	<b>KHAN, ABDUL R.</b> 9205 Campfire Ct - Bristow, VA 20136-5103	919332126	12/20/2011	Declared Non-Citizen
0204	<b>BORDEN, JAMES G. Jr.</b> 10123 Woodbury Dr Apt 305 - Manassas, VA 20109-3782	629384270	12/20/2011	Declared Non-Citizen
0204	<b>CONTRERAS OROZCO, BARBARA A.</b> 10682 Meadow Grove CT - Manassas, VA 20109	534295462	12/20/2011	Declared Non-Citizen
0211	<b>MARTINEZ BLASCO, LAURA E.</b> 9121 Mulder Ct - Manassas, VA 20111-8267	822595292	12/20/2011	Declared Non-Citizen
0212	<b>NGUYEN, THANG D.</b> 7704 Well St - Manassas, VA 20111-1902	917697342	12/20/2011	Declared Non-Citizen
0212	<b>PHAN, DIEU H.</b> 8017 Old Centreville Rd - Manassas, VA 20111-2118	919242781	12/20/2011	Declared Non-Citizen
0301	<b>BRAZA, ANALYN B.</b> 2432 Kilpatrick Pl - Dumfries, VA 22026-2559	918770493	12/20/2011	Declared Non-Citizen
0301	<b>GREEN, ROSIE D.</b> 17953 Milroy Dr - Dumfries, VA 22026-2630	639700203	12/20/2011	Declared Non-Citizen
0302	<b>TAWIAH, LAURENCIA O.</b> 16949 Toms River Loop - Dumfries, VA 22026-2179	920226633	12/20/2011	Declared Non-Citizen
0408	<b>GUZMAN MONTANO, PAULO</b> 9513 Dublin Dr - Manassas, VA 20109-3316	750574891	12/20/2011	Declared Non-Citizen
0411	<b>PARK, DAVID K.</b> 10971 Wild Ginger Cir Apt 302 - Manassas, VA 20109-8289	803197575	12/20/2011	Declared Non-Citizen
0709	<b>BERNUY, JOHNNY</b> 14757 Winding LOOP - Woodbridge, VA 22191	918118392	12/20/2011	Declared Non-Citizen

January 2012

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0102	<b>ROMERO, SAMUEL E.</b> 12563 Moray Firth Way - Bristow, VA 20136	917294494	1/5/2012	Declared Non-Citizen
0105	<b>NICHOLS, RICHARD D.</b> 8486 Tackhouse Loop - Gainesville, VA 20155-2906	302025726	1/5/2012	Declared Non-Citizen
0110	<b>diaz colon, jessenia</b> 7505 Godfrey St Apt 102 - Gainesville, VA 20155-4803	261910865	1/30/2012	Declared Non-Citizen

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0110	<b>MOORE, RICHARD A.</b> 7503 Equinox Landing Ct # 203 - Gainesville, VA 20155-1888	919983836	1/5/2012	Declared Non-Citizen
0201	<b>FAULKNER, LEANARD C.</b> 14254 Silverdale Dr - Woodbridge, VA 22193-3415	214733284	1/30/2012	Declared Non-Citizen
0212	<b>DELANEY, ANGELA M.</b> 8002 Well St - Manassas, VA 20111-2102	917885217	1/5/2012	Declared Non-Citizen
0212	<b>OLIVA SALGADO, BLANCA E.</b> 8587 Cold Harbor Loop - Manassas, VA 20111-2178	444387434	1/5/2012	Declared Non-Citizen
0301	<b>JACKSON, VICTORIA M.</b> 2936 Buell Ct - Dumfries, VA 22026-2527	390655703	1/30/2012	Declared Non-Citizen
0307	<b>MCMILLON, RONALD D.</b> 3488 Lacrosse Ct - Woodbridge, VA 22193-1050	920131744	1/30/2012	Declared Non-Citizen
0308	<b>SORENSEN, BIRTHE E.</b> 5263 Spring Branch Blvd - Dumfries, VA 22025-3090	917541774	1/5/2012	Declared Non-Citizen
0411	<b>BUCHANAN, NICHOLE E.</b> 8061 Juliet Ln Apt 103 - Manassas, VA 20109-7877	918388103	1/5/2012	Declared Non-Citizen
0411	<b>MOODY, VAHN R.</b> 8041 Juliet Ln Apt 103 - Manassas, VA 20109	757023365	1/5/2012	Declared Non-Citizen
0502	<b>DELWAR, MD S.</b> 12745 Lighthouse Ln - Woodbridge, VA 22192-2625	920404376	1/5/2012	Declared Non-Citizen
0505	<b>YONAS, MELATE W.</b> 11576 Hill Meade Ln - Woodbridge, VA 22192-1158	650669323	1/5/2012	Declared Non-Citizen
0506	<b>CLEMENT, MARGARET A.</b> 3480 Brookville Ln - Woodbridge, VA 22192-4364	588798592	1/30/2012	Declared Non-Citizen
0512	<b>AMBRIZ, RAMIRO</b> 12920 Occoquan RD UNIT 10 - Woodbridge, VA 22192-2838	918219304	1/30/2012	Declared Non-Citizen
0602	<b>montague, clay</b> 4717 Korvelt Dr - Woodbridge, VA 22193-4615	879409011	1/5/2012	Declared Non-Citizen
0604	<b>BOATENG, EMMANUEL K. Jr.</b> 14623 Aurora Dr - Woodbridge, VA 22193-1231	565236105	1/5/2012	Declared Non-Citizen
0605	<b>VANN, CHRISTOPHER C.</b> 13564 Castlebridge Ln - Woodbridge, VA 22193-5170	352016261	1/30/2012	Declared Non-Citizen
0608	<b>ROY, DURGA R.</b> 5679 Northton Ct - Woodbridge, VA 22193-6906	087801806	1/5/2012	Declared Non-Citizen
0703	<b>VASASIRI, PASIT</b> 13760 Keelingwood Cir Apt 102 - Woodbridge, VA 22191-2491	688340637	1/5/2012	Declared Non-Citizen

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0704 **YAKOUB, SAID S.** 918044197 1/5/2012 Declared Non-Citizen  
 15762 Silent Tree PL - Woodbridge, VA 22191

**April 2012**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0307	<b>LEON, NURIA K.</b> 3729 Hetten Ln - Woodbridge, VA 22193-1048	065949692	4/6/2012	Declared Non-Citizen
0307	<b>OTTERBLAD, RYAN M.</b> 3797 Benson Ct - Dumfries, VA 22025-1821	920092653	4/6/2012	Declared Non-Citizen
0311	<b>ABDI, MOHAMUD A.</b> 17260 Wexford Loop - Dumfries, VA 22026-3355	919211451	4/6/2012	Declared Non-Citizen
0403	<b>SMARR, WILLIAM H.</b> 6493 Ashby Grove Loop - Haymarket, VA 20169-3211	920031683	4/6/2012	Declared Non-Citizen
0603	<b>BOOZER, YOLANDA R.</b> 4316 Eileen Ct - Woodbridge, VA 22193-2633	848260911	4/6/2012	Declared Non-Citizen
0603	<b>SELBY, ROBERT L.</b> 4390 Whitmer Dr Apt 13 - Woodbridge, VA 22193-2937	919865415	4/6/2012	Declared Non-Citizen
0605	<b>LOWE, KRYSTAL A.</b> 14005 Golden Ct - Woodbridge, VA 22193-2435	674301765	4/6/2012	Declared Non-Citizen
0701	<b>knapp, michael c.</b> 1314 Bayside Ave Apt 12 - Woodbridge, VA 22191-2326	139035157	4/6/2012	Declared Non-Citizen
0702	<b>HASNAIN, JUSTINA L.</b> 14208 Franklin St - Woodbridge, VA 22191-2555	917648056	4/6/2012	Declared Non-Citizen

**May 2012**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0108	<b>BROOKS, TAMARA D.</b> 9541 Linton Hall Rd # B2 - Bristow, VA 20136-1217	918848526	5/9/2012	Declared Non-Citizen
0108	<b>CINNAMOND, SCOTT</b> 9062 Zion Park CT - Bristow, VA 20136	919458773	5/9/2012	Declared Non-Citizen
0110	<b>GEDDIS-BLOUNT, MORGAN C.</b> 15818 Mackenzie Manor Dr - Haymarket, VA 20169-4924	507665632	5/9/2012	Declared Non-Citizen
0110	<b>JUNG, TIMOTHY U.</b> 8385 Pedigree CT - Gainesville, VA 20155-3240	920090230	5/9/2012	Declared Non-Citizen
0201	<b>LEINENBACH, ROGER G.</b> 13491 Photo Dr - Woodbridge, VA 22193-3931	001142836	5/9/2012	Declared Non-Citizen

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0204	<b>RIVERA HERNANDEZ, MARIA D.</b> 9436 Victoria St - Manassas, VA 20110-3644	917975901	5/9/2012	Declared Non-Citizen
0208	<b>DAVIDSON, DANNY R. Sr.</b> 13446 Carriage Hill Dr - Manassas, VA 20112-3837	919268551	5/9/2012	Declared Non-Citizen
0212	<b>KIM, DONG K.</b> 8259 Glade Bank Dr - Manassas, VA 20111-5229	219847743	5/9/2012	Declared Non-Citizen
0301	<b>BANAGA, CARLO A.</b> 3869 Fairfax St - Dumfries, VA 22026-2304	453781399	5/31/2012	Declared Non-Citizen
0301	<b>sesay, memunatu</b> 17528 Summer Duck Dr - Dumfries, VA 22026-2618	065938378	5/9/2012	Declared Non-Citizen
0303	<b>ARNOLD, VERA M.</b> 3375 Dondis Creek Dr - Triangle, VA 22172-2085	917314860	5/9/2012	Declared Non-Citizen
0303	<b>OWUSU, AKWASI</b> 4027 Sapling Way - Triangle, VA 22172-2052	160438114	5/9/2012	Declared Non-Citizen
0304	<b>RICHARDSON, CAPREE J.</b> 2106 Rowell Rd # 319 - Quantico, VA 22134-5174	241532913	5/9/2012	Declared Non-Citizen
0308	<b>WHIDBEE, DOMINIQUE L.</b> 4680 Bonneville Ln - Woodbridge, VA 22193-3131	573998710	5/9/2012	Declared Non-Citizen
0310	<b>HILL, LARRY E.</b> 18049 Joplin Rd - Triangle, VA 22172-1629	354697593	5/9/2012	Declared Non-Citizen
0403	<b>HERNANDEZ, JOSE O.</b> 16012 Sheringham Way - Gainesville, VA 20155-4498	917935746	5/9/2012	Declared Non-Citizen
0404	<b>khachi, malinda a.</b> 10509 Stonington Ln Apt 18 - Manassas, VA 20109-6456	917979693	5/9/2012	Declared Non-Citizen
0404	<b>PINEDA ARGUETA, FRANCISCO A.</b> 10473 Butterfield St Apt 34 - Manassas, VA 20109-6815	026702391	5/9/2012	Declared Non-Citizen
0405	<b>bull, annemarie m.</b> 10809 Daisy Ct - Manassas, VA 20109-7207	863429770	5/9/2012	Declared Non-Citizen
0406	<b>WOOD, STEPHEN M.</b> 15438 Legacy Way - Haymarket, VA 20169-6115	422290534	5/9/2012	Declared Non-Citizen
0408	<b>GARCIA, ANA D.</b> 9714 Damascus Dr - Manassas, VA 20109-3242	919557199	5/9/2012	Declared Non-Citizen
0508	<b>LOPEZ, LUIS A.</b> 4115 Churchman Way - Woodbridge, VA 22192-5055	918093777	5/9/2012	Declared Non-Citizen
0509	<b>GHERARDI, THOMAS G.</b> 6140 Turkey Run Ct - Manassas, VA 20112-3024	302013558	5/9/2012	Declared Non-Citizen

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0509	<b>LAWRENCE, RHONDA L.</b> 10849 Split Rail Dr - Manassas, VA 20112-3002	502008377	5/9/2012	Declared Non-Citizen
0510	<b>INMAN, SHEILA J.</b> 6180 Emerywood Ct - Manassas, VA 20112-3078	917944745	5/9/2012	Declared Non-Citizen
0512	<b>SARWAR, BABAR</b> 12850 Tumbling Brook LN - Woodbridge, VA 22192	515357306	5/9/2012	Declared Non-Citizen
0604	<b>SANCHEZ, ELSA S.</b> 3592 Forestdale Ave - Woodbridge, VA 22193-2032	382330936	5/9/2012	Declared Non-Citizen
0608	<b>WHITAKER, TRANGR</b> 5009 Lynwood Dr - Woodbridge, VA 22193-4309	920122372	5/9/2012	Declared Non-Citizen
0701	<b>STURGIS, JEAN E.</b> 1305 Bayside Ave Apt 10 - Woodbridge, VA 22191-2353	918204786	5/9/2012	Declared Non-Citizen
0701	<b>WAGNER, PAULA K.</b> 13721 Jefferson Davis HWY 89 HOLLY ACRES - Woodbridge, VA 22191-2028	608013493	5/9/2012	Declared Non-Citizen
0703	<b>CHAVEZ BERRIOS, ERIKA S.</b> 13661 Cridercrest Pl Apt 101 - Woodbridge, VA 22191-1989	498200683	5/9/2012	Declared Non-Citizen
0703	<b>MERINO, YIMY H.</b> 1612 Frances Dr - Woodbridge, VA 22191-1907	918730720	5/9/2012	Declared Non-Citizen
0708	<b>ARAGON, YESENIA A.</b> 2808 Beechtree Ln - Woodbridge, VA 22191-4605	579259786	5/9/2012	Declared Non-Citizen

**July 2012**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0106	<b>FLORAS, IDES O.</b> 7984 Community Dr - Manassas, VA 20109-3532	918246807	7/23/2012	Declared Non-Citizen
0106	<b>THOMAS, PATRICIA A.</b> 8103 Porter Ridge Ln Apt 1 - Manassas, VA 20109-8103	901013974	7/23/2012	Declared Non-Citizen
0204	<b>GONZALEZ, SAUL H.</b> 9516 Lomond Dr - Manassas, VA 20109-3256	035683799	7/23/2012	Declared Non-Citizen
0212	<b>THUNG, KHUONG J.</b> 8001 Towering Oak Way - Manassas, VA 20111-5212	918606304	7/23/2012	Declared Non-Citizen
0303	<b>DAVIS, LATOYA L.</b> 18128 Purvis Dr - Triangle, VA 22172-1122	459209630	7/23/2012	Declared Non-Citizen
0311	<b>MIRZA, SANA B.</b> 17694 Avenel Ln - Dumfries, VA 22026-4566	294867301	7/23/2012	Declared Non-Citizen

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0402	<b>FORMAN, MARIE J.</b> 12011 Bobwhite Dr - Catharpin, VA 20143-1322	611010901	7/23/2012	Declared Non-Citizen
0405	<b>DAWSON, JENNIFER L.</b> 10841 Gambriil Dr Apt 14 - Manassas, VA 20109-6562	257009892	7/23/2012	Declared Non-Citizen
0406	<b>THOMAS, JAMES L.</b> 15036 Clementine Way - Haymarket, VA 20169-3318	917250935	7/23/2012	Declared Non-Citizen
0505	<b>LEE, KEASHA K.</b> 2779 Bordeaux Pl - Woodbridge, VA 22192-1649	918242408	7/19/2012	Declared Non-Citizen
0604	<b>alston, stephen l.</b> 2769 Bixby Rd - Woodbridge, VA 22193-1249	142646010	7/23/2012	Declared Non-Citizen
0606	<b>WILLIAMS, ROSE M.</b> 14855 Daytona Ct - Woodbridge, VA 22193-1928	917017699	7/23/2012	Declared Non-Citizen
0607	<b>VANHORNE, LAKISHA R.</b> 13414 Kerrydale Rd - Woodbridge, VA 22193-5022	919168467	7/23/2012	Declared Non-Citizen
0701	<b>CHANDIAS, WILMER J. Jr.</b> 1417 Bayside Ave Apt 9 - Woodbridge, VA 22191-2348	599444639	7/23/2012	Declared Non-Citizen
0707	<b>MOTA CHAVEZ, CHAGER A.</b> 1606 Hylton Ave - Woodbridge, VA 22191-1607	312801597	7/23/2012	Declared Non-Citizen

**August 2012**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0106	<b>SOLIMAN, YOUSSEF S.</b> 8270 Vernon St - Manassas, VA 20109-3436	058178037	8/3/2012	Declared Non-Citizen
0305	<b>CASHWELL, LESLIE F. Jr.</b> 4921 Breeze Way - Dumfries, VA 22025-1254	918079884	8/3/2012	Declared Non-Citizen
0307	<b>BUTTGEREIT, DOREEN T.</b> 15525 Golf Club Dr - Dumfries, VA 22025-1114	003005706	8/3/2012	Declared Non-Citizen
0307	<b>JACKSON, SHANNON L.</b> 3353 Esquarre Ct - Woodbridge, VA 22193-1026	918240022	8/3/2012	Declared Non-Citizen
0401	<b>BENEDETTI, CHRISTOPHER A.</b> 2414 Youngs Dr - Haymarket, VA 20169-1532	920237539	8/3/2012	Declared Non-Citizen
0401	<b>ONEILL, DENNIS C.</b> 2526 Little River Rd - Haymarket, VA 20169-1206	224464838	8/3/2012	Declared Non-Citizen
0408	<b>CORTES GUZMAN, GREGORIO D.</b> 7373 Roxbury Ave - Manassas, VA 20109-3037	246352686	8/3/2012	Declared Non-Citizen
0411	<b>MORALES, DAVID I. Jr.</b> 8090 Juliet Ln Apt 201 - Manassas, VA 20109-7870	919963988	8/3/2012	Declared Non-Citizen

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0506	<b>YAAFI, PRISCILLA</b> 3440 Belfry Ln - Woodbridge, VA 22192-4349	063659158	8/3/2012	Declared Non-Citizen
0511	<b>GNADT, HARRISON M.</b> 12879 Laurel Hills DR - Woodbridge, VA 22192	278721842	8/3/2012	Declared Non-Citizen
0605	<b>REYES, ARTURO</b> 13616 Greenwood Dr - Woodbridge, VA 22193-2523	323086236	8/3/2012	Declared Non-Citizen
0703	<b>BAUTISTA, ANA M.</b> 1309 Brice St - Woodbridge, VA 22191-1703	918947967	8/3/2012	Declared Non-Citizen
0707	<b>LANHAM, TOMMY D.</b> 1930 Willow Ln - Woodbridge, VA 22191-1848	918356927	8/3/2012	Declared Non-Citizen
0708	<b>DOMINGO, RAYMART M.</b> 16454 Steerage Cir - Woodbridge, VA 22191-6023	223674030	8/3/2012	Declared Non-Citizen

**September 2012**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0110	<b>MOODY, MICHAEL D.</b> 7340 Yountville Dr Apt 204 - Gainesville, VA 20155-3438	919060070	9/18/2012	Declared Non-Citizen
0212	<b>PENNINCKX, MAGALI M.</b> 7944 Maplewood Dr - Manassas, VA 20111-1928	919704924	9/27/2012	Declared Non-citizen
0302	<b>RICHARDSON, CHANELL V.</b> 16698 Periscope Pl - Dumfries, VA 22026-6804	491068747	9/13/2012	Declared Non-Citizen
0307	<b>USMA, GRACIELA</b> 3329 Esquarre Ct - Woodbridge, VA 22193-1059	918603498	9/18/2012	Declared Non-Citizen
0407	<b>ERICKSON, MAUREEN H.</b> 37a Calle del Espiritu Santo Antigua - Sacatepequez - GUADELOUPE	910014083	9/18/2012	Declared Non-Citizen

**October 2012**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0405	<b>HUFFMAN, AMY M.</b> 11027 Edgepark Cir Apt 104 - Manassas, VA 20109-7723	280089853	10/9/2012	Declared Non-Citizen
0406	<b>HAMIDULLAH, ALISHER</b> 14912 Simmons Grove Dr - Haymarket, VA 20169-2300	664485475	10/26/2012	Declared Non-Citizen
0407	<b>MATSHIFI, BENDE J.</b> 3D MLG CLR35 Supply BN SUP.CO UNIT 38422 - FPO, AP 96604	920359632	10/16/2012	Declared Non-Citizen
0409	<b>HAUBER, RYANNON M.</b> 14928 Southern Crossing St - Haymarket, VA 20169-4908	995703855	10/9/2012	Declared Non-Citizen



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0501	<b>GOURO, JOEL</b> 11703 Critton Cir - Woodbridge, VA 22192-1016	920274199	10/9/2012	Declared Non-Citizen
0507	<b>KNIGHT, ROHAN A.</b> 3985 Cressida Pl - Woodbridge, VA 22192-7632	166175105	10/9/2012	Declared Non-Citizen
0602	<b>DARSHAN, AISHWARYA</b> 13057 Quade Ln - Woodbridge, VA 22193-4942	483192031	10/9/2012	Declared Non-Citizen
0603	<b>MENDOZA, GARRY L.</b> 4593 Perch Branch Way - Woodbridge, VA 22193-1898	917246432	10/10/2012	Declared Non-Citizen
0609	<b>ARSHAD, ALIYA</b> 12982 Terminal Way - Woodbridge, VA 22193-6121	760369835	10/9/2012	Declared Non-Citizen
0609	<b>POULSON, MARIANNE A.</b> 5559 Neddleton Ave - Woodbridge, VA 22193-4155	918053593	10/30/2012	Declared Non-Citizen
0701	<b>MEJIA, MAURICIO</b> 14113 Cove Landing Dr Apt 104 - Woodbridge, VA 22191-2268	919611688	10/9/2012	Declared Non-Citizen
0701	<b>PREMPEH, HENRIETTA A.</b> 1421 Bayside Ave Apt 9 - Woodbridge, VA 22191-2350	920104501	10/9/2012	Declared Non-Citizen
0709	<b>SIMS, JASON R.</b> 15125 Beacon Ridge Dr Apt 106 - Woodbridge, VA 22191-4943	653388162	10/9/2012	Declared Non-Citizen

**November 2012**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0103	<b>LEE, PATRICIA P.</b> 14437 Fowlers Mill Dr - Gainesville, VA 20155-3810	942280716	11/20/2012	Declared Non-Citizen
0106	<b>KAZZI, MARK A.</b> 8017 Urbanna Rd - Manassas, VA 20109-3135	117543778	11/20/2012	Declared Non-Citizen
0107	<b>BANKS, CHRISTOPHER L.</b> 10043 Pentland Hills Way - Bristow, VA 20136-2663	917619211	11/20/2012	Declared Non-Citizen
0109	<b>WILLIS, DANIEL A. Jr.</b> 8620 Boundbrook Ter - Manassas, VA 20109-4817	434160809	11/20/2012	Declared Non-Citizen
0203	<b>SANABRIA, KARLA D.</b> 9515 Country Roads Ln - Manassas, VA 20112-2775	028809545	11/20/2012	Declared Non-Citizen
0207	<b>BURKS, TONY B.</b> 5630 Saint Charles Dr - Woodbridge, VA 22193-3512	918282032	11/20/2012	Declared Non-Citizen
0207	<b>IBRAHIM, OMAR F.</b> 14527 General Washington Dr - Woodbridge, VA 22193-3255	920117569	11/20/2012	Declared Non-Citizen
0212	<b>AZIMI, KHALED</b> 8103 Hard Shale Rd - Manassas, VA 20111-5241	920303811	11/20/2012	Declared Non-Citizen

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0301	<b>salgado, keyli p.</b> 4036 White Haven Dr - Dumfries, VA 22026-2462	203822514	11/20/2012	Declared Non-Citizen
0401	<b>SELEME, FLETCHER R.</b> 4113 Crescent Hills DR - Haymarket, VA 20169	918448804	11/20/2012	Declared Non-Citizen
0409	<b>TESSITORE, MICHAEL R.</b> 6782 Jefferson St - Haymarket, VA 20169-2904	918105867	11/29/2012	Declared Non-Citizen
0411	<b>MCGHEE, JOSEPH D.</b> 7662 Cass Pl Apt 102 - Manassas, VA 20109-7662	920357377	11/20/2012	Declared Non-Citizen
0411	<b>ZAMBRANA, CARLOS A.</b> 11170 Privates Ct - Manassas, VA 20109-7741	395936169	11/20/2012	Declared Non-Citizen
0504	<b>MARFULL, GEORGE E.</b> 12599 Plymouth Ct - Woodbridge, VA 22192-2320	304026478	11/20/2012	Declared Non-Citizen
0506	<b>AGYEMANG, KWABENA</b> 3513 Lacebark Elm Ct - Woodbridge, VA 22192-4302	421523875	11/20/2012	Declared Non-Citizen
0508	<b>GLASS, ANTHONY R. Jr.</b> 3840 Marquis Pl - Woodbridge, VA 22192-6211	918728755	11/20/2012	Declared Non-Citizen
0508	<b>KEO, PHALLA</b> 12400 Midsummer Ln # B302 - Woodbridge, VA 22192-6704	920390296	11/20/2012	Declared Non-Citizen
0508	<b>LEWIS, PATRICIA H.</b> 12236 Ladymeade Ct Apt 102 - Woodbridge, VA 22192-7082	919301982	11/20/2012	Declared Non-Citizen
0508	<b>WILEN, MONICA E.</b> 3923 Peshurst Ln Apt 101 - Woodbridge, VA 22192-6351	918331766	11/20/2012	Declared Non-Citizen
0601	<b>ALLEN, DERRICK J. Sr.</b> 3504 Bath Ct - Woodbridge, VA 22193-2007	920046603	11/20/2012	Declared Non-Citizen
0603	<b>BEAMON, NICOLAS S.</b> 14394 Westminister Ln Apt 21 - Woodbridge, VA 22193-3058	473676748	11/20/2012	Declared Non-Citizen
0603	<b>DENNIS, CHENELLE M.</b> 14403 Artery Ln Apt 22 - Woodbridge, VA 22193-3047	568101141	11/20/2012	Declared Non-Citizen
0603	<b>LAWRENCE, PAULETTE P.</b> 14809 Darbydale AVE - Woodbridge, VA 22193	183249740	11/20/2012	Declared Non-Citizen
0606	<b>FLORES, EVARISTA D.</b> 3545 Forestdale Ave - Woodbridge, VA 22193-2053	919393308	11/20/2012	Declared Non-Citizen
0606	<b>URRUTIA, CHRISTINA O.</b> 3719 Fairfield Ln - Woodbridge, VA 22193-2140	920086958	11/20/2012	Declared Non-Citizen
0609	<b>lam, michelle</b> 13231 Nickleson Dr - Woodbridge, VA 22193-4122	546502589	11/20/2012	Declared Non-Citizen

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0702	<b>JEFFERSON, RHONDA J.</b> 14220 Caroline St - Woodbridge, VA 22191-2548	919966021	11/20/2012	Declared Non-Citizen
0703	<b>MUBARAK, PRINCE</b> 1459 Ranger Loop Apt 302 - Woodbridge, VA 22191-5246	164022230	11/20/2012	Declared Non-Citizen
0703	<b>PARADA, ROSA E.</b> 13651 Cridercrest Pl Apt 301 - Woodbridge, VA 22191-1990	919688418	11/20/2012	Declared Non-Citizen
0706	<b>SANTOS, JOSE A.</b> 1425 Maryland Ave - Woodbridge, VA 22191-3628	037640185	11/20/2012	Declared Non-Citizen
0708	<b>KELEEKAI, FRANCIS S.</b> 16572 Nanticoke Way Apt 302 - Woodbridge, VA 22191-4784	002508796	11/20/2012	Declared Non-Citizen

**January 2013**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0108	<b>BEST, XIOMARA M.</b> 9156 Cascade Falls Dr - Bristow, VA 20136-6108	312049588	1/2/2013	Declared Non-Citizen
0111	<b>WHEATON, AMANDA A.</b> 8854 Stable Forest Pl - Bristow, VA 20136-5747	092023883	1/2/2013	Declared Non-Citizen
0301	<b>PARADA, ELBA G.</b> 17579 Summer Duck Dr - Dumfries, VA 22026-2648	919432013	1/2/2013	Declared Non-Citizen
0503	<b>VALLE, VIRGINIA L.</b> 2994 Jamestown Ct - Woodbridge, VA 22192-3212	381494685	1/2/2013	Declared Non-Citizen
0508	<b>ASRES, SINA</b> 3861 Ogilvie Ct - Woodbridge, VA 22192-5039	919449141	1/2/2013	Declared Non-Citizen
0703	<b>SANDERSON, AKILAH A.</b> 1880 Gableridge Turn Apt 402 - Woodbridge, VA 22191-1982	851884782	1/2/2013	Declared Non-Citizen
0707	<b>EL GHABBAR, ISSAM E.</b> 1402 Mary St - Woodbridge, VA 22191-1652	032694225	1/2/2013	Declared Non-Citizen
0707	<b>JIMENEZ, KEVIN A.</b> 13152 Putnam Cir - Woodbridge, VA 22191-1032	110691140	1/2/2013	Declared Non-Citizen

**February 2013**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0404	<b>AMAYA-CASTELLANOS, SANTOS M.</b> 10251 Pelham Ct - Manassas, VA 20109-2914	817671415	2/19/2013	Declared Non-Citizen

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153 - PRINCE WILLIAM COUNTY

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March 2013

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0101	<b>CARNEIRO, JOAQUIM P.</b> 10930 Meadow Walk Ln - Bristow, VA 20136-1535	918015555	3/5/2013	Declared Non-Citizen
0203	<b>DAVIS, RICHARD E.</b> 8500 Brunger St - Manassas, VA 20112	917576257	3/5/2013	Declared Non-Citizen
0305	<b>UPCHURCH, JENNIFER r.</b> 15743 Viewpoint Cir - Dumfries, VA 22025-1223	920370476	3/5/2013	Declared Non-Citizen
0509	<b>doestal, merley</b> 6104 Occoquan Forest Dr - Manassas, VA 20112-3018	304546826	3/5/2013	Declared Non-Citizen
0601	<b>NASEEM, AWAIS</b> 15036 Cherrydale Dr - Woodbridge, VA 22193-5332	015966757	3/5/2013	Declared Non-Citizen
0709	<b>MARTINE, CAITLIN E.</b> 15018 Sunny Ridge Ct Apt 203 - Woodbridge, VA 22191-3966	285311501	3/5/2013	Declared Non-Citizen

May 2013

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0106	<b>ALVARADO LOZANO, ROLANDO M.</b> 11007 Tower Pl - Manassas, VA 20109-3442	919472197	5/9/2013	Declared Non-Citizen
0106	<b>MERINO RODRIGUEZ, YASMIN Y.</b> 7904 Sharpsburg Ct - Manassas, VA 20109-3560	844252367	5/9/2013	Declared Non-Citizen
0202	<b>BELT, SARA A.</b> 13505 Bradford Ln - Manassas, VA 20112-4757	457319060	5/12/2013	Declared Non-Citizen
0210	<b>SOLORZANO, JORGE</b> 13237 Orkin Ln - Woodbridge, VA 22193-7003	918587174	5/9/2013	Declared Non-Citizen
0303	<b>ZAHID, NASARULLAH</b> 18430 Lotus Ct Apt 304 - Triangle, VA 22172-1762	070030753	5/9/2013	Declared Non-Citizen
0310	<b>LUMINGA, MICHAEL</b> 17482 Isle Royale Ter - Dumfries, VA 22025-1936	480779693	5/9/2013	Declared Non-Citizen
0311	<b>BARBOSA, CARLOS A.</b> 17225 Larkin Dr - Dumfries, VA 22026-2746	328024538	5/9/2013	Declared Non-Citizen
0311	<b>COLEMAN, TIONNA B.</b> 3071 Antrim Cir - Dumfries, VA 22026-3318	162110068	5/9/2013	Declared Non-Citizen
0311	<b>JENKINS, ANDREEA</b> 17351 Sligo Loop - Dumfries, VA 22026-3347	170927161	5/9/2013	Declared Non-Citizen

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0311	<b>RIDDICK, THERESA</b> 17604 Marsh Harbor Ln - Dumfries, VA 22026-4530	246698066	5/9/2013	Declared Non-Citizen
0405	<b>ADU, CURTIS N.</b> 8244 Humphrey Ln - Manassas, VA 20109-8268	168453305	5/9/2013	Declared Non-Citizen
0504	<b>VENTURA, MARIA E.</b> 2096 Mayflower Dr - Woodbridge, VA 22192-2317	917865772	5/9/2013	Declared Non-Citizen
0608	<b>CAMPOS, PATRICIA N.</b> 14100 Maverick Ct - Woodbridge, VA 22193-4413	919962258	5/9/2013	Declared Non-Citizen

**August 2013**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0408	<b>AMAYA, ODEBELINA</b> 7719 Woodstock St - Manassas, VA 20109-3239	918110863	8/4/2013	Declared Non-Citizen
0601	<b>LOPEZ QUIJADA, MARIA E.</b> 14611 Brook Dr - Woodbridge, VA 22193-1345	087690175	8/4/2013	Declared Non-Citizen
0703	<b>FERNANDEZ, ANTONIO E.</b> 1308 D St - Woodbridge, VA 22191-1708	920042681	8/4/2013	Declared Non-Citizen

**January 2014**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0105	<b>GLORIUS, JESSIE R.</b> 13576 Filly Ct - Gainesville, VA 20155-2975	531791808	1/19/2014	Declared Non-Citizen
0111	<b>CHONG, KATHERINE A.</b> 9057 Falcon Glen Ct - Bristow, VA 20136-5737	006718212	1/19/2014	Declared Non-Citizen
0311	<b>MADAN, ARVIND</b> 3123 Antrim Cir - Dumfries, VA 22026-3323	918201826	1/19/2014	Declared Non-Citizen
0409	<b>JIMENEZ, NICOLAS L.</b> 6734 Abberley LOOP - Gainesville, VA 20155	580930450	1/19/2014	Declared Non-Citizen
0411	<b>UMANTA-ZELAYA, LUIS C.</b> 12000 Coverstone Hill Cir Apt 412 - Manassas, VA 20109-7531	919257550	1/19/2014	Declared Non-Citizen
0504	<b>STEWART, DEBORA A.</b> 12631 Harbor Dr - Woodbridge, VA 22192-2225	301022847	1/19/2014	Declared Non-Citizen
0505	<b>PRADA, MARILYN R.</b> 2900 Madeira Ct - Woodbridge, VA 22192-1923	918629730	1/19/2014	Declared Non-Citizen
0507	<b>BOZZELLI, ZIBA M.</b> 13218 Barrister Pl - Woodbridge, VA 22192-4804	918257920	1/19/2014	Declared Non-Citizen

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0509	<b>SISON, JOEL P.</b> 4780 Charter Ct - Woodbridge, VA 22192-5532	610012187	1/19/2014	Declared Non-Citizen
0511	<b>TAICA, CONCEPCION</b> 12205 Tideswell Mill Ct - Woodbridge, VA 22192-5559	943731749	1/19/2014	Declared Non-Citizen
0601	<b>MARTINEZ, YOSELIN A.</b> 3431 Castle Hill Dr - Woodbridge, VA 22193-5318	920173185	1/19/2014	Declared Non-Citizen
0604	<b>CONSTANZA, SARA C.</b> 14607 Aurora Dr - Woodbridge, VA 22193-1231	918159744	1/19/2014	Declared Non-Citizen
0610	<b>MIRANDA, ADOLPH S.</b> 3703 Chico Ct - Woodbridge, VA 22193-1632	273921415	1/19/2014	Declared Non-Citizen
0706	<b>AVILA, BERTHA A.</b> 15128 Alaska Rd - Woodbridge, VA 22191-3640	918346165	1/19/2014	Declared Non-Citizen
0707	<b>VO, TAM D.</b> 1509 Carter Ln - Woodbridge, VA 22191-1508	389597011	1/19/2014	Declared Non-Citizen

**February 2014**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0110	<b>MOHAMMAD IBRAHIM, MEHRIYA</b> 6833 Hartzell Hill Ln - Haymarket, VA 20169-4944	281855639	2/23/2014	Declared Non-Citizen
0302	<b>ASARE, ABENOA A.</b> 16500 Telescope Ln - Dumfries, VA 22026-2194	023725341	2/23/2014	Declared Non-Citizen
0307	<b>HANI, UMME</b> 15523 Ridgecrest Dr - Dumfries, VA 22025-1109	023379393	2/23/2014	Declared Non-Citizen
0411	<b>NGUYEN, SON V.</b> 11241 Lady Jane Loop Apt 204 - Manassas, VA 20109-7884	180898720	2/23/2014	Declared Non-Citizen
0503	<b>MOSES, MELISSA P.</b> 12528 Oakwood Dr - Woodbridge, VA 22192-3105	920377744	2/23/2014	Declared Non-Citizen

**March 2014**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0101	<b>COVELLO, ANGELO</b> 5401 Mapledale Plz - Woodbridge, VA 22193-4526	917566483	3/17/2014	Declared Non-Citizen
0110	<b>AL SAADI, SUR A D.</b> 14764 Soapstone Dr Apt 404 - Gainesville, VA 20155-4806	068104551	3/17/2014	Declared Non-Citizen
0201	<b>MACDONALD, ELIZABETH M.</b> 13942 Rexburg Ct - Woodbridge, VA 22193-3860	919957671	3/17/2014	Declared Non-Citizen

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0303	<b>RAMIREZ, DELFINO</b> 3635 Wharf Ln - Triangle, VA 22172-1056	919841808	3/17/2014	Declared Non-Citizen
0404	<b>HEBERT, PAUL D.</b> 10499 Montrose Way - Manassas, VA 20109-6436	917859175	3/19/2014	Declared Non-Citizen
0502	<b>marsh, cecilia c.</b> PO Box 483 - Occoquan, VA 22125-0483	427191477	3/17/2014	Declared Non-Citizen
0507	<b>WALKER, EARLINE</b> 12844 Misty Ln - Woodbridge, VA 22192-6427	097364809	3/17/2014	Declared Non-Citizen
0510	<b>CASTILLO, RONNIE W.</b> 15000 Rumson PL - Manassas, VA 20111	917999304	3/17/2014	Declared Non-Citizen
0703	<b>SALEH, AHMED N.</b> 1222 Easy St - Woodbridge, VA 22191-2003	209098190	3/17/2014	Declared Non-Citizen
0709	<b>LUCIDO, MATTHEW D.</b> 15175 Beacon Ridge Dr Apt 118 - Woodbridge, VA 22191-4949	282792701	3/17/2014	Declared Non-Citizen

**May 2014**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0703	<b>RIOS MESIA, JULIO</b> 13688 Lynn St - Woodbridge, VA 22191-2124	041281058	5/28/2014	Declared Non-Citizen

**June 2014**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0106	<b>TURNER, MARCELLA U.</b> 9930 Portsmouth Rd - Manassas, VA 20109-3130	229845966	6/10/2014	Declared Non-Citizen
0107	<b>GAHUNIA, RAJINDER K.</b> 10217 Inchberry Ct - Bristow, VA 20136-5606	920110290	6/10/2014	Declared Non-Citizen
0110	<b>DEL ROSARIO, JEANNE M.</b> 14736 Deming Dr Apt 203 - Gainesville, VA 20155-4820	007329012	6/10/2014	Declared Non-Citizen
0110	<b>DEL ROSARIO, JERSON M.</b> 14736 Deming Dr Apt 203 - Gainesville, VA 20155-4820	001495905	6/10/2014	Declared Non-Citizen
0204	<b>TATE, REBECCA J.</b> 8842 Oak Hollow Ct - Manassas, VA 20109-3711	919633250	6/10/2014	Declared Non-Citizen
0206	<b>ANDERSON, SALMA</b> 8104 Ebert Dr - Manassas, VA 20112-4621	273705786	6/10/2014	Declared Non-Citizen
0212	<b>CUI, JUN</b> 7507 Bosbury Ct - Manassas, VA 20111-1610	456878490	6/10/2014	Declared Non-Citizen

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0212	<b>SALGUERO, HAYDEE P.</b> 8219 Glade Bank Dr - Manassas, VA 20111-5236	919313596	6/10/2014	Declared Non-Citizen
0311	<b>CROWELL, ANNA M.</b> 17263 Nugent Ln - Dumfries, VA 22026-3340	918705877	6/10/2014	Declared Non-Citizen
0404	<b>CRUZ, ALIUSKA</b> 7887 Blue Gray Cir - Manassas, VA 20109-2825	697945465	6/10/2014	Declared Non-Citizen
0405	<b>QUINTANILLA, DENY A.</b> 7671 Helmsdale Pl - Manassas, VA 20109-6476	001622980	6/10/2014	Declared Non-Citizen
0510	<b>NAVARRETE, ERNESTO I.</b> 6413 Yates Ford Rd - Manassas, VA 20111-2602	240479413	6/10/2014	Declared Non-Citizen
0705	<b>FAJARDO, BERTIN A.</b> 14459 Meridian Dr - Woodbridge, VA 22191-2946	920055295	6/10/2014	Declared Non-Citizen
0706	<b>GARCIA DE PACHECO, MARIA</b> 1500 Kentucky Ave - Woodbridge, VA 22191-3533	247182539	6/10/2014	Declared Non-Citizen
0711	<b>LEON LOPEZ, HERBERTH O.</b> 14304 Jeffries Rd Apt 709 - Woodbridge, VA 22191-2723	507770973	6/10/2014	Declared Non-Citizen

**July 2014**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0405	<b>MAHARJAN, SAJANA</b> 7445 Barbados Ln - Manassas, VA 20109-7104	180241999	7/15/2014	Declared Non-Citizen
0508	<b>MARTIN, ALDWIN T.</b> 12510 Kempston Ln - Woodbridge, VA 22192-5061	059745339	7/15/2014	Declared Non-Citizen
0701	<b>AMBRIZ, HUGO</b> 13721 Jefferson Davis Hwy Trlr 1 - Woodbridge, VA 22191-2014	054471482	7/15/2014	Declared Non-Citizen
0706	<b>LITTLES, DENARSHA C.</b> 15031 Illinois Rd - Woodbridge, VA 22191-3547	048920344	7/15/2014	Declared Non-Citizen

**October 2014**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0314	<b>BELLINI, JORGE D.</b> 5313 Box Turtle Ct - Woodbridge, VA 22193-5800	917919116	10/21/2014	Declared Non-Citizen
0405	<b>ESTRADA, NURIA D.</b> 9916 Loudoun Ave - Manassas, VA 20109-3234	291699308	10/13/2014	Declared Non-Citizen
0501	<b>SLAUGHTER, JOHNNY M.</b> 11718 Tolson Pl - Woodbridge, VA 22192-7481	124626085	10/21/2014	Declared Non-Citizen



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0505	<b>OMAR, OMAR M.</b> 3244 Foothill St - Woodbridge, VA 22192-1405	237227223	10/13/2014	Declared Non-Citizen
0509	<b>CESAITIS, EIMANTAS</b> 5365 Cleburne Ln - Woodbridge, VA 22192-6035	027166961	10/13/2014	Declared Non-Citizen
0604	<b>CONWARD, DWAYNE E. Jr.</b> 14506 Aurora Dr - Woodbridge, VA 22193-1230	336279404	10/21/2014	Declared Non-Citizen
0606	<b>GIL, CARLOS A.</b> 14508 Del Mar Dr - Woodbridge, VA 22193-2708	741877257	10/21/2014	Declared Non-Citizen
0706	<b>CHAVEZ MORA, GABRIEL E.</b> 15212 Michigan Rd - Woodbridge, VA 22191-3712	025358017	10/13/2014	Declared Non-Citizen

**January 2015**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0110	<b>BALLADARES, JORGE L.</b> 14768 Soapstone Dr Apt 102 - Gainesville, VA 20155-4801	920337683	1/6/2015	Declared Non-Citizen
0307	<b>MARTINEZ, JOHN</b> 15327 Edgehill Dr - Dumfries, VA 22025-1033	988236715	1/6/2015	Declared Non-Citizen
0511	<b>JOHNSON, ANGELIE</b> 4216 Devonwood Way - Woodbridge, VA 22192-5124	919217409	1/6/2015	Declared Non-Citizen

**February 2015**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0610	<b>PRICE, TRUNEL R.</b> 15201 Brickwood Dr Apt 404 - Woodbridge, VA 22193-5598	620191714	2/19/2015	Declared Non-Citizen

**March 2015**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0410	<b>TAYLOR, SOPHIA C.</b> 6336 Cullen Pl - Haymarket, VA 20169-5400	478559179	3/18/2015	Declared Non-Citizen
0513	<b>CABALLERO, ROSA</b> 12668 Dulcinea Pl - Woodbridge, VA 22192-3148	917227655	3/18/2015	Declared Non-Citizen

**April 2015**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0215	<b>ARNEZ, DANIEL A.</b> 13117 Otto Rd - Woodbridge, VA 22193-7013	708257354	4/14/2015	Declared Non-Citizen

Locality: 153  
 Precinct: ALL  
 District: ALL

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ELECTIONS**  
**Cancellation - Declared Non-Citizen**  
**153 - PRINCE WILLIAM COUNTY**

Start Date: 01/01/2011  
 End Date: 08/16/2016

0301	<b>SMOTHERS, PARREN L.</b> 3624 Anchorage Cv - Triangle, VA 22172-1047	099700189	4/14/2015	Declared Non-Citizen
0304	<b>DEL AGUILA COLMENARES, ANGELA J.</b> 333 3rd Ave - Quantico, VA 22134-3408	021864444	4/27/2015	Declared Non-Citizen
0409	<b>DUNBAR, RYAN C.</b> PO Box 433 - Gainesville, VA 20156-0433	653937690	4/13/2015	Declared Non-Citizen
0412	<b>TRYPANIS, GEORGE</b> 5410 Lick River Ln - Gainesville, VA 20155-1385	920072186	4/14/2015	Declared Non-Citizen
0602	<b>SESAY, RASHIELA</b> 13053 Quade Ln - Woodbridge, VA 22193-4942	269417421	4/14/2015	Declared Non-Citizen
0602	<b>SSEKIBENGA, LEONARD</b> 13761 Longwood Ct - Woodbridge, VA 22193-4638	920144517	4/27/2015	Declared Non-Citizen
0608	<b>PARADA, ELSY M.</b> 13806 Mapledale Ave - Woodbridge, VA 22193-4466	587709241	4/13/2015	Declared Non-Citizen
0706	<b>SOUHGHE, EDWIGE</b> 14080 Big Crest Ln Apt 404 - Woodbridge, VA 22191-5533	715729183	4/14/2015	Declared Non-Citizen
0709	<b>AYALA, STEPHANIE J.</b> 15700 Tassia LN Apt 204 - Woodbridge, VA 22191	109273903	4/13/2015	Declared Non-Citizen

**May 2015**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0106	<b>gonzalez, pablo</b> 10159 Irongate Way - Manassas, VA 20109-3540	548889831	5/17/2015	Declared Non-Citizen
0106	<b>UMANA, JHOANA</b> 10178 Portsmouth Rd Apt 7 - Manassas, VA 20109-8023	000773417	5/17/2015	Declared Non-Citizen
0209	<b>gray, WILLIAM L.</b> 14403 Aden Rd - Nokesville, VA 20181-3122	920128866	5/15/2015	Declared Non-Citizen
0210	<b>WILKERSON, TRACY D.</b> 13194 Trails End Ct - Manassas, VA 20112-3698	917856350	5/17/2015	Declared Non-Citizen
0213	<b>sheffield, jonathan w.</b> 14221 Savannah Dr - Woodbridge, VA 22193-5411	818325928	5/17/2015	Declared Non-Citizen
0301	<b>MARAVILLA, RICARDO A.</b> 52 Dumfries Dr - Dumfries, VA 22026-2232	038947633	5/17/2015	Declared Non-Citizen
0301	<b>ROBINSON, ANTONIO B.</b> 17619 Overlook Rd - Dumfries, VA 22026-6201	074400155	5/19/2015	Declared Non-Citizen
0305	<b>ARRIETA, TARALYN A.</b> 15871 Montview Dr - Dumfries, VA 22025-1358	353939337	5/17/2015	Declared Non-Citizen

Locality: 153  
Precinct: ALL  
District: ALL

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ELECTIONS**  
**Cancellation - Declared Non-Citizen**  
**153 - PRINCE WILLIAM COUNTY**

Start Date: 01/01/2011  
End Date: 08/16/2016

0404	<b>DURAN, VICTOR I.</b> 10822 Stone Hill Ln - Manassas, VA 20109-2862	166629405	5/17/2015	Declared Non-Citizen
0406	<b>LEE, JIN S.</b> 15705 Foleys Mill Pl - Haymarket, VA 20169-6182	055083094	5/17/2015	Declared Non-Citizen
0411	<b>BONILLA, VICTORIA</b> 10806 Violet Ct - Manassas, VA 20109-7212	917680285	5/17/2015	Declared Non-Citizen
0514	<b>KHAN, SAHIBA H.</b> 2561 Fox Ridge Ct - Woodbridge, VA 22192-2024	133138103	5/17/2015	Declared Non-Citizen
0514	<b>TEALE, APRIL R.</b> 12046 Willowood Dr - Woodbridge, VA 22192-1516	046214360	5/17/2015	Declared Non-Citizen
0601	<b>WALKER-DEEN, AKIATU B.</b> 14667 Forsythia Ter - Woodbridge, VA 22193-1763	607481203	5/17/2015	Declared Non-Citizen
0602	<b>PUZON, GILBERT J. Jr.</b> 13222 Delaney Rd - Woodbridge, VA 22193-4923	095806633	5/17/2015	Declared Non-Citizen
0603	<b>MONTANO, JUAN G.</b> 4405 Whitmer Dr Apt 13 - Woodbridge, VA 22193-2925	373343730	5/17/2015	Declared Non-Citizen
0604	<b>BOATENG, FRED</b> 14623 Aurora Dr - Woodbridge, VA 22193-1231	193050641	5/17/2015	Declared Non-Citizen
0606	<b>de los reyes, fernando</b> 3481 Forestdale Ave - Woodbridge, VA 22193-2046	418532438	5/17/2015	Declared Non-Citizen
0607	<b>RODAS-TORRES, YANCI C.</b> 13004 Kingswell Dr - Woodbridge, VA 22193-5038	165790551	5/17/2015	Declared Non-Citizen
0707	<b>JOHNSON, MARICA E.</b> 951 Annapolis Way # 310 - Woodbridge, VA 22191-1215	225373968	5/17/2015	Declared Non-Citizen
0709	<b>PHELPS, DEBORAH B.</b> 15650 William Bayliss Ct - Woodbridge, VA 22191-1476	919876702	5/17/2015	Declared Non-Citizen

**June 2015**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0106	<b>MARTINEZ, EDWIN</b> 7969 Community Dr - Manassas, VA 20109-3533	026016101	6/2/2015	Declared Non-Citizen
0506	<b>GOMEZ, SEBASTIAN</b> 3414 Belfry Ln - Woodbridge, VA 22192-4341	809187667	6/2/2015	Declared Non-Citizen
0701	<b>FLORES, MARVIN A.</b> 14224 Fisher Ave - Woodbridge, VA 22191-2237	920042033	6/2/2015	Declared Non-Citizen

Locality: 153  
Precinct: ALL  
District: ALL

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ELECTIONS  
Cancellation - Declared Non-Citizen  
153 - PRINCE WILLIAM COUNTY

Start Date: 01/01/2011  
End Date: 08/16/2016

August 2015

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0201	<b>OGOE, REGINA W.</b> 5714 Rhode Island Dr - Woodbridge, VA 22193-3823	918938931	8/12/2015	Declared Non-Citizen
0303	<b>Sexton, Lena L.</b> 18610 Amidon Ave - Triangle, VA 22172-1903	032167928	8/12/2015	Declared Non-Citizen
0402	<b>FIKES, MICHAEL T.</b> 14990 Stream Valley Ct - Haymarket, VA 20169-2565	248940473	8/12/2015	Declared Non-Citizen
0409	<b>DIAZ, HERBERTH A.</b> 14508 John Marshall Hwy - Gainesville, VA 20155-1605	608210555	8/12/2015	Declared Non-Citizen
0504	<b>FREEMAN, LUCIANIA C.</b> 12323 Colby Dr - Woodbridge, VA 22192-2133	917857749	8/12/2015	Declared Non-Citizen
0512	<b>NADUTEY, GEOFFREY</b> 1987 Brooke Farm Ct - Woodbridge, VA 22192-5665	465542018	8/12/2015	Declared Non-Citizen
0601	<b>BLOUNT, HEIDI A.</b> 15069 Cardin Pl - Woodbridge, VA 22193-5344	919979241	8/12/2015	Declared Non-Citizen
0608	<b>PARKER, ASHLEY</b> 5353 Macwood Dr - Woodbridge, VA 22193-4443	103600284	8/12/2015	Declared Non-Citizen

September 2015

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0110	<b>DEL ROSARIO, JAYSON RAFAEL M.</b> 14736 Deming Dr Apt 203 - Gainesville, VA 20155-4820	219351621	9/22/2015	Declared Non-Citizen
0111	<b>MOHAMED, MOHONED A.</b> 14236 Catbird Dr - Gainesville, VA 20155-5858	116703634	9/22/2015	Declared Non-Citizen
0207	<b>VALLE, JOSE L.</b> 5671 Saffron Ln - Woodbridge, VA 22193-3521	920420822	9/21/2015	Declared Non-Citizen
0703	<b>VAZQUEZ, HERMINIO</b> 13609 Charles Ct - Woodbridge, VA 22191-1903	279040770	9/22/2015	Declared Non-Citizen

October 2015

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0201	<b>BURKE, JENNIFER G.</b> 13529 Princedale Dr - Woodbridge, VA 22193-3840	917294452	10/29/2015	Declared Non-Citizen
0302	<b>OTAMENDI, MARIA M.</b> 2814 Powell DR - Woodbridge, VA 22191	891302540	10/14/2015	Declared Non-Citizen

Locality: 153  
 Precinct: ALL  
 District: ALL

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ELECTIONS**  
**Cancellation - Declared Non-Citizen**  
**153 - PRINCE WILLIAM COUNTY**

Start Date: 01/01/2011  
 End Date: 08/16/2016

0305	<b>WEST, NORVIN K.</b> 15761 Viewpoint Cir - Dumfries, VA 22025-1223	918948996	10/29/2015	Declared Non-Citizen
0313	<b>ZOU, XUE H.</b> 15523 Kelley Farm Ct - Woodbridge, VA 22193-5783	001932614	10/29/2015	Declared Non-Citizen
0606	<b>moreira, joanna a.</b> 3906 Desoto Ct - Woodbridge, VA 22193-1931	244588450	10/14/2015	Declared Non-Citizen
0706	<b>OROPEZA, VALERIA I.</b> 1524 Florida Ave - Woodbridge, VA 22191-3604	482886200	10/29/2015	Declared Non-Citizen
0710	<b>SMITH, APRIL N.</b> 2785 Beechtree Ln - Woodbridge, VA 22191-4602	187233040	10/29/2015	Declared Non-Citizen

**December 2015**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0106	<b>HARTSELL, MICHAEL A.</b> 10166 Portsmouth Rd Apt 7 - Manassas, VA 20109-8014	920212651	12/14/2015	Declared Non-Citizen
0303	<b>REINHOLD, SUNG H.</b> AMC, 4-402nd AFSB - APO, AE 09366	918429751	12/14/2015	Declared Non-Citizen
0508	<b>RWEYENDELA, CHARLES B.</b> 3984 Brussels Way - Woodbridge, VA 22192-7637	410659936	12/14/2015	Declared Non-Citizen

**January 2016**

<b>PCT</b>	<b>Name Address</b>	<b>Registration ID</b>	<b>Cancel Date</b>	<b>Cancel Type</b>
0212	<b>JARQUIN, LUIS A.</b> 8511 Spruce St - Manassas, VA 20111-2126	128388762	1/5/2016	Declared Non-Citizen
0408	<b>ADAIR, SILVIA R.</b> 7785 Gateshead Ln - Manassas, VA 20109-3370	919186951	1/5/2016	Declared Non-Citizen
0411	<b>SOLORZANO, YADIRA L.</b> PO Box 1422 - Manassas, VA 20108-1422	029352186	1/5/2016	Declared Non-Citizen
0501	<b>KIM, TAE B.</b> 11683 Chanceford Dr - Woodbridge, VA 22192-5565	918424198	1/5/2016	Declared Non-Citizen
0511	<b>GOSHORN, PETER C.</b> 12641 Stone Lined Cir - Woodbridge, VA 22192-5592	221878485	1/5/2016	Declared Non-Citizen
0608	<b>LAPLANTE, BARBARA</b> 4787 Pearson Dr - Woodbridge, VA 22193-5418	313503300	1/28/2016	Declared Non-Citizen

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ELECTIONS**  
**Cancellation - Declared Non-Citizen**  
**153 - PRINCE WILLIAM COUNTY**

Start Date: 01/01/2011

End Date: 08/16/2016

Locality: 153  
 Precinct: ALL  
 District: ALL

**February 2016**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0215	<b>ZOBY, FRANCIS G.</b> 13360 Packard Dr - Woodbridge, VA 22193-3913	919269190	2/20/2016	Declared Non-Citizen
0411	<b>TORRES, GLORIA M.</b> 7601 Yellow Lily Dr Apt 101 - Manassas, VA 20109-5669	299795716	2/18/2016	Declared Non-citizen
0512	<b>REYNA GONZALES, LUIS F.</b> 1948 Pohick Creek Ct - Woodbridge, VA 22192-2428	139776102	2/2/2016	Declared Non-citizen

**March 2016**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0202	<b>MCHAAR, BOUCHRA</b> 7524 Century Oak Ct - Manassas, VA 20112-5562	734135656	3/22/2016	Declared Non-Citizen
0301	<b>SHAMSUDIN, ZULAIKHA</b> 18075 Tebbs Ln - Dumfries, VA 22026-2412	071897574	3/30/2016	Declared Non-Citizen
0601	<b>CAMPBELL, KIMONE M.</b> 14407 Fontaine Ct - Woodbridge, VA 22193-1518	757117640	3/30/2016	Declared Non-Citizen
0609	<b>FAISAL, FNU</b> 6052 Ticket Way - Woodbridge, VA 22193-6137	395840943	3/30/2016	Declared Non-Citizen
0701	<b>TZINA, DAWN R.</b> 1304 Bayside Ave Apt 12 - Woodbridge, VA 22191-2321	311025397	3/30/2016	Declared Non-Citizen

**June 2016**

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0601	<b>WALKER-DEEN, MARIAM</b> 14667 Forsythia Ter - Woodbridge, VA 22193-1763	159967331	6/2/2016	Declared Non-Citizen
0701	<b>cordero, sandra s.</b> 14101 Cove Landing Dr Apt 302 - Woodbridge, VA 22191-2251	368233221	6/2/2016	Declared Non-Citizen
0704	<b>DAVICH, RICHARD L.</b> 15328 Postillion Ter - Woodbridge, VA 22191-3814	919425945	6/2/2016	Declared Non-Citizen

Locality: 153  
Precinct: ALL  
District: ALL

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ELECTIONS**  
**Cancellation - Declared Non-Citizen**  
**153 - PRINCE WILLIAM COUNTY**

Start Date: 01/01/2011  
End Date: 08/16/2016

July 2016

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0302	<b>ISLAM, SHAMIM A.</b> 16611 Telescope Ln - Dumfries, VA 22026-2193	102975961	7/12/2016	Declared Non-Citizen
0512	<b>GONZALEZ AVILA, RICARDO</b> 13145 Minnieville Rd Trlr 13 - Woodbridge, VA 22192-4034	040024685	7/12/2016	Declared Non-Citizen
0606	<b>RODRIGUEZ DE JESUS, MARIA C.</b> 3631 Freemont Pl - Woodbridge, VA 22193-2028	919689584	7/12/2016	Declared Non-Citizen

**Declared Non-Citizen Total: 433**

U.S. Department of Homeland Security  
2675 Prosperity Ave.  
Fairfax, VA 20598-2440



U.S. Citizenship  
and Immigration  
Services

May 8, 2013

From: The United States Citizenship and Immigration Services (USCIS)

To: Diana Dutton

Re: Voter registration application

USCIS appreciates your expedited assistance in furnishing the voter registration application for the individual below. Attached, please find a copy of the individual's voter registration card and authorization to release information. Please fax your response to (703) 285-6077 to the attention of Officer AKINJIOLA. Additionally, please call (703) 285-6038 with any questions or concerns.

**Name: Mahruk Hassan Zaidi**  
**DOB: 1992**  
**Address: 13255 Fallen Leaf Court**  
**Woodbridge, VA 221-92-4924**





Kimball W. Brace  
Acting General Registrar

**COUNTY OF PRINCE WILLIAM**  
VOTER REGISTRATION and ELECTIONS  
9250 Lee Avenue, Suite 1  
Manassas, Virginia 20110-5554  
(703) 792-6470 FAX: (703) 792-646  
www.pwcgov.org/vote  
pwcvote@pwcgov.org

**ELECTORAL BOARD**  
Keith A. Scarborough, Chairman  
Richard E. ...  
...rman  
...etary

*A clerical error was noted upon review of this document. The high-lighted date should be 2013; not 2012. The correct date is further confirmed by the attached letter from U.S. Citizenship and Immigration Services.*

Date: May 30, 2013  
From: PWC Voter Registration  
To: W. Michael Phipps Assistant Commonwealth Attorney  
Re: Mahrukh Zaidi and Syed Zaidi

Enclosed are copies of all documents we have on file regarding Mahrukh Zaidi and Syed Zaidi. They both registered to vote, Mahrukh on February 4, 2010 and Syed on August 3, 2012. Both of them checked the box indicating that they were a citizen of the United States. Both of them did vote in the November 2012 General Election. It has since been learned that neither one of them was a citizen at the time of registration or election. The information came to our attention when Immigration Services contacted us on **May 8<sup>th</sup>, 2012** for registration records pertaining to Mahrukh Zaidi.

Mahrukh Zaidi visited our satellite office at the DMV on Caton Hill Road in Woodbridge on Saturday May 11<sup>th</sup> to cancel her registration. She was advised at the time that the request could not be handled there, but would have to be forwarded to the main office in Manassas to be processed. She left with the paperwork and personally brought the request to the Manassas office on May 14<sup>th</sup>. The request was processed on May 15<sup>th</sup> 2013 and a letter of cancellation was mailed to her on May 15<sup>th</sup>, 2013.

Mahrukh returned to our Manassas office on May 17<sup>th</sup> and spoke with Diana Dutton. Diana Dutton made a copy of her cancelled record and notarized it and placed it in a sealed envelope, as requested of her, for Immigration Services.

We were advised by the State Board of Elections to forward this information to the Prince William County Commonwealth Attorney.

Kimball W. Brace  
Acting General Registrar

**BEDFORD COUNTY**

Office of Voter Registration

321 N Bridge St Ste 200  
Bedford, VA 24523-1927

E-mail: [b.gunter@bedfordcountyva.gov](mailto:b.gunter@bedfordcountyva.gov)

Phone: 540-586-7649

Website: <http://www.co.bedford.va.us/Res/Vote/index.asp>

Fax: 540-586-8358

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**TO:** CHRISTINE MARSHALL BRAXTON  
4915 Everett Rd  
Forest, VA 24551-3851

**DATE:** 8/17/2016

1/6/2011

**NOTICE OF INTENT TO CANCEL**

We have received information that you indicated on a recent DMV application that you are not a citizen of the United States. If the information provided was correct, you are not eligible to register to vote. If the information is incorrect and you are a citizen of the United States, please complete the Affirmation of Citizenship form and return it using the enclosed envelope. If you do not respond within 14 days, you will be removed from the list of registered voters.

If you believe this notice has been issued in error or have any questions about this notification, please call the Office of General Registrar.

*Barbara J. Gunter*

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BARBARA J. GUNTER  
General Registrar  
Bedford County Office of Elections

**From:** Judith Stokes <jstokes@roanokecountyva.gov>  
**Sent:** Tuesday, August 23, 2016 10:24 AM  
**To:** Public Interest Legal - Contact  
**Cc:** Vanessa Cahill  
**Subject:** August 8th Request for Information

Hello Ms. Powell:

On August 16th I mailed a response to you with information you requested. I have since been advised by the Commissioner of the Department of Elections that the cancellation information I sent to you should not have been released because it is protected information under the federal Driver's Privacy Protection Act. Would you please be so kind as to destroy that information?

I appreciate your cooperation.  
Judy

Judy A. Stokes, CERA  
General Registrar  
County of Roanoke, Virginia  
(540) 772-7500  
jstokes@roanokecountyva.gov

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**From:** The official communication list for the General Registrars of the Commonwealth  
[\[mailto:GRLIST@LISTLVA.LIB.VA.US\]](mailto:GRLIST@LISTLVA.LIB.VA.US) **On Behalf Of** Cortes, Edgardo (ELECT)  
**Sent:** Friday, August 19, 2016 3:42 PM  
**To:** [GRLIST@LISTLVA.LIB.VA.US](mailto:GRLIST@LISTLVA.LIB.VA.US)  
**Subject:** [GRLIST] Guidance on responding to request from Public Interest Legal Foundation

Good afternoon – many of you have received a request for records from the Public Interest Legal Foundation for certain information to be provided pursuant to the National Voter Registration Act (NVRA). The Department of Elections will reach out to the requesting organization to offer certain information from a statewide level in lieu of the individual localities responding. While we will offer this, there is no guarantee the requesting organization will accept our offer. We will let everyone know the response we receive. Even if the requesting organization accepts the offer from the Department related to statewide data, it is possible the organization may still request copies of other related records, such as voter registration forms that are only maintained or accessible at the local level.

Below is a summary of what we are offering to provide and pursuant to what federal or state authority:

- 1) The requesting organization seeks documents regarding all registrants who were identified as potentially not satisfying the citizenship requirements for registration from any information source, including information obtained from the Virginia Department of Motor Vehicles or from the Virginia State Board of Elections since 2011. This request extends to all documents that provide the name of the registrant, the voting history of such registrant, the nature and content of any notice sent to the registrant, including the date of the notice, the response (if any) of the registrant, and actions taken regarding the registrant's registration (if any) and the date of the action. This request extends to electronic records capable of compilation.

In response to this portion of the request:

- a. The Department will offer to provide a sample of the correspondence sent to individuals flagged as potentially non-citizens. This is VERIS generated correspondence so it is uniform across the state.
- b. The Department will offer to provide a data report containing everyone with a correspondence record in VERIS that was sent a non-citizen letter, the date of correspondence, and current registration status of the individual. This will be a custom report offered to the organization and not a ready-made report in VERIS that you can pull locally.

- c. ELECT is working on creating a single cancellation report that does not include the reason for cancellation and only releasable information to facilitate your response to these types of requests. We will offer a statewide report to the requesting organization. While there is a VERIS report that provides a list of registrants canceled due to non-citizenship for your administrative use, **you may not provide the information regarding reason for cancellation for non-citizen status** as this information is received from DMV and is covered under the federal Driver's Privacy Protection Act (DPPA). The GR/EB Handbook already indicates that this information is not releasable. The DPPA prohibits the release of covered data. It is not sufficient to simply redact the reason code column from the current VERIS report since it contains only individuals identified by DMV as being potentially non-citizen and cancelled as a result.
  - d. The Department will not provide voting history as this is not covered under NVRA. The Code of Virginia establishes who may obtain this information and how in 24.2-406. Only the Department of Elections may provide this information to authorized individuals and entities. We will notify the requestor of this fact and you should respond accordingly to this or any other request for voting history.
- 2) The requesting organization seeks all communications regarding your list maintenance activities relating to #1 above to the Commonwealth's Attorney, Virginia Attorney General, Virginia State Police, any other state law enforcement agencies, the United States Attorney's office, or the Federal Bureau of Investigation.
    - a. You should consult with your local attorney regarding this request. These are not records covered by NVRA and may be covered by state FOIA exemptions related to information about potential and/or ongoing criminal investigations. Your legal counsel will be able to advise you appropriately.
  - 3) The requesting organization seeks the total voting-age population in your jurisdiction as of the date of your response
    - a. Several registrars provided useful information you can point the requesting organization to, such as the U.S. Census or Weldon Cooper Center. The Department will also make the requestor aware that this information is readily available online. You do not need to provide or create records that you do not have when responding to requests.
  - 4) The requesting organization seeks the total number of voters registered in your jurisdiction as of the date of your response.
    - a. The Department posts monthly reports containing voter registration statistics for every locality in the Commonwealth. You should direct the requesting organization to those reports for questions regarding number of registered voters. The Department will also make the requestor aware that these reports are readily available online. Those reports, dating back to 2000, are available here: <http://elections.virginia.gov/resultsreports/registration-statistics/index.html>

Edgardo Cortés  
Commissioner  
Virginia Department of Elections  
[edgardo.cortes@elections.virginia.gov](mailto:edgardo.cortes@elections.virginia.gov)  
804-864-8903 direct

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To unsubscribe from the GRLIST list, e-mail [verishelp@elections.virginia.gov](mailto:verishelp@elections.virginia.gov).

**From:** [Cortes, Edgardo \(ELECT\)](#)  
**To:** [Noel Johnson](#); [Shawna Powell](#)  
**Subject:** Response to request for information regarding potential non-citizens  
**Date:** Friday, September 16, 2016 4:51:17 PM

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Shawna Powell  
Noel Johnson  
Public Interest Legal Foundation  
209 W. Main Street  
Plainfield, IN 46168

Ms. Powell and Mr. Johnson,

We are in receipt of various letters from your organization requesting certain information from Virginia localities under the public disclosure provisions of the National Voter Registration Act (NVRA), as well as a September 2 letter directly requesting voter history data from both the General Registrar for Prince William County and the Department of Elections.

While the request for information regarding correspondence sent to potential non-citizens was sent to local election offices around the Commonwealth rather than to the Department of Elections, the request poses a burden for localities as they are currently busy preparing for the upcoming election. In an effort to assist you in obtaining the information you are seeking while reducing the burden on local election officials at this critical time, the Department of Elections would like to offer you a customized report with information contained in the statewide voter registration system that will provide you information for the entire state. The proposed report would contain the following columns:

Voter ID number  
Last Name  
First Name  
Middle Name  
Registration Address  
Locality  
Current Registration Status  
Date non-citizen correspondence was sent

I believe this provides the information you are seeking and would negate the need for each locality to provide these records. In addition, should you wish to inspect any individual records maintained by general registrars, this report would facilitate finding the appropriate records more quickly. This would save local election officials and your organization a great deal of time and effort in producing and reviewing correspondence and registration records. The cost associated with producing this customized report is \$240.00. Please let us know if you would like to proceed with production of this customized report in lieu of each locality producing these records.

Additionally, your September 2 correspondence requested voter history information “of all noncitizens purged from the voter rolls in Prince William County from 2011 to the present.” While you have requested voting history for the individuals identified in the report described above, those records are not voter registration records and therefore are not covered under the

disclosure requirement of NVRA. The release of voting history information is governed by the Code of Virginia, specifically [§24.2-406](#), and can only be obtained from the Department of Elections by qualified entities. To determine whether the Public Interest Legal Foundation is a qualified entity, and for more information about obtaining voter history from the Department please refer to our website: <http://elections.virginia.gov/candidatepac-info/client-services/index.html>

I look forward to your response regarding this matter.

Edgardo Cortés  
Commissioner  
Virginia Department of Elections  
edgardo.cortes@elections.virginia.gov  
804-864-8903 direct

2100 Clarendon Blvd, Ste. 320  
Arlington, VA 22201-5400  
(703) 228-3456

**Augusta County**  
PO Box 590  
Verona, VA 24482-0590  
(540) 245-5656

**Bath County**  
PO Box 157  
Warm Springs, VA 24484-0157  
(540) 839-7266

**Bedford County**  
County Admin Building  
122 East Main St, Ste. 204  
Bedford, VA 24523-2000  
(540) 586-7649

**Bedford City**  
215 East Main St  
Bedford, VA 24523-2012  
(540) 587-6007

**Bland County**  
PO Box 535  
Bland, VA 24315-0535  
(276) 688-4441

**Botetourt County**  
PO Box 62  
Fincastle, VA 24090-0062  
(540) 473-8235

**Bristol City**  
300 Lee St  
Bristol, VA 24201-4327  
(276) 645-7318

**Brunswick County**  
100 Tobacco St, Rm. 103  
Lawrenceville, VA 23868-1823  
(434) 848-4414

**Buchanan County**  
PO Box 975  
Grundy, VA 24614-0975  
(276) 935-6534

**Buckingham County**  
PO Box 222  
Buckingham, VA 23921-0222  
(434) 969-4304

**Buena Vista City**  
2039 Sycamore Ave  
Buena Vista, VA 24416-3133  
(540) 261-8605

**Campbell County**  
PO Box 103  
Rustburg, VA 24588-0103  
(434) 332-9579

**Caroline County**  
PO Box 304  
Bowling Green, VA 22427-0304

**Clackson County**  
PO Box 1306  
Clintwood, VA 24228-1306  
(276) 926-1620

**Dinwiddie County**  
PO Box 365  
Dinwiddie, VA 23841-0365  
(804) 469-4500 option 7

**Emporia City**  
PO Box 1092  
Emporia, VA 23847-1092  
(434) 634-9533

**Essex County**  
PO Box 1561  
Tappahannock, VA 22560-1561  
(804) 443-4611

**Fairfax County**  
12000 Govt Ctr Pkwy, Ste. 323  
Fairfax, VA 22035-0081  
(703) 222-0776

**Fairfax City**  
Sisson House  
10455 Armstrong St  
Fairfax, VA  
(703) 31

**Falls Ch.**  
300 Pat  
Falls Ch  
(703) 2

**Fauquier**  
32 Wat  
Warren  
(540) 41

**Floyd Co**  
100 Ea  
Floyd, VA  
(540) 7

**Fluvanna County**  
PO Box 44  
Palmyra, VA 22963-0044  
(434) 589-3593

**Franklin County**  
1255 Franklin St, Ste. 106  
Rocky Mount, VA 24151-1289  
(540) 483-3025

**Franklin City**  
PO Box 42  
Franklin, VA 23851-0042  
(757) 562-8545

**Frederick County**  
107 North Kent St, Ste. 102  
Winchester, VA 22601-5039  
(540) 665-5660

**Fredericksburg City**  
Executive Plaza  
601 Caroline St, Ste. 500-A

**Highland County**  
PO Box 386  
Monterey, VA 24465-0386  
(540) 468-2013

**Hopewell City**  
309 North 2nd Ave  
Hopewell, VA 23860-2704  
(804) 541-2232

**Isle of Wight County**  
PO Box 77  
Isle of Wight, VA 23397-0077  
(757) 365-6230

**James City County**  
PO Box 3567  
Williamsburg, VA 23187-3567  
(757) 253-6868

**King & Queen County**  
PO Box 56  
King & Queen CH, VA 23085-0056  
(804) 785-5980

**King George County**  
PO Box 1359  
King George, VA 22485-1359

PO Box 922  
Lexington, VA 24450-0922  
(540) 462-3706

**Loudoun County**  
750 Miller Drive, SE, Ste. C  
Leesburg, VA 20175-8916  
(703) 777-0380

**Louisa County**  
PO Box 220  
Louisa, VA 23093-0220  
(540) 967-3427

**Lunenburg County**  
160 Courthouse Sq  
Lunenburg, VA 23952-9999  
(434) 696-3071

**Lynchburg City**  
3236 Odd Fellows Rd  
Lynchburg, VA 24501

**Northumberland County**  
PO Box 84  
Heathsville, VA 22473-0084  
(804) 580-4655

**Norton City**  
PO Box 225  
Norton, VA 24273-0225  
(276) 679-1162

**Nottoway County**  
PO Box 24  
Nottoway, VA 23955-0024  
(434) 645-8148

**Orange County**  
146 Madison Rd, Ste. 204  
Orange, VA 22960-1449  
(540) 672-5262

**Page County**  
551 Mechanic St  
Luray, VA 22835-1820  
(540) 743-3986

**Patrick County**  
PO Box 635  
Stuart, VA 24171-0635

801 Crawford St, Ste. 111  
Portsmouth, VA 23704-3822  
(757) 393-8644

**Powhatan County**  
3834 Old Buckingham Rd, Ste. G  
Powhatan, VA 23139-7051  
(804) 598-5604

**Prince Edward County**  
PO Box J  
Farmville, VA 23901  
(434) 392-4767

**Prince George County**  
PO Box 34  
Prince George, VA 23875-0034  
(804) 722-8748

**Prince William County**  
9250 Lee Ave, Suite 1  
Manassas, VA 20110-5554

**Smyth County**  
121 Bagley Cir, Ste. 108  
Marion, VA 24354  
(276) 783-4511

**Southampton County**  
PO Box 666  
Courtland, VA 23937-0666  
(757) 653-9280

**Spotsylvania County**  
PO Box 133  
Spotsylvania, VA 22553-0133  
(540) 507-7380

**Stafford County**  
PO Box 301  
Stafford, VA 22555-0301  
(540) 658-4000

**Staunton City**  
PO Box 58  
Staunton, VA 24402-0058  
(540) 332-3840

**Suffolk City**  
PO Box 1966  
Suffolk, VA 23439-1966  
(757) 514-7750

county  
264  
A 23883-0264  
14-5213  
county  
1302  
VA 23884-0302  
6-1047  
County  
201  
11, VA 24651-0201  
18-1305  
Beach City  
6247  
Virginia Beach, VA 23456-0247  
(757) 385-8683

**Warren County**  
220 North Commerce Ave, Ste. 700  
Front Royal, VA 22630  
(540) 635-4327

**Washington County**  
25552 Lee Hwy, Ste. 1  
Abingdon, VA 24211-7466  
(276) 676-6227

**Waynesboro City**  
250 S. Wayne Ave, Ste 205  
Waynesboro, VA 22980  
(540) 942-6620

**Westmoreland County**  
PO Box 354  
Montross, VA 22520-0354

NIXIE 207 NRT 1009 151002/20/15  
 RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD  
 \*1092-0042-02-44\*

I'm interested in being an Election Official on Election Day. Please send me information.  
 Protected Voter Code if applicable. See instructions.  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  
 Check if you have a disability that requires someone to assist you in order to vote.

Signature (or mark if unable to sign) \_\_\_\_\_  
 Notice on the front of this form.

**6** Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act

**5** \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? \_\_\_\_\_

**4** \* Have you ever been convicted of a felony?  YES  NO  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? \_\_\_\_\_

Mailing Address (if different than Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)) Name of City or County of Residence \_\_\_\_\_  
 If Rural Address or Homeless, please describe where you reside \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 City or County \_\_\_\_\_

**3** \* Residence (Permanent) Home Address \_\_\_\_\_  
 Ap/Unit/Lot/Rm/Ste City/Town \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 14768 Sorstone Dr Apt 102 Gainesville VA 20155

**2** \* Last Name \_\_\_\_\_  
 \* First Name \_\_\_\_\_  
 \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.) \_\_\_\_\_  
 Gender  Male  Female  
 \* Date of Birth \_\_\_\_\_  
 Daytime Telephone Number \_\_\_\_\_

**1** \* Are you a citizen of the United States?  YES  NO  
 \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO  
 If you checked "NO" in response to either of these questions, do not complete this form.

Example page 7 of 8  
 18

11/15/15  
 non return  
 2015



1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female Gender 1953 Date of Birth 703-590-4151 Daytime Telephone Number

MARTINEZ, JOHN, Last Name First Name Full Middle or Maiden Name Suffix (Jr., Sr., III, Etc.)

3 15327 EDGEHILL DRIVE, DUMFRIES VA 22025 Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted MM, DD, YYYY If YES, have your voting rights been restored?  YES  NO If YES, when restored? MM, DD, YYYY

5 \* Have you ever been judged mentally incapacitated?  YES  NO If YES, has court restored you to capacity?  YES  NO If YES, when restored? MM, DD, YYYY

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

Signature (or mark if unable to sign) John Martinez MAR 21 2012

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required) Check/describe if you have a disability that requires accommodation in order to vote.

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above. Law Enforcement Protective Order Threatened/Stalked Address Confidentiality Program

NIXIE 207 NFE 1009 1510002/03/15

RETURN TO SENDER NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD

BC: 20110555401 \*1092-00044-02-44

554

CANCELLED Declared Non-Citizen 1-6-2015

	2 GENDER (circle one) MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	3 D Y Y Y Y 1966	4 DAYTIME TELEPHONE NUMBER 703 670-9340
5	FIRST NAME Johnson	FULL MIDDLE OR MAIDEN NAME Angel	SUFFIX (JR, SR, III, ETC.)
6	RESIDENCE /HOME ADDRESS (DESCRIBE BELOW) 4216 Devonwood way Woodbridge VA #		APT/UNIT/LOT/RM/SUITE CITY OR TOWN STATE ZIP CODE 22192
IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED WHICH SIDE OF THE ROAD-NORTH EAST ETC. NEAREST LANDMARK)			
MAILING ADDRESS (if different from above) P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLIES (INCLUDE ZIP CODE) same			7 NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY
DO YOU WANT TO APPLY TO REGISTER TO VOTE OR CHANGE YOUR VOTER REGISTRATION ADDRESS? <input checked="" type="checkbox"/> YES. Answer the citizenship question to the right and complete ALL boxes (8 - 10 and A) in Section B and sign your name in the red box below. <input type="checkbox"/> NO. STOP HERE - DO NOT FILL OUT SECTION B.		ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU CHECKED "NO" IN RESPONSE TO EITHER OF THESE QUESTIONS, DO NOT COMPLETE THIS FORM.	
8 CONVICTION OF FELONY	9 CIRCUIT COURT JUDGEMENT OF MENTAL INCAPACITY		
<ul style="list-style-type: none"> <li>HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</li> <li>IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</li> <li>IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____</li> </ul>	<ul style="list-style-type: none"> <li>HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</li> <li>IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____</li> </ul>		
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.	If you are active or retired law enforcement, or if you have a protective court order, you may request that your home address not be released. You must show a Virginia P.O. Box in box 6 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER		<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.
10 REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA. THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION, ENTERED IN BOX A BELOW, OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE BELOW.			
↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN) AND COMPLETE BOX A BELOW.			DATE ↓
SIGN HERE			2-17-04
If applicant is unable to sign, write the name/address of person who assisted below (required):			
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON
FEB 17 2004			
COMMENTS			

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
NEW LAST NAME	NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX	DATE CHANGED
OTHER CHANGES	NEW PCT	AUTHORIZED BY
<input type="checkbox"/> DECEASED <input type="checkbox"/> OUT OF STATE <input type="checkbox"/> PERSONAL REQUEST <input type="checkbox"/> CONVICTED OF FELONY	<input type="checkbox"/> JUDGED INCAPACITATED <input type="checkbox"/> ERROR DELETED <input type="checkbox"/> NVRA PURGE	<input type="checkbox"/> TRANSFERRED OUT <input type="checkbox"/> RE-REGISTERED <input type="checkbox"/> INACTIVE STATUS <input type="checkbox"/> REACTIVATED
NOTES: Cancelled NonCitizen 1/24/15		

1 Are you a citizen of the United States of America?  YES  NO

2  Male  Female

1980 Date of Birth

347-907-9480 Daytime Telephone Number

PRICE, TRUNEL, REYNARD

\* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 15201 BRICKWOOD DR APT 404, WOODBRIDGE VA 221935598

\* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address

Mailing Address (If different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence  City or  County

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted

If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M, D D, V V V V

5 \* Have you ever been judged mentally incapacitated?  YES  NO

If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M, D D, V V V V

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

Signature (or mark if unable to sign) Trunel Price MAY 17 2010 M M, D D, V V V V

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted (Required).  Check/Describe if you have a disability that requires accommodation in order to vote

I'm Interested in being an Election Official on Election Day. Please send me information.

You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement. (Must attach copy of complaint) or (d) participate in the Address Confidentiality Program (you must show a Virginia P.O. box under mailing address in Box 3 above)

Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

## For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name \_\_\_\_\_ New First, Middle/Maiden Name and Suffix \_\_\_\_\_ Date changed \_\_\_\_\_

Other changes NIXIE 207 DC 1009 0003/22/15

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

BC: 20110555401 \*1892-08090-25-30

Date changed \_\_\_\_\_

Deceased \_\_\_\_\_  Judged Incapacitated \_\_\_\_\_  Transferred Out \_\_\_\_\_

Out of State \_\_\_\_\_  Error Deleted \_\_\_\_\_  Re-Registered \_\_\_\_\_

Personal Request \_\_\_\_\_  NVRA Purge \_\_\_\_\_  Inactive Status \_\_\_\_\_

Convicted of a Felony \_\_\_\_\_  Reactivated \_\_\_\_\_

Notes **CANCELLED: Declared Non-CITIZEN 2-19-2015**  
**FEB 25 2015**

1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female Gender \* Date of Birth 1969 Daytime Telephone Number 801-644-0321 TAYLOR, SOPHIA, CHRISTINA \* Last Name \* First Name \* Full Middle or Maiden Name Mrs. \* Suffix (Jr., Sr., III, Etc.)

3 6336 CULLEN PLACE, HAYMARKET VA 20169-5400 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code PAID #21 SEP 20 2010 MRS 627 Mailing Address (if different) Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence PRINCE WILLIAM  City or  County E-mail address

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M, P P, Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M, P P, Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above. Signature (or mark if unable to sign) Sophia Taylor OCT 14 2010 09, 20, 2010

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.  I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

MAR 18 2015

Cancelled: Declared Non-Citizen

122-251

SEP 20 2010

149

1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female Gender \* Date of Birth 1940 Daytime Telephone Number 703-228-3018

CABALLERO, ROSA, \* Last Name \* First Name \* Full Middle or Maiden Name  None \* Suffix (Jr., Sr., III, Etc.)  None

3 12668 DULCINEA PL, WOODBRIDGE, VA 221923148 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence  City or  County PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

\* Signature (or mark if unable to sign) X Rosa Caballero APR 4 2014 M M / D D / Y Y Y Y

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)  Check if you have a disability that requires someone to assist you in order to vote.  Protected Voter Code If applicable. See above.  I'm Interested in being an Election Official on Election Day. Please send me information.

Cancelled: Declared Non-Citizen MAR 18 2015

1 Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female Gender 1990 Date of Birth 703-989-2550 Daytime Telephone Number

ARNEZ, DANIEL, ALEJANDRO \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)  None  None

3 13117 OTTO RD, WOODBRIDGE VA 221937013 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside Daniel - Arnez 127@yahoo.com E-mail address

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence PRINCE WILLIAM  City or  County

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M, P P, Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M, P P, Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false, material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

Signature (or mark if unable to sign) [Signature] M M, P P, Y Y Y Y

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)  Check if you have a disability that requires someone to assist you in order to vote.

Protected Voter Code if applicable. See above.

I'm interested in being an Election Official on Election Day. Please send me information.

## For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name \_\_\_\_\_ New First, Middle/Maiden Name and Suffix \_\_\_\_\_ Date changed \_\_\_\_\_

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Out of State \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Personal Request \_\_\_\_\_
- NVRA Purge \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes Declared non citizen cancelled APR 14 2015

1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 [Redacted]  Male  Female [Redacted]  None  None  
Gender \* Date of Birth 1 9 8 1 Daytime Telephone Number 8 5 6 - 8 6 4 - 4 1 6 4  
SMOTHERS, PARREN, LINWOOD  
\* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 3624 ANCHORAGE CV, TRIANGLE, VA 221721047  
\* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
If Rural Address or Homeless, please describe where you reside E-mail address  
Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County  
Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted  
If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.  
\* Signature (or mark if unable to sign) Parren J Smothers 05/02/2014  
MAY 15 2014  Check if you have a disability that requires someone to assist you in order to vote.  
If applicant is unable to sign due to a physical disability, write the name/address of person who assisted (Required).  
   Protected Voter Code if applicable. See above.  
 I'm Interested in being an Election Official on Election Day. Please send me information.

DECLARED NON CITIZEN (CANCELLED) APR 14 2015

1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female Gender \* Date of Birth 1994 571-285-7806 Daytime Telephone Number

DEL AGUILA COLMENARES, ANGELA, J \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 333 3RD AVE, QUANTICO, VA 221343408 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence  City or  County PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted If YES, have your voting rights been restored?  YES  NO If YES, when restored?

5 \* Have you ever been judged mentally incapacitated?  YES  NO If YES, has court restored you to capacity?  YES  NO If YES, when restored?

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

Signature (or mark if unable to sign) Angela Del Aguila JUN 18 2014

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted (Required)  Protected Voter Code if applicable. See above.

I'm interested in being an Election Official on Election Day. Please send me information.

APR 27 2015 rec'd by NOT Center - cancelled



**1** Are you a citizen of the United States of America?  YES  NO

\* Will you be at least 18 years of age on or before the next General Election day?  YES  NO

If you checked "NO" in response to either of these questions, do not complete this form.

**2** [Redacted]  Male  Female [Redacted]  V  Y  V  V  V  
 Gender \* Date of Birth

[Redacted] - [Redacted] - [Redacted] [Redacted]  
 Daytime Telephone Number

DUNBAR, RYAN, CHADWICK  None  None  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

**3** [Redacted] [Redacted] [Redacted] [Redacted]  
 Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

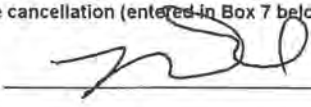
If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_

PO BOX 433, GAINESVILLE VA 201560433  
 Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County  
 Name of City or County of Residence PRINCE WILLIAM

**4** \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M , D D , Y Y Y Y

**5** \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M , D D , Y Y Y Y

**6** Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

→ \* Signature (or mark if unable to sign)  SEP 27 2012  Check If you have a disability that requires someone to assist you in order to vote.  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)  
   Protected Voter Code if applicable. See above.  
 I'm interested in being an Election Official on Election Day. Please send me information.

## For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name \_\_\_\_\_ New First, Middle/Maiden Name and Suffix \_\_\_\_\_ Date changed \_\_\_\_\_

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Purge \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes **DECLARED non citizen cancelled RVM**  
 APR 13 2015

2 Are you a citizen of the United States of America?  YES  NO Will you be 18 years of age on or before election day?  YES  NO If you checked 'no' in response to either of these questions, do not complete this form.

3 [REDACTED] 4 GENDER  MALE  FEMALE 5 [REDACTED] / 1 9 7 3

6 FULL MIDDLE OR MAIDEN NAME SUFFIX (JR., SR, III, ETC.) DAYTIME TELEPHONE NUMBER  
 TRYPANIS, GEORGE, 301-423-7001

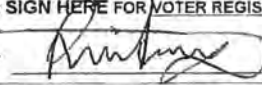
7 RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) APT/UNIT/LOT/RM/SUITE CITY OR TOWN ZIP CODE  
 5410 LICK RIVER LANE GAINESVILLE 20155-1311

IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH, EAST, ETC., NEAREST LANDMARK)

MAILING ADDRESS (if different) VIRGINIA P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE) NAME OF CITY OR COUNTY OF RESIDENCE  
 CITY OR  COUNTY OF PRINCE WILLIAM

9 \* HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO \* HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED?  YES  NO  
 \* IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED?  YES  NO \* IF YES, HAS COURT RESTORED YOU TO CAPACITY?  YES  NO  
 \* IF YES, WHEN RESTORED? (Required) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ \* IF YES, WHEN RESTORED? (Required) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

10

11 REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION, (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE  
 ↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN).  
 SIGN HERE   DATE → 03-07-05  
 If applicant is unable to sign, write below the name/address of person who assisted. (REQUIRED)

Yes, I am interested in working as an Election Official on Election Day. Please send me information. You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in box 7 above.  ACTIVE/RET LAW ENFORCEMENT  PROTECTIVE COURT ORDER  THREATENED/STALKED  Check here if you have a disability that requires accommodation in order to vote.

REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS
MAR 22 2005				

VA-NVRA-1 Rev. 7/04

*Declared non citizen cancelled*

APR 14 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female 11/9/94 571-221-6006  
 \* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
 \* Last Name Sesay \* First Name Rashida \* Full Middle or Maiden Name  None \* Suffix (Jr., Sr., III, Etc.)  None

3 13053 Guadelupe Apt/Unit/Lot/Rm/Ste Woodbridge VA 22193  
 \* Residence (Permanent) Home Address City/Town Zip Code  
 If Rural Address or Homeless, please describe where you reside E-mail address RashidaSesay@hotmail.com  
 Mailing Address (if different) Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence  City or  County:

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

→ \* Signature (or mark if unable to sign) Sesay DEC 17 2012 M M / D D / Y Y Y Y

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name \_\_\_\_\_ New First, Middle/Maiden Name and Suffix \_\_\_\_\_ Date changed \_\_\_\_\_

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes DECLARED NON CITIZEN CANCELLED

2 Are you a citizen of the United States of America?  YES  NO Will you be 18 years of age on or before election day?  YES  NO If you checked "no" in response to either of these questions, do not complete this form.

3 SOCIAL SECURITY NUMBER [REDACTED] 4 GENDER  MALE  FEMALE 5 [REDACTED] 163  
M M D D Y Y Y Y


6 LAST NAME (Print) SSEKIBENGWA FIRST NAME LEONARD FULL MIDDLE OR MAIDEN NAME SUFFIX (JR, SR, III, ETC) DAYTIME TELEPHONE NUMBER 703-878-0082

7 RESIDENCE /HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) APT/UNIT/LOT/RM/SUITE CITY OR TOWN ZIP CODE  
13761 LONGWOOD CT - Woodbridge Va 22193  
IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (E. WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH EAST ETC.; NEAREST LANDMARK)

MAILING ADDRESS (if different) VIRGINIA P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE) 8 NAME OF CITY OR COUNTY OF RESIDENCE  
[REDACTED] CITY OR  COUNTY OF Prince William

9 • HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO  
• IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED?  YES  NO  
• IF YES, WHEN RESTORED? (REQUIRED) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

10 • HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED?  YES  NO  
• IF YES, HAS COURT RESTORED YOU TO CAPACITY?  YES  NO  
• IF YES, WHEN RESTORED? (REQUIRED) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

11 REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE  
REMEMBER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN)  
SIGN HERE  DATE → 7/29/05  
If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED)

Yes, I am interested in working as an Election Official on Election Day. Please send me information. CA  
You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above.  
 ACTIVE/RET LAW ENFORCEMENT  PROTECTIVE COURT ORDER  THREATENED/STALKED  
 Check here if you have a disability that requires accommodation in order to vote.

REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS
AUG 9 2005				

VA-NVRA-1 Rev 6/04

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
NEW LAST NAME	NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX	DATE CHANGED
OTHER CHANGES	NEW PCT	AUTHORIZED BY
DATE CHANGED		
<input type="checkbox"/> DECEASED _____	<input type="checkbox"/> JUDGED INCAPACITATED _____	<input type="checkbox"/> TRANSFERRED OUT _____
<input type="checkbox"/> OUT OF STATE _____	<input type="checkbox"/> ERROR DELETED _____	<input type="checkbox"/> RE-REGISTERED _____
<input type="checkbox"/> PERSONAL REQUEST _____	<input type="checkbox"/> NVRA PURGE _____	<input type="checkbox"/> INACTIVE STATUS _____
<input type="checkbox"/> CONVICTED OF A FELONY _____		<input type="checkbox"/> REACTIVATED _____
NOTES: Declared Non-Litigant cancelled APR 27 2015		

For Voting, Virginia law requires every voter voting in person to show identification or sign a statement, subject to felony penalties for false statements pursuant to §24.2-1016, that the person is the named registered voter.

For Registration, Under a new federal law, if this form is submitted by mail, and you have never registered to vote in Virginia before, you must send with this application either (a) a copy of your current and valid photo identification, or (b) a copy of a current utility bill, bank statement, government document, paycheck or other government document that shows your name and address. Otherwise, you may be required to show election officials either (a) or (b) above the first time you vote in a federal election.

IDENTIFICATION REQUIREMENT

1 \*Are you a citizen of the United States?  YES  NO Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 Social Security Number: [REDACTED] Male  Female  Date of Birth: 1989 Daytime Telephone Number: 703-655-9117  
\* Last Name: Parada \* First Name: Eisy \* First Middle or Maiden Name: Marina.  None  None Suffix (Jr., Sr., III, Etc.):

3 \* Residence (Permanent): 13806 Mapledale Ave Woodbridge VA 22193  
If Rural Address or Home: please describe where you reside: E-mail address: Parada.Eisy@gmail.com  
Mailing Address (if different): Name of City or County of Residence: Parada, Eisy @ gmail.com

4 \* Have you ever been convicted of a crime?  YES  NO If YES, where convicted: If YES, when restored:

5 \* Have you ever been judicially incompetent?  YES  NO If YES, has court restored your right to vote?  YES  NO If YES, when restored:

6 Registration Statement: I solemnly swear, under felony penalty, that the information provided on this form is true and correct. I understand that the cancellation (provided in Section 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

\* Signature (or mark) of voter: Eisy Parada OCT 16 2012 10/05/2012

If applicant is unable to sign, mark, or write, the signature of a person who assists (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Vote  
 I'm interested in being a Election Officer or Precinct Supervisor. Please send me information on

CANCELLED: Declared non-citizen APR 13 2015 RM

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

2  Male  Female / 1971 / 703-401-3966  
 \* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
 SOUGHE EDWIGE  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 14080 Big Creek Lane APT 404 WOODBRIDGE 22191  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
 If Rural Address or Homeless, please describe where you reside E-mail address EDWIGESOUGHE@GMAIL.COM  
 Mailing Address (if different) / Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored?

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored?

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

→ \* Signature (or mark if unable to sign) [Signature] JUL 25 2013

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.

Protected Voter Code if applicable. See instructions.

I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed
JUL 23 2013				

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed
<b>Other changes</b>	<b>New PCT</b>	<b>Authorized by</b>

- Deceased
- Out of State
- Personal Request
- Convicted of a Felony
- Judged Incapacitated
- Error Deleted
- NVRA Cancel
- Transferred Out
- Re-Registered
- Inactive Status
- Reactivated

Notes **DECLARED NON CITIZEN (CANCELLED)**

APR 14 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female  Daytime Telephone Number  
 \* Social Security Number \* Gender \* Date of Birth  
 AYALA STEPHANIE JAMILETH  None  None  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 15700 Tassial LN 204 Woodbridge 22191  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Mailing Address (If different)/ Virginia P.O.Box or Uniformed Service Address, if applicable  City or  County  
 (include Zip Code) Name of City or County of Residence

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

Signature (or mark if unable to sign) [Signature] SEP 30 2011 ER. M M / D D / Y Y Y Y

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed
Other changes	New PCT	Authorized by

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCE Declared non-Citizen cancelled DOM APR 13 2015

1 \*Are you a citizen of the United States of America?  YES  NO

\*Will you be at least 18 years of age on or before the next General Election day?  YES  NO

If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female  None  None

\*Social Security number: [REDACTED] \*Gender: [REDACTED] \*Date of Birth: 06/19/68 Daytime Telephone Number: 943-965-2199

\*Last Name: PARGALEZ \*First Name: PABLO \*Full Middle or Maiden Name: [REDACTED] \*Suffix (Jr., Sr., III, Etc.): [REDACTED]

3 \*Residence (Permanent) Home Address: 10159 IRON GATE Apt/Unit/Lot/Rm/Ste: [REDACTED] City/Town: MANASSAS Zip Code: 2010

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_

Mailing Address (If different) / Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) \_\_\_\_\_  City or  County Name of City or County of Residence \_\_\_\_\_

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? [REDACTED]

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? [REDACTED]

6 **Registration Statement:** I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

\*Signature (or mark if unable to sign) PABLO PARGALEZ AUG 25 2008 [REDACTED]

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked

CANCELLED DECLARED NON CITIZEN MAY 17 2015



1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

2  Male  Female  Gender \*Date of Birth 11/9/94 571-269-6012 Daytime Telephone Number  
 \*Last Name Uma \*First Name Uma \*Full Middle or Maiden Name Uma \*Suffix (Jr., Sr., III, Etc.)  None  Non

3 \*Residence (Permanent) Home Address 10178 Portsmouth Rd Apt/Unit/Lot/Rm/Ste Apt #7 City/Town Manassas Zip Code 20109  
 If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address JhoanaUma@mail.com  
 City or  County: \_\_\_\_\_  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) \_\_\_\_\_ Name of City or County of Residence \_\_\_\_\_

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**  
 \*Signature (or mark if unable to sign) [Signature] AUG 1 0 2012 07/29/2011

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household (a) are active or retired law enforcement, or (b) have been granted protective court order, (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box with mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

No receipt is required for application completed in the Voter Registration Office.

If you have not received a Voter Card within thirty (30) days of submitting a Voter Registration Application, please contact the Virginia State Board of Elections.

On-line: [www.sbe.virginia.gov](http://www.sbe.virginia.gov)  
 Voice: 800 · 552 · 9745  
 TTY: 800 · 260 · 3466  
 Richmond local: 804 · 864 · 8901

1-NVRA-1 11/11

Notes

<input type="checkbox"/> Deceased	<input type="checkbox"/> Judged Incapacitated	<input type="checkbox"/> Transferred Out
<input type="checkbox"/> Out of State	<input type="checkbox"/> Error Deleted	<input type="checkbox"/> Re-Registered
<input type="checkbox"/> Personal Request	<input type="checkbox"/> NVRA Cancel	<input type="checkbox"/> Inactive Status
<input type="checkbox"/> Convicted of a Felony	<input type="checkbox"/> Reactivated	

Other changes: \_\_\_\_\_  
 New Last Name: \_\_\_\_\_  
 New First, Middle/Maiden Name and Suffix: \_\_\_\_\_  
 Date changed: \_\_\_\_\_  
 New PCT Authorized by: \_\_\_\_\_  
 Date changed: \_\_\_\_\_

CANCELLED DECLARED NON CITIZEN MAY 17 2015

2	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked "no" in response to either of these questions, do not complete this form.		
3	SOCIAL SECURITY NUMBER	4	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5	DATE OF BIRTH M M D D Y Y Y 1 9 4 5
6	LAST NAME (Print) FIRST NAME FULL MIDDLE OR MAIDEN NAME SUFFIX (JR., SR., III, ETC.) GRAY WILLIAM LESLIE			DAYTIME TELEPHONE NUMBER 703-499-4093	
7	RESIDENCE /HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) 14403 ADEN ROAD		APT/UNIT/LOT/RM/SUITE NOKESVILLE	CITY OR TOWN NOKESVILLE	ZIP CODE 20181
IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH, EAST, ETC.; NEAREST LANDMARK)					
MAILING ADDRESS (if different) VIRGINIA P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE)				8	
				NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY OR <input checked="" type="checkbox"/> COUNTY OF PWC	
9	• HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____		10	• HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____	
11	<b>REGISTRATION STATEMENT:</b> I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE. REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN). SIGN HERE <u>William L. Gray</u> DATE → <u>02.12.07</u> If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED)				
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.		You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above.			<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.
<input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT		<input type="checkbox"/> PROTECTIVE COURT ORDER		<input type="checkbox"/> THREATENED/STALKED	
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS	
FEB 26 2007					

VA-NVRA-1 Rev 6/04

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
NEW LAST NAME	NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX	DATE CHANGED
OTHER CHANGES	NEW PCT	AUTHORIZED BY
Reinstated 5-18-10. Returned Affirmation of Citizenship 5-17-10		
<input type="checkbox"/> DECEASED <input type="checkbox"/> OUT OF STATE <input type="checkbox"/> PERSONAL REQUEST <input type="checkbox"/> CONVICTED OF A FELONY	<input type="checkbox"/> JUDGED INCAPACITATED <input type="checkbox"/> ERROR DELETED <input type="checkbox"/> NVRA PURGE	<input type="checkbox"/> TRANSFERRED OUT <input type="checkbox"/> RE-REGISTERED <input type="checkbox"/> INACTIVE STATUS <input type="checkbox"/> REACTIVATED
NOTES: Declared non-citizen cancelled 4-15-10		

For Voting, Virginia law requires every voter voting in person to show identification or sign a statement, subject to felony penalties for false statements pursuant to §24.2-1016, that the person is the named registered voter.

For Registration, Under a new federal law, if this form is submitted by mail, and you have never registered to vote in Virginia before, you must send with this application either (a) a copy of your current and valid photo identification, or (b) a copy of a current utility bill, bank statement, government check, paycheck or other government document that shows your name and address. Otherwise, you may be required to show election officials either (a) or (b) above the first time you vote in a federal election.

DECEASED 2-21-2015

IDENTIFICATION REQUIREMENT

RECEIVED

MAY 17 2010



PRINCE WILLIAM COUNTY  
VOTER REGISTRATION AND  
ELECTIONS

COMMONWEALTH OF VIRGINIA  
**AFFIRMATION OF CITIZENSHIP**

§ 24.2-410.1 of the Code of Virginia

**SUBJECT TO PENALTY OF LAW, I DO HEREBY AFFIRM THAT I AM A  
CITIZEN OF THE UNITED STATES OF AMERICA**

*William L. Gray*

SIGNATURE OF VOTER

PRINTED NAME

OF VOTER: WILLIAM L. GRAY

Date of birth:

'24

Current address:

Street/P.O. Box/Apt.# 14403 ADEK RD.

City/Town/State/Zip NDKESVILLE VIRGINIA 20181-3122

Mailing address [if  
different]:

Street/P.O. Box/Apt.#  
City/Town/State/Zip

Daytime telephone  
number:

703-791-4137

Email address:

NONE

**> INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS  
FORM IS A FELONY. THE PUNISHMENT IS UP TO TEN YEARS IN PRISON AND  
A FINE UP TO \$2,500. YOU ALSO LOSE YOUR RIGHT TO VOTE.**

IF YOU ARE A CITIZEN, PLEASE RETURN COMPLETED FORM TO:

**PRINCE WILLIAM VOTER REGISTRATION AND ELECTIONS**

Office of Voter Registration  
9250 LEE AVENUE, STE. 1  
MANASSAS, VA 20110-55

RECEIVED

MAY 17 2010

PRINCE WILLIAM COUNTY  
VOTER REGISTRATION AND  
ELECTIONS

Completion of this section is requested but not required to apply for a driver's license or ID Card. (Virginia Code §2.2-3806)

**INFORMATION FOR THE STATE BOARD OF ELECTIONS**

Are you a citizen of the United States of America?

YES  (INITIAL BOX)

NO  (INITIAL BOX) *MP*

Do you want to apply to register to vote or change your voter registration address?

YES  (INITIAL BOX)

NO  (INITIAL BOX) *MP*

**INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL**

Yes, I would like to remain or become an organ, eye and tissue donor.



**DRIVER'S LICENSE AND IDENTIFICATION CARD APPLICATION**

DL1P (07/01/2009)

LOG #  
**00303**

**Purpose:** Use this form to apply for a Virginia Driver's License or Identification Card

**Instructions:** Applicants complete the front and back of this application

Note Va Code §§46 2-323 and 46 2-342 require that you provide DMV with the information on this form (including your social security number) It is not necessary to provide a social security number for an identification card This social security number is for record keeping purposes and may be disseminated only in accordance with Va Code §§46 2-208 and 46 2-209 Persons convicted of certain sexual offenses (as listed in Va Code §9 1-902) must register or re-register with the Virginia Department of State Police as provided in Va Code §§9 1-901, 9 1-903, and 9 1-904 If you provide a non-Virginia residence/home address or non-Virginia mailing address, your application for a driver's license or identification (ID) card may be denied

**APPLICATION TYPE (Check one)**

1.  Driver's License    2.  Learner's Permit and Driver's License    3.  CDL Learner's Permit or License    4.  Motorcycle Learner's Permit  
 5.  Driver's License with Motorcycle (Class M)    6.  CDL with Motorcycle (Class M)    7.  Driver's License with School Bus Endorsement (to carry less than 16 passengers)  
 8.  Identification Card    9.  Hearing Impaired ID Card    10.  Emancipated Minor ID Card    11.  Driver's License Testing for Foreign Diplomats

If you are applying for a replacement license or identification card check one of the following

- I am surrendering my current license or identification card  
 I hereby certify any current license or ID card is unavailable for surrender because it is  Lost  Stolen  Destroyed or Mutilated

Do you currently have or have you ever held a driver's license or learner's permit from Virginia, another state, U.S. territory or foreign country?  Yes  No

If yes, provide the following

LICENSE NUMBER	ISSUE DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)	STATE/COUNTRY
T67-35-3942	07/03/2007	03/22/2010	VIRGINIA

**APPLICANT INFORMATION**

SOCIAL SECURITY NUMBER	GENDER (check one) <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (mm/dd/yyyy) 1945	DAYTIME TELEPHONE NUMBER (703) 791-4137
FULL LEGAL NAME (last) GRAY	(first) WILLIAM	(middle) LESLIE	(suffix)
STREET ADDRESS 14403 ADEN RD.	CITY NAKESVILLE	STATE VIRGINIA	ZIP CODE 20181-3122
MAILING ADDRESS (if different from above)	NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY OF PRINCE WILLIAM		
IF YOUR NAME HAS CHANGED, PRINT YOUR FORMER NAME HERE	WEIGHT 270 LBS	HEIGHT 5 FT 11 IN.	EYE COLOR BROWN
			HAIR COLOR BROWN

**DRIVER'S LICENSE APPLICANTS**

	YES	NO	
1 Do you wear glasses or contact lenses? <i>FOR READING ONLY</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7 If you answered YES to any of these questions, please explain <i>INSULIN-NEW-NO PROBLEMS! DIABETIC SHOCK</i>
2 Do you have a physical or mental condition which requires that you take medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever had a seizure, blackout, or loss of consciousness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Do you have a physical condition which requires you to use special equipment in order to drive?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Have you been convicted within the past ten years in this state or elsewhere of any offense resulting from your operation of, or involving, a motor vehicle? (Do not include parking tickets)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6 Has your license or privilege to drive ever been suspended, revoked, or disqualified in this state or elsewhere, or is it currently suspended, revoked or disqualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE**

REQUIRED TESTS	PASSED	FAILED	REMARKS/PAID STAMP	ENTER CUSTOMER NUMBER	
VISION	<i>MP</i>		<i>mped Road pass (Primary)</i> <b>PAID #15</b> <b>FEB 18 2010</b> <b>MSS-627</b>	7167353942	
DL ROAD SIGNS EXAM				TRANSACTION TYPE	FEE
DL KNOWLEDGE EXAM				<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE	\$32.00
DL SKILLS				<input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> DUPLICATE	
PROOF OF ID (primary) VA DRL T67 35 3942	PROOF OF ID (secondary)	PROOF OF SOCIAL SECURITY NUMBER (specify)			
PROOF OF RESIDENCY (specify)	PROOF OF LEGAL PRESENCE (specify)				
CSE SIGNATURE AND NUMBER <i>Burda Alein 15</i>	DOCUMENT VERIFIER SIGNATURE AND NUMBER				

**PARENT OR GUARDIAN CONSENT FOR APPLICANTS UNDER 18 (Unless applicant is married - marriage certificate required)**

I authorize issuance of a learner's permit/driver's license/identification card. I certify that the applicant is a resident of Virginia. I certify that the applicant is attending school regularly and is in good academic standing, but if not, I authorize issuance of a learner's permit/driver's license. I certify that this applicant will operate a motor vehicle for at least 45 hours (15 of which will occur after sunset) while holding a learner's permit.

If my child attends public school, I authorize the principal or designee of the public school attended by the applicant to notify the juvenile and domestic relations district court (within whose jurisdiction the applicant resides) when the applicant has had 10 or more unexcused absences from school on consecutive school days.

I certify that the statements made and the information submitted by me regarding this certification are true and correct.

PARENT/GUARDIAN NAME (print)	PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)
------------------------------	---------------------------	-------------------

**APPLICANT UNDER AGE 18** Have you ever been found not innocent of any offense in a Juvenile and Domestic Relations Court in this or any other state?  YES  NO  
If you answered YES, a court within your jurisdiction must provide court consent below.

**COURT CONSENT** In my opinion the applicant's request for a learner's permit/driver's license  should be granted  should not be granted.  
Remarks

JUDGE NAME (print)	JUDGE SIGNATURE	DATE (mm/dd/yyyy)
--------------------	-----------------	-------------------

**COMMERCIAL DRIVER'S LICENSE APPLICANTS**

Complete this CERTIFICATION OF QUALIFICATION by checking the box for the category that applies. (For requirements refer to the Code of Federal Regulations or VA Motor Carrier Safety Regulations)

**INTERSTATE DRIVER**

- I meet the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations.  
 I am exempt from the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations.

**INTRASTATE DRIVER**

- I meet the qualification requirements of the Virginia Motor Carrier Safety Regulations.  
 I am exempt from the qualification requirements of the Virginia Motor Carrier Safety Regulations.

**VEHICLE TYPE**

I want to be licensed to operate the type of vehicle(s) checked below.

- A - Combination vehicle with GVWR or GCWR of 26,001 lbs. or more.  
 B - Single vehicle with GVWR of 26,001 lbs. or more, or towing a vehicle less than 10,000 lbs. GVWR.  
 C - Any vehicle that does not fit the definition of a Class A or Class B vehicle and is either used to transport hazardous materials or designed to carry 16 or more passengers, including the driver.

**AIR BRAKES**  With  Without

**ENDORSEMENT**

I want to apply for the following vehicle endorsement(s)

- H - Hazardous Materials  
 N - Tank  
 P - Passenger Carrying Vehicle (16 or more passengers)  
 S - School Bus (16 or more passengers)  
 T - Double/Triple Trailer

Identify any state(s) in which you have been previously licensed within the past 10 years. Provide additional information using the Supplemental Driver's Licensing History Sheet, form DL1PA.

STATE(S)
LICENSE NUMBER
LICENSE ISSUE DATE (mm/dd/yyyy)
LICENSE EXPIRATION DATE (mm/dd/yyyy)

**GOVERNMENT EMPLOYEES - (Fee waiver certification)**

I certify that I am employed by the

Commonwealth of Virginia or  City of  County of  Town of \_\_\_\_\_

to operate a motorcycle or commercial motor vehicle and, because of such employment, I am entitled to the waiver of the motorcycle class and/or commercial motor vehicle endorsement fee, provided I have paid for and hold a valid Virginia driver's license or have made application for such.

**SELECTIVE SERVICE**

All males under the age of 26 are required to check one of the following. Failure to provide a response will result in denial of your application.

- I am already registered with Selective Service.  
 I am a non-immigrant alien in the U.S. and not required to register.  
 I authorize DMV to forward to the Selective Service System personal information necessary to register me with Selective Service.

By signing this application, I consent to be registered with Selective Service, if required by federal law. If under age 18, an appropriate adult must complete and sign below. I authorize DMV to send information to Selective Service which will be used to register applicant when he is 18 years old.

SIGNATURE (check one and sign)  PARENT/GUARDIAN  JUDGE, JUVENILE DOMESTIC RELATIONS COURT  EMANCIPATED MINOR

**CERTIFICATION AND SIGNATURES**

I certify and affirm that I am a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that my appearance, for purpose of my DMV photograph, is a true and accurate representation of how I generally appear in public. I make this certification and affirmation under penalty of perjury and understand that knowingly making a false statement on this application is a criminal violation.

APPLICANT NAME (print) W. L. GRAY	APPLICANT SIGNATURE William L. Gray	DATE (mm/dd/yyyy) 02/18/2010
--------------------------------------	--	---------------------------------

Sex <b>F</b>	Date of Birth Month Day Year			Age <b>30</b>	Check boxes that apply:		Check if you are:		
			<b>-66</b>		<input type="checkbox"/> New registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> active law enforcement	<input type="checkbox"/> retired law enforcement
Full Legal Name									
Last Name <b>Wilkerson Tracy</b>		First Name <b>Tracy</b>		Middle or Maiden Name <b>Dee</b>		Suffix	Any Prior Legal Name		<input type="checkbox"/> check here if none
Residence Address (Must be House No. and Street Name or Rural Route with Box Number) <b>13194 Trails End Ct.</b>						City or County of Residence <b>Prince William</b>			
City <b>Manassas</b>						State <b>VA</b>	Zip Code <b>20112</b>		
Month & Year Moved to this address: <b>12/94</b>						Daytime Phone: <b>791-2626</b>			
FOR RESIDENCE POST OFFICE BOX, MILITARY ADDRESS OR RURAL ADDRESS DESCRIPTION, CHECK HERE <input type="checkbox"/> AND ENTER ON BACK OF FORM									
Place of Birth: (Optional)			Complete Address of Previous Registration <input type="checkbox"/> check here if none						
City or County		State or Country	Address			City or Town		State	Zip Code
<b>Ft. Campbell</b>		<b>KY</b>	<b>14311 Franklin St. Wdbrg, VA</b>			<b>Wdbrg, VA</b>		<b>VA</b>	<b>20112</b>
Have you ever been convicted of a felony? <input checked="" type="checkbox"/> No	Have you ever been judged by a circuit court to be mentally incompetent? <input checked="" type="checkbox"/> No	If yes to felony, give date when voting rights were restored: if yes to incompetency, give date of court order declaring competency.			Month	Day	Year	Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
REGISTRATION STATEMENT: I do hereby state, subject to the penalties for false statements set forth above that I am a citizen of the United States, a resident of Virginia qualified and entitled under the Constitution and laws of the Commonwealth of Virginia to register to vote and that the information given above is true and correct to the best of my knowledge. I hereby authorize the cancellation of any previous registration.									
Applicant Signature: <b>Tracy Wilkerson</b>						Date: <b>10/29/96</b>			
Registrar Use Only <b>AMS</b>									
Date of Registration		PCT Code	Town/PCT Code		Denial If Applicable		Reason		
Month	Day	Year			Month	Day	Year		

**NOV 15 1996**

DL 1M (Rev. 08/96)

Mailing Address: check one:  residence post office  military address

Address \_\_\_\_\_ City or Town and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Enter Below: 1) the number of the state road and the side of the road (east, west, north or south) on which your house is located; 2) in both directions from your house, the number of the nearest intersecting state road or name of other landmark; 3) the distances and directions travelled from each to your house. For example: RD 67B, north side, 1/2 mile east of RD 743 and 2 miles west of RD 615; or RD 743, west side, 3/4 mile north of Smith's store and 4 miles south of RD 696.

For Registrar Use Only		For Registrar Use Only		For Registrar Use Only	
Changes in Name		New First/Middle/Maiden Name and Suffix		Date Changed	
New Last Name					
Other Changes		New PCT	Authorized by		Date Changed
New Information					
Purged/Stricken/Reregistered					
<input type="checkbox"/> Purged	<input type="checkbox"/> Convicted of Felony	<input type="checkbox"/> Transferred Out			
<input type="checkbox"/> Deceased	<input type="checkbox"/> Adjudicated Incompetent	<input type="checkbox"/> Purged - No Vote			
<input type="checkbox"/> Registered Out of State	<input type="checkbox"/> Registrar Delete	<input type="checkbox"/> Re-registered			
<input type="checkbox"/> Personal Request		<input type="checkbox"/> Inactive Status			
Notes: <b>CANCELLED / DECLARED</b>					
<b>Now CITIZEN</b>					
<b>MAY 17 2015</b>					
Date Removed:					

<b>2</b>	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked "no" in response to either of these questions, do not complete this form.
<b>3</b>	[REDACTED]	<b>4</b>	<b>5</b>
		GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	M M D D Y Y Y Y 0 9 9 0
<b>6</b>	LAST NAME (Print) <b>Sheffield</b>	FIRST NAME <b>Jonathan</b>	FULL MIDDLE OR MAIDEN NAME <b>William</b>
			SUFFIX (JR., SR., III, ETC.)
DAYTIME TELEPHONE NUMBER <b>(703) 730-1179</b>			
<b>7</b>	RESIDENCE /HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) <b>14221 Savannah Dr.</b>		APT/UNIT/LOT/RM/SUITE
		CITY OR TOWN <b>Woodbridge</b>	ZIP CODE <b>22193</b>
<small>IF RURAL ADDRESS DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH, EAST, ETC., NEAREST LANDMARK)</small>			
MAILING ADDRESS (if different) VIRGINIA P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE)			<b>8</b>
			NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY OR <input checked="" type="checkbox"/> COUNTY OF <b>PWC</b>
<b>9</b>	• HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____	<b>10</b>	• HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____
<b>11</b>	<b>REGISTRATION STATEMENT:</b> I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE.		
REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN). SIGN HERE <b>Jonathan Sheffield</b> DATE → <b>1-9-08</b>			
<small>If applicant is unable to sign, write below the name/address of person who assisted. (REQUIRED)</small>			
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.	You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER <input type="checkbox"/> THREATENED/STALKED		<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON
JAN 16 2008			
COMMENTS			

VA-NVRA-1 Rev 10/07

<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>
NEW LAST NAME	NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX	DATE CHANGED
OTHER CHANGES	NEW PCT	AUTHORIZED BY
<input type="checkbox"/> DECEASED _____ <input type="checkbox"/> OUT OF STATE _____ <input type="checkbox"/> PERSONAL REQUEST _____ <input type="checkbox"/> CONVICTED OF A FELONY _____	<input type="checkbox"/> JUDGED INCAPACITATED _____ <input type="checkbox"/> ERROR DELETED _____ <input type="checkbox"/> NVRA PURGE _____	<input type="checkbox"/> TRANSFERRED OUT _____ <input type="checkbox"/> RE-REGISTERED _____ <input type="checkbox"/> INACTIVE STATUS _____ <input type="checkbox"/> REACTIVATED _____
NOTES:		

For Voting, Virginia law requires every voter voting in person to show identification or sign a statement, subject to felony penalties for false statements pursuant to §24.2-1016, that the person is the named registered voter.

For Registration, Under a new federal law, if this form is submitted by mail, and you have never registered to vote in Virginia before, you must send with this application either (a) a copy of your current and valid photo identification, or (b) a copy of a current utility bill, bank statement, government check, paycheck or other government document that shows your name and address. Otherwise, you may be required to show election officials either (a) or (b) above the first time you vote in a federal election.

CANCELED! DECLARED NON-CITIZEN  
 MAY 17 2015

~~MAY 19 2015~~

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

2 Social Security Number: [REDACTED] \*Gender:  Male  Female \*Date of Birth: 11/9/67 Daytime Telephone Number: 703-221-4181  
 \*Last Name: Maravilla \*First Name: Ricardo \*Full Middle or Maiden Name: Alexis \*Suffix (Jr., Sr., III, Etc.):  None  None

3 \*Residence (Permanent) Home Address: 52 Dumfries Drive Apt/Unit/Lot/Rm/Ste: Dumfries City/Town: Dumfries Zip Code: 22026

If Rural Address or Homeless, please describe where you reside: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 City or  County: \_\_\_\_\_  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code): \_\_\_\_\_ Name of City or County of Residence: \_\_\_\_\_

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted: \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 **Registration Statement:** I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

→ \*Signature (or mark if unable to sign): [Signature] MAR 31 2014 M M / D D / Y Y Y Y

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Out of State \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Personal Request \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes ~~CANCELLED~~ DECLARED NON-CITIZEN MAY 17 2015



1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 [Redacted] Male  Female  \* Social Security Number [Redacted] \* Gender [Redacted] \* Date of Birth 1992 703-867-6659 Daytime Telephone Number

ROBINSON, ANTONIO, BERNARD  None  None \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 17619 OVERLOOK RD, DUMFRIES VA 22026-6201 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M, P P, Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M, P P, Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

Signature (or mark if unable to sign) [Handwritten Signature] MAY 21 2012

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)  Check/describe if you have a disability that requires accommodation in order to vote.

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

CANCELLED DELAWARE NON CITIZEN MAY 19 2015

1 Are you a citizen of the United States of America?  YES  NO Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 Social Security Number [redacted] Gender  Male  Female Date of Birth 1978 Daytime Telephone Number 240-203-9675  
ARRIETA, TARALYNN, ANNE  
\* Last Name \* First Name \* Full Middle or Maiden Name  None \* Suffix (Jr., Sr., III, Etc.)  None

3 15871 MONTVIEW DR, DUMFRIES, VA 220251358  
\* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
If Rural Address or Homeless, please describe where you reside E-mail address  
Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted  
If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.  
Signature (or mark if unable to sign) Taralynn Arrieta JUN 26 2013  
Check if you have a disability that requires someone to assist you in order to vote.

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted (Required).  
   Protected Voter Code if applicable. See above.  
 I'm interested in being an Election Official on Election Day. Please send me information.

Conceded: Declared non-citizen MAY 17 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

2 [Redacted]  Male  Female [Redacted]  Y  N  A  G  S 571-201-3816  
 \* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
 Duran DURAN Victor *Defonso*  None  None  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 16822 Stone Hill Ln Manassas VA 20101  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_  
 City or  County:  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence \_\_\_\_\_

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored?  M  A /  D  D /  Y  Y  Y  Y

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored?  M  A /  D  D /  Y  Y  Y  Y

6 **Registration Statement:** I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

→ \* Signature (or mark if unable to sign) *V Duran* DEC 10 2013  Check if you have a disability that requires someone to assist you in order to vote. 2013  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required). \_\_\_\_\_

Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Out of State \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Personal Request \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELLED DELETED NON RESIDENT MAY 17 2015



Social Security Number	Sex F	Date of Birth Month Day Year -53	Age	Check boxes that apply: <input type="checkbox"/> New registration <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change	Check if you are: <input type="checkbox"/> active law enforcement <input type="checkbox"/> retired law enforcement <input type="checkbox"/> not applicable
Full Legal Name Last Name First Name Middle or Maiden Name Suffix Any Prior Legal Name <input type="checkbox"/> check here if none		Victoria Bonilla Victoria			
Residence Address (Must be House No. and Street Name or Rural Route with Box Number)			City or County of Residence		
2334 FREE TOWN CT. #2 B RESTON VA			Reston VA 22091		
Month & Year Moved to this address:			Daytime Phone:		
FOR RESIDENCE POST OFFICE BOX, MILITARY ADDRESS OR RURAL ADDRESS DESCRIPTION, CHECK HERE <input type="checkbox"/> AND ENTER ON BACK OF FORM					
Place of Birth: (Optional) City or County State or Country		Complete Address of Previous Registration <input type="checkbox"/> check here if none Address City or Town State Zip Code			
Salvador		2334 FREE TOWN CT. #2 B RESTON VA 22091			
Have you ever been convicted of a felony? <input checked="" type="checkbox"/> No	Have you ever been judged by a circuit court to be mentally incompetent? <input type="checkbox"/> No	Have you ever been restored to competency? <input type="checkbox"/> No	Month Day Year	Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
REGISTRATION STATEMENT: I do hereby state, subject to the penalties for false statements set forth above that I am a citizen of the United States, a resident of Virginia qualified and entitled under the Constitution and laws of the Commonwealth of Virginia to register to vote and that the information given above is true and correct to the best of my knowledge. I hereby authorize the cancellation of any previous registration.					
Registar Use Only				Applicant Signature: Victoria Bonilla	
Date of Registration Month Day Year	PCT Code	Town/PCT Code	Denial If Applicable Month Day Year	Reason	
9 23 96					

Trans from Fkx

Mailing Address

Enter Below: 1 number of the n side, 1/2 mile e

0457 DSA 12 (08/91)

For Regist Changes in New Last Name

Purged/S  
 Purged  
 Deceas  
 Registe  
 Person

ADDRESS CHANGE NOTIFICATION

PLEASE PRINT IN INK

**CUSTOMER INFORMATION**

Full Legal Name: Last First Middle  
Bonilla Victoria

Driver's License/ID Card Number: 599-68-5569

Daytime Telephone Number: (703) 1331-0644

City or County of Residence: SAUVY

State: VA Zip Code: 2069

City: WAKASSAS State: Zip Code:

Mailing Address (if different from residence address):

Check if this mailing address is:  a residence post office box  a uniformed services address  neither of those.

**SECTION A - VEHICLE REGISTRATION**

Check this box to have the location where your vehicle is principally garaged changed on DMV's records.

Check this box to change the address where your vehicle renewal notice is to be mailed.

**SECTION B - VOTER REGISTRATION**

CHECK THIS BOX, AND COMPLETE AND SIGN THIS SECTION, ONLY IF YOU WANT YOUR NEW ADDRESS REPORTED TO THE STATE BOARD OF ELECTIONS.

Social Security Number:  active/unleveled law enforcement  under protective court order

I swear/affirm, under felony penalty for perjury, that I am a U.S. Citizen and a resident of Virginia, and the information I have provided above is true; I hereby authorize the cancellation of any previous voter registration at any Virginia address other than the residence address above.

Sign Here: Victoria Bonilla Date: 9-15-97

WARNING: Intentionally making a false statement on this form constitutes the crime of election fraud, which is punishable under Virginia Law as a felony. Violators may be sentenced to up to 10 years imprisonment, or up to 12 months in jail, and fined up to \$2,500.

PRIVACY ACT NOTICE: Article II, Section 2 of the Constitution of Virginia (1971) requires that a person registering to vote provide, under oath, his or her social security number. If any, Section 7 of the Federal Privacy Act (Public Law Number 93-502) allows the Commonwealth to enforce this requirement, but also requires that you be advised that state and local voting officials will use the social security number as a unique identifier to ensure that no person is registered in more than one place; it is required on this form to ensure that no person's record is erroneously changed. This form will not be open to inspection by the public. Your social security number will appear on reports produced only for official use by voter registration and election officials, and for jury selection purposes by courts. DMV has no record of whether or not you are registered to vote. Your local registrar will acknowledge receipt of your address change. DMV will not forward to the State Board of Elections unsigned notifications or notifications from persons under 17 years of age.

**FOR DMV USE ONLY**

MARKS/PAYD STAMP: SEP 15 1997

Electoral Board & General Registrar  
Pr. Wm. Co.

AUDIT CLERK'S INITIALS: FEE 502

ev. 08/96)

Code

use, the north

Only

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 Social Security Number [redacted] Gender  Male  Female Date of Birth 11/9/86 Daytime Telephone Number [redacted]  
 \*Last Name KHAN \*First Name SAHIBA \*Full Middle or Maiden Name NAMID \*Suffix (Jr., Sr., III, Etc.) None

3 Residence (Permanent) Home Address 2561 Fox Ridge Ct Apt/Unit/Lot/Rm/Ste Woodbridge VA 22192 City/Town Zip Code  
 If Rural Address or Homeless, please describe where you reside E-mail address Sahibakhan2417@gmail.com  
 Mailing Address (if different)/Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence Prince George's Pw

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.  
 \* Signature (or mark if unable to sign) Sahiba APR 15 2014 [ ] [ ] [ ] / [ ] [ ] [ ] / [ ] [ ] [ ] [ ]

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed	
Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELLED DECLARED NON CITIZEN MAY 17 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female Gender \*Date of Birth 1994 703-659-7427 Daytime Telephone Number  
 \*Last Name Teale \*First Name April \*Full Middle or Maiden Name Rose \*Suffix (Jr., Sr., III, Etc.) None

3 12046 Willowood Dr Woodbridge 22192  
 \*Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
 If Rural Address or Homeless, please describe where you reside E-mail address aprilteale@gmail.com  
 Mailing Address (if different) Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored?

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored?

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→ \*Signature (or mark if unable to sign) April Teale APR 25 2013 04/17/2013

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.

Protected Voter Code if applicable. See instructions.

I'm interested in being an Election Official on Election Day. Please send me information.

### For Office Use Only

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New Last Name	New First, Middle/Maiden Name and Suffix	Date changed
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Notes CANCELLED DECLARED NON CITIZEN

MAY 17 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female Gender \* Date of Birth 1993 703-338-2419 Daytime Telephone Number  
 Walker-Deen \* Last Name Akhatu \* First Name Baba  None  None \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 14667 Forsythia Terrace \* Residence (Permanent) Home Address Warrenton \* City/Town 72193 \* Zip Code

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address Prince Williams  
 Mailing Address (If different) Virginia P.O.Box or Uniformed Service Address, if applicable  City or  County Name of City or County of Residence

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? \_\_\_\_\_

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? \_\_\_\_\_

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

\* Signature (or mark if unable to sign) Walker FEB 13 2012 01/18/2011

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or a member of your household (a) are active or retired law enforcement, or (b) have been granted a protective court order, (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

### For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

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Notes CANCELED DECLARED NON CITIZEN MAY 17 2015



1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

2  Male  Female 1983 480-747-3255  
 \* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
 Puzon GILBERT JOSEPH TIZON  None JR  None  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 1322 DELANEY RD WOODBRIDGE VA 22193  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
 If Rural Address or Homeless, please describe where you reside E-mail address: billy.puzon43@gmail.com  
 City or  County:  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? \_\_\_\_\_

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? \_\_\_\_\_

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→ \* Signature (or mark if unable to sign) *[Signature]* NOV 12 2013 AM  Check if you have a disability that requires someone to assist you in order to vote.  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  
   Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

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Notes *CANCELLED DECLARED NON CITIZEN* MAY 17 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

2  Male  Female 11994 571-288-6485  
 \* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
Montano MONTANO Juan Giulermo  None  None  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 4405 Whitmer Drive 13 Woodbridge 22193  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
 If Rural Address or Homeless, please describe where you reside Juanlad@yahoo.com  
 E-mail address

Mailing Address (If different)/ Virginia P.O.Box or Uniformed Service Address, if applicable  City or  County  
 (include Zip Code) Name of City or County of Residence

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored?  M  M /  D  D /  Y  Y  Y  Y

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored?  M  M /  D  D /  Y  Y  Y  Y

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

→ \*Signature (or mark if unable to sign) [Signature] DEC 09 2011 12/05/2011

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

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- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELLED DECLARED NON-CITIZEN MAY 17 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

2 Social Security Number: [Redacted] \* Gender:  Male  Female \* Date of Birth: 1995 Daytime Telephone Number: 703-763-5919  
 \* Last Name: Boateng \* First Name: Fred \* Full Middle or Maiden Name: [None] \* Suffix (Jr., Sr., III, Etc.): [None]

3 \* Residence (Permanent) Home Address: 14623 Aurora Drive Apt/Unit/Lot/Rm/Ste: [None] City/Town: Woodbridge Zip Code: [None]  
 If Rural Address or Homeless, please describe where you reside: [None] E-mail address: boateng-fred@ahwv.com  
 Mailing Address (If different)/ Virginia P.O.Box or Uniformed Service Address, if applicable: [None]  City or  County Name of City or County of Residence: [None]

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted: [None]  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? [None]

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? [None]

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

\* Signature (or mark if unable to sign): [Signature] 07/08/2013  
 IAN 09 2013

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.  
 I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household (a) are active or retired law enforcement, or (b) have been granted a protective court order, (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

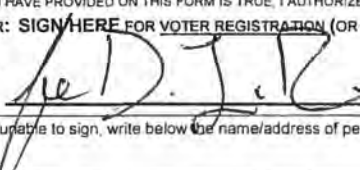
**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed
Other changes	New PCT	Authorized by

- Deceased
- Out of State
- Personal Request
- Convicted of a Felony
- Judged Incapacitated
- Error Deleted
- NVRA Cancel
- Transferred Out
- Re-Registered
- Inactive Status
- Reactivated

Notes: Canceled: Declared Non-Citizen MAY 17 2015

2	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked 'no' in response to either of these questions, do not complete this form.		
3	SOCIAL SECURITY NUMBER [REDACTED]	4	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5	
LAST NAME (Print) DeLosReyes		FIRST NAME Fernando	FULL MIDDLE OR MAIDEN NAME	SUFFIX (JR, SR, III, ETC)	6
RESIDENCE /HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) 3481 Forestdale av		APT/UNIT/LOT/RM/SUITE	CITY OR TOWN woodbridge	ZIP CODE 22193	7
MAILING ADDRESS (if different) VIRGINIA P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE)		8		NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY OR <input type="checkbox"/> COUNTY OF	
9	<ul style="list-style-type: none"> <li>HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</li> <li>IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____</li> </ul>	10	<ul style="list-style-type: none"> <li>HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</li> <li>IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____</li> </ul>		
11	<b>REGISTRATION STATEMENT:</b> I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE. <b>REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN).</b> SIGN HERE  DATE → 7/4/08 If applicant is unable to sign, write below the name/address of person who assisted. (REQUIRED)				
<input type="checkbox"/>	Yes, I am interested in working as an Election Official on Election Day. Please send me information.	You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER <input type="checkbox"/> THREATENED/STALKED		<input type="checkbox"/>	Check here if you have a disability that requires accommodation in order to vote.
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS	
JUL 16 2008					

VA - NVRA - 1 Rev 9/05

CANCELLED: DECLARED NON-CITIZEN MAY 17 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 [Redacted]  Male  Female [Redacted] 1998 571-575-3333  
 \*Social Security Number \*Gender \*Date of Birth Daytime Telephone Number  
 Rodas-Torres Yanci Cecilia  None  None  
 \*Last Name \*First Name \*Full Middle or Maiden Name \*Suffix (Jr., Sr., III, Etc.)

3 13004 Kingswell DR woodbridge 22193  
 \*Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
 If Rural Address or Homeless, please describe where you reside E-mail address Rodasyanci@gmail.com  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence  City or  County: PWC

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.  
 → \*Signature (or mark if unable to sign) Yanci Rodas JAN 27 2014 [ ] [ ] [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

### For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Out of State \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Personal Request \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELLED DECLARED NON CITIZEN MAY 17 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 [Redacted]  Male  Female [Redacted] / 11987 202-200-8689  
 \* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
 JOHNSON MARIKA EMILY  None  None  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 951 ANNAPOLIS WAY 310 WOODBRIDGE 22091  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
 HOTEL E-mail address EJohnson 0404@YAHOO  
 If Rural Address or Homeless, please describe where you reside  
 City or  County:  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 **Registration Statement:** I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.  
 → \* Signature (or mark if unable to sign) [Signature] OCT 21 2012 M M / D D / Y Y Y Y  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELLED DECLARED NON-CITIZEN MAY 17 2015

2	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked 'no' in response to either of these questions, do not complete this form.	
3	SOCIAL SECURITY NUMBER [REDACTED]	4 GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5	1970
6	LAST NAME (Print) <b>Phelps</b>	FIRST NAME <b>Deborah</b>	FULL MIDDLE OR MAIDEN NAME <b>Barlow</b>	SUFFIX (JR., SR., III, ETC.)
7	RESIDENCE /HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) <b>622 Bristol Way</b>		CITY OR TOWN <b>Alexandria</b>	ZIP CODE <b>22310</b>
8	MAILING ADDRESS: (if different) VIRGINIA P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE)		NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY OR <input checked="" type="checkbox"/> COUNTY OF <b>Fairfax</b>	
9	<input type="checkbox"/> HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____		10	<input type="checkbox"/> HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____
1	<b>REGISTRATION STATEMENT:</b> I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE. REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN). SIGN HERE <b>Deborah Phelps</b> DATE <b>8/27/04</b> If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED)			
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.		You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER <input type="checkbox"/> THREATENED/STALKED		<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS
SEP 09 2004				

CANCELLED DECLARED NON CITIZEN MAY 17 2015

Signature: **Deborah Phelps** Date: **8/24/08** Email Address: **dphelps@psdc.org**

Are You A U.S. Citizen?  YES  NO

WARNING: INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT OR ENTRY ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE BY UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINE UP TO \$2,500.

APR 08 2008

If yes, have your voting rights been restored?  YES  NO

If yes, when restored? Year: \_\_\_\_\_ Day: \_\_\_\_\_

Have you been convicted of a felony?  YES  NO

If yes, has court restored you to capacity?  YES  NO

If yes, when restored? Year: \_\_\_\_\_ Day: \_\_\_\_\_

Have you been judged by a court to be mentally incapacitated?  YES  NO

Gender (circle one) MALE  FEMALE

I SWEAR AND AFFIRM, UNDER PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THE FOLLOWING INFORMATION TO BE TRUE / F

Active/Retired Law Enforcement  F

New Mailing Address: PO Box Number or Uniformed Service Address, City, State, Zip Code: \_\_\_\_\_

New Residence Street Address or Rural Route & Box No., Apt., Suite, Unit, Lot, Room, City, State, Zip Code: (please print) \_\_\_\_\_

New Full Name: (please print) **Deborah Barlow Phelps**

Area Code and Daytime Tel: **703 816-4150**

City, State, Zip Code: **Woodbridge VA 22191**

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 Social Security Number: [REDACTED] \*Gender:  Male  Female Date of Birth: 11/9/93 Daytime Telephone Number: 703-853-8181  
 \*Last Name: Martinez \*First Name: Edwin \*Full Middle or Maiden Name: [None] \*Suffix (Jr., Sr., III, Etc.): [None]

3 \*Residence (Permanent) Home Address: 7969 Community Dr, Manassas, VA 20109  
 Apt/Unit/Lot/Rm/Ste: [None] City/Town: Manassas Zip Code: 20109  
 If Rural Address or Homeless, please describe where you reside: [None] E-mail address: Edwin.M1234@yahoo.com  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code): [None] Name of City or County of Residence: [None]

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted: [None]  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? [None]

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? [None]

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

\*Signature (or mark if unable to sign): [Signature] DEC 10 2013 [M M D D Y Y Y Y] [12/04/2013]

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

### For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed
Other changes	New PCT	Authorized by

- Deceased
- Out of State
- Personal Request
- Convicted of a Felony
- Judged Incapacitated
- Error Deleted
- NVRA Cancel
- Transferred Out
- Re-Registered
- Inactive Status
- Reactivated

Notes: CANCELED! Declared Non-Citizen JUN 02 2015 Exhibit 7, page 41 of 84



1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female \* Social Security Number \* Gender \* Date of Birth 1975 Daytime Telephone Number 202-403-1337  
GOMEZ, SEBASTIAN, \* Last Name \* First Name \* Full Middle or Maiden Name  None  No \* Suffix (Jr., Sr., III, Etc.)

3 3414 BELFRY LN, WOODBRIDGE, VA 221924341 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
If Rural Address or Homeless, please describe where you reside E-mail address  
Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted If YES, have your voting rights been restored?  YES  NO If YES, when restored?

5 \* Have you ever been judged mentally incapacitated?  YES  NO If YES, has court restored you to capacity?  YES  NO If YES, when restored?

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

\* Signature (or mark if unable to sign) Sebastian Gomez  Check if you have a disability that requires someone to assist you in order to vote

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  
   Protected Voter Code if applicable. See above.

BOOKS CLOSED JUN 14 2013

I'm interested in being an Election Official on Election Day. Please send me information.

Cancelled: declared non-citizen JUN 02 2015

2	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked 'no' in response to either of these questions, do not complete this form.		
3	SOCIAL SECURITY NUMBER [REDACTED]	4	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5	DATE OF BIRTH [REDACTED] / 1 9 6 5 M M D D / Y Y Y Y
6	LAST NAME (PRINT) FIRST NAME FULL MIDDLE OR MAIDEN NAME SUFFIX (JR., SR., III, ETC.) FLORES MARVIN A	DAYTIME TELEPHONE NUMBER 703-497-1568			
7	RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) 14224 Fisher Avenue		APT/UNIT/LCT/RM/SUITE	CITY OR TOWN Woodbridge Virginia	ZIP CODE 22191-2237
IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH, EAST, ETC., NEAREST LANDMARK)					
MAILING ADDRESS (if different) VIRGINIA P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE)				8	
				NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY OR <input checked="" type="checkbox"/> COUNTY OF Price William	
9	• HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, WHEN RESTORED? (Required) MO ___ DAY ___ YEAR ___	10	• HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, WHEN RESTORED? (Required) MO ___ DAY ___ YEAR ___		
11	REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE. I AUTHORIZE THE CANCELLATION, (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE ↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN) SIGN HERE <i>Marvin A. Flores.</i> DATE → 11-19-04 If applicant is unable to sign, write below the name/address of person who assisted (REQUIRED)				
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.		You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in box 7 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER <input type="checkbox"/> THREATENED/STALKED			<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS	
JAN 07 2005					

VA-NVRA-1 Rev. 7/04

Office Use Only	Office Use Only	Office Use Only	
New Last Name	New First, Middle/Maiden Name and Suffix	Date Changed	
Other Changes	New PCT	Authorized By	Date Changed
<input type="checkbox"/> Deceased	<input type="checkbox"/> Judged Incapacitated	<input type="checkbox"/> Transferred Out	
<input type="checkbox"/> Out of State	<input type="checkbox"/> Error Deleted	<input type="checkbox"/> Re-Registered	
<input type="checkbox"/> Personal Request	<input type="checkbox"/> NVRA Purge	<input type="checkbox"/> Inactive Status	
<input type="checkbox"/> Convicted of Felony		<input type="checkbox"/> Re-Activated	
Notes: CANCELLED; Declared Non-Citizen JUN 02 2015			

MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		62	703-580-4908		
4	LAST NAME OGOE	FIRST NAME REGINA	FULL MIDDLE OR MAIDEN NAME WHITNEY		
5	RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, COMPLETE BOX 11 BELOW) 3714 RHODE ISLAND DR.		APT/UNIT/LOT/RM/SUITE Dale City, VA - 22193		
6	MAILING ADDRESS (if different from above) P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLIES (INCLUDE ZIP CODE) 5714		NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY		
DO YOU WANT TO APPLY TO REGISTER TO VOTE OR CHANGE YOUR VOTER REGISTRATION ADDRESS? <input checked="" type="checkbox"/> YES. Answer the citizenship question to the right and complete ALL boxes (8 - 11 and A) in Section B and sign your name in the red box below. <input type="checkbox"/> NO. STOP HERE - DO NOT FILL OUT SECTION B.		ARE YOU A U. S. CITIZEN? <input checked="" type="checkbox"/> YES. To apply to register to vote or change your voter registration address. CONTINUE - Complete all boxes (8 - 11 and A) in Section B and sign your name in the red box below. <input type="checkbox"/> NO. STOP HERE - DO NOT FILL OUT SECTION B.			
8	CONVICTION OF FELONY • HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____		9	CIRCUIT COURT JUDGEMENT OF MENTAL INCAPACITY • HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____	
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.		If you are active or retired law enforcement, or if you have a protective court order, you may request that your home address not be released. You must show a Virginia P.O. box in box 6 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER		<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.	
10	REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR PERJURY, THAT I AM A U. S. CITIZEN AND A RESIDENT OF VIRGINIA. THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION ENTERED IN BOX A BELOW OF MY CURRENT REGISTRATION AND I HAVE READ THE PRIVACY ACT NOTICE BELOW. REMEMBER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN) AND COMPLETE BOX A BELOW. COMPLETE BOX 11 BELOW IF RURAL ADDRESS. SIGN HERE <i>Regina Ogoe</i> DATE <i>1/8/04</i> IF APPLICANT IS UNABLE TO SIGN, WRITE THE NAME/ADDRESS OF PERSON WHO ASSISTED BELOW (REQUIRED).				
11	IF YOU LIVE IN A RURAL AREA, DESCRIBE YOUR HOUSE LOCATION (I.E., STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED, CLOSEST INTERSECTING ROAD, SIDE OF THE ROAD-NORTH, EAST, ETC., NEAREST LANDMARK)				
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS	
JAN 08 2004					

VA - NVRA - 1 Rev 7/00

OFFICE USE ONLY		OFFICE USE ONLY		OFFICE USE ONLY	
NEW LAST NAME		NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX		DATE CHANGED	
OTHER CHANGES		NEW PCT		AUTHORIZED BY	
<input type="checkbox"/> DECEASED _____ <input type="checkbox"/> OUT OF STATE _____ <input type="checkbox"/> PERSONAL REQUEST _____ <input type="checkbox"/> CONVICTED OF FELONY _____		<input type="checkbox"/> JUDGED INCAPACITATED _____ <input type="checkbox"/> ERROR DELETED _____ <input type="checkbox"/> NVRA PURGE _____ <input type="checkbox"/> REACTIVATED _____		<input type="checkbox"/> TRANSFERRED OUT _____ <input type="checkbox"/> RE-REGISTERED _____ <input type="checkbox"/> INACTIVE STATUS _____	
NOTES: CANCELLED; DECLARED NON CITIZEN AUG 12 2015					

# Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)				This space for office use only.			
<b>1</b>	Ms .	Last Name sexton	First Name Lena	Middle Name(s) Louise			
<b>2</b>	Home Address 18610 AMIDON AVE		Apt. or Lot #	City/Town TRIANGLE	State VA	Zip Code 22172	
<b>3</b>	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code	
<b>4</b>	Date of Birth [Redacted] 1961 Month Day Year		<b>5</b>	Telephone Number (optional) (571) 572-1414		<b>6</b>	ID Number - (See Item 6 in the instructions for your state) [Redacted]
<b>7</b>	Choice of Party (see item 7 in the instructions for your State) Democratic		<b>8</b>	Race or Ethnic Group (see item 8 in the instructions for your State) not required in VA			
<b>9</b>	I have reviewed my state's instructions and I swear/affirm that: <ul style="list-style-type: none"> <li>■ I am a United States citizen</li> <li>■ I meet the eligibility requirements of my state and subscribe to any oath required.</li> <li>■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.</li> </ul>				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="text-align: right; margin-top: -10px;">OCT 22 2012</div> </div> Please sign full name (or put mark) ▲		
				Date: <span style="border: 1px solid black; padding: 2px;">10 / 11 / 2012</span>			
				Month                      Day                      Year			

CANCELLED DEclared NON CITIZEN AUG 12 2015

1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 [Redacted]  Male  Female [Redacted] Y 1 9 6 6 2 4 8 6 8 1 - 7 1 2 5  
\* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
FIKES, MICHAEL, THOMAS  None  None  
\* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 14990 STREAM VALLEY CT, HAYMARKET, VA 201692565  
\* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
If Rural Address or Homeless, please describe where you reside E-mail address  
Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted  
If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making/willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.  
Signature (or mark if unable to sign) Michael Fikes M M / D D / Y Y Y Y

Check if you have a disability that requires someone to assist you in order to vote.

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required) JAN 30 2016

Protected Voter Code if applicable. See above.

I'm interested in being an Election Official on Election Day. Please send me information.

CANCELLED: DECLARED NON CITIZEN AUG 12 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 Social Security Number [REDACTED] \* Gender  Male  Female \* Date of Birth 11/9/96 Daytime Telephone Number 571-288-6946  
 \* Last Name Diaz \* First Name Herbert H \* Full Middle or Maiden Name Antonio \* Suffix (Jr., Sr., III, Etc.)

3 \* Residence (Permanent) Home Address 14508 John Marshall Highway Apt/Unit/Lot/Rm/Ste Gainesville 201 Zip Code  
 If Rural Address or Homeless, please describe where you reside E-mail address herberthdiazmolina@yahoo.com  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

→ \* Signature (or mark if unable to sign) [Signature] NOV 20 2013 M M / D D / Y Y Y Y  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed

Other changes	New PCT	Authorized by	Date changed

- Deceased
- Out of State
- Personal Request
- Convicted of a Felony
- Judged Incapacitated
- Error Deleted
- NVRA Cancel
- Transferred Out
- Re-Registered
- Inactive Status
- Reactivated

Notes CANCELLED DECLARED NON CITIZEN AUG 12 2015

**1** \*Are you a citizen of the United States of America?  YES  NO

\*Will you be at least 18 years of age on or before the next General Election day?  YES  NO

If you checked "NO" in response to either of these questions, do not complete this form.

**2**  Male  Female \*Gender

1976 \*Date of Birth

703 - 910 - 7357 Daytime Telephone Number

Freeman \*Last Name Luciania \*First Name Clurice \*Full Middle or Maiden Name  None  None \*Suffix (Jr., Sr., III, Etc.)

**3** 12323 Colby Dr. \*Residence (Permanent) Home Address Woodbridge Apt/Unit/Lot/Rm/Ste City/Town 22192 Zip Code

lcfreeman@fcps.edu E-mail address

If Rural Address or Homeless, please describe where you reside Prince William

Mailing Address (If different)/ Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County Name of City or County of Residence

**4** \*Have you ever been convicted of a felony?  YES  NO State where convicted

If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

**5** \*Have you ever been judged mentally incapacitated?  YES  NO

If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

**6** **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

→ \*Signature (or mark if unable to sign) *Luciania Freeman* 09 / 19 / 2008

SEP 26 2008

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked

CANCELLED DECLARED NON CITIZEN AUG 12 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

2  Male  Female 1995 571-575-2603  
 \* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
Nadutey Geoffrey  None  None  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 1987 Brooke Farm Ct Woodbridge 22192  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_  
 \_\_\_\_\_  City or  County: \_\_\_\_\_  
 Mailing Address (if different/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored?  M  M /  D  D /  Y  Y  Y  Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored?  M  M /  D  D /  Y  Y  Y  Y

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**  
 → \* Signature (or mark if unable to sign) GN APR 15 2014  M  M /  D  D /  Y  Y  Y  Y  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.  
   Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed
Other changes	New PCT	Authorized by

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELLED - DELETED NON CITIZEN AUG 12 2015



1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female  None  None  
\* Social Security Number \* Gender \* Date of Birth 1970 Daytime Telephone Number 571-285-4511  
BLOUNT, HEIDI, ANN  
\* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 15069 CARDIN PL, WOODBRIDGE VA 22193  
\* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address  
Mailing Address (If different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted  
If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M, P P, Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M, P P, Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

Signature (or mark if unable to sign) Heidi Blount JAN 12 2010 M M, P P, Y Y Y Y

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.  
 I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  
 Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

DECLINED Declared Non-Citizen AUG 12 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

2 \* Social Security Number  Male  Female \* Gender \* Date of Birth 1993 571-503-4992 Daytime Telephone Number  
 \* Last Name PARKER \* First Name Ashley \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)  None  None

3 \* Residence (Permanent) Home Address 5353 Macwood Dr Apt/Unit/Lot/Rm/Ste Woodbridge VA 22153 City/Town Zip Code

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_

Mailing Address (If different)/ Virginia P.O.Box or Uniformed Service Address, if applicable \_\_\_\_\_  City or  County Name of City or County of Residence

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? \_\_\_\_\_

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? \_\_\_\_\_

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

\* Signature (or mark if unable to sign)  *Ashley Parker* JUN 14 2012

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household (a) are active or retired law enforcement, or (b) have been granted a protective court order, (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name \_\_\_\_\_ New First, Middle/Maiden Name and Suffix \_\_\_\_\_ Date changed \_\_\_\_\_

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELED DELETED NON CITIZEN AUG 12 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 [Redacted]  Male  Female [Redacted] / 1991 703-474-6319  
 \* Social Security Number \* Gender JAYSON \* Date of Birth Daytime Telephone Number  
 DeRosario DEL ROSARIO Jayson Rafael Marasigan  None  None  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 14736 Derring Dr. #203 Gainesville 20155  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Mailing Address (If different)/ Virginia P.O.Box or Uniformed Service Address, if applicable  City or  County  
 (include Zip Code) Name of City or County of Residence

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

Signature (Mark if unable to sign) [Signature] 11/17/2009

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or a member of your household (a) are active or retired law enforcement, or (b) have been granted a protective court order, (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

### For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed
11-17-09				

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed	
Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes cancelled? Declared Non Citizen 9/22/2015

1 Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female 1984 571-285-8315  
 \* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number

MOHAMED, MOHONED, ABDELSAMEE I  None  None  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 14236 CATBIRD DRIVE, GAINESVILLE VA 20155858  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code


If Rural Address or Homeless, please describe where you reside E-mail address  
 Kboita2@gmail.com

Mailing Address (If different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County  
 Name of City or County of Residence

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M, D D, Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M, D D, Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

Signature (or mark if unable to sign)  JAN 21 2011 M M, D D, Y Y Y Y

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.  
 I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  
 Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

## For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed	
Other changes	New PCT	Authorized by	Date changed

- Deceased
- Judged Incapacitated
- Transferred Out
- Out of State
- Error Deleted
- Re-Registered
- Personal Request
- NVRA Purge
- Inactive Status
- Convicted of a Felony
- Reactivated

Notes CANCELLED DECLARED NOW CITIZEN 9/27/2015  
 Exhibit 7, page 53 of 84

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female \* Gender \* Date of Birth 11/9/57 703-595-5966 Daytime Telephone Number  
 \* Last Name Valle \* First Name Jose \* Full Middle or Maiden Name Luis \* Suffix (Jr., Sr., III, Etc.) None

3 \* Residence (Permanent) Home Address 5671 Saffron Lane Apt/Unit/Lot/Rm/Ste Woodbridge 22193 City/Town Zip Code

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Mailing Address (If different)/ Virginia P.O.Box or Uniformed Service Address, if applicable \_\_\_\_\_  City or  County  
 (include Zip Code) \_\_\_\_\_ Name of City or County of Residence Prince William

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? \_\_\_\_\_

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? \_\_\_\_\_

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**  
 \* Signature (or mark if unable to sign) Jose Luis Valle 01/30/2013

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.  
 I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

### For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed	
Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out 9-22-15
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes

**1** \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

**2** [Redacted]  Male  Female [Redacted] 1995 703-980-1486  
 \* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
 Vazquez Vazquez Herminio  
 \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)  None  None

**3** 13609 Charles Ct Woodbridge 22191  
 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
 If Rural Address or Homeless, please describe where you reside E-mail address: vazquez\_230795@hotmail.com  
 Mailing Address (if different) / Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

**4** \* Have you ever been convicted of a felony?  YES  NO State where convicted  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored?

**5** \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored?

**6** **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

→ \* Signature (or mark if unable to sign) *[Signature]* APR 15 2014 04, 09, 2014

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)  Check if you have a disability that requires someone to assist you in order to vote.

Protected Voter Code if applicable. See instructions.

I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name \_\_\_\_\_ New First, Middle/Maiden Name and Suffix \_\_\_\_\_ Date changed \_\_\_\_\_

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Out of State \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Personal Request \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes \_\_\_\_\_

2	Are you a citizen of the United States of America?		Will you be 18 years of age on or before election day?		If you checked 'no' in response to either of these questions, do not complete this form.
	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
3	SOCIAL SECURITY NUMBER		4	GENDER	
	[REDACTED]			<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
6	LAST NAME (PRINT)		FIRST NAME		5
	BURKE, JENNIFER, GRANT		[REDACTED]		
7	RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW)		APT/UNIT/LOT/RM/SUITE		CITY OR TOWN
	13529 PRINCE DALE ST Drive				WOODBRIDGE
9	MAILING ADDRESS (if different) VIRGINIA P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE)		NAME OF CITY OR COUNTY OF RESIDENCE		ZIP CODE
			PRINCE WILLIAM		22193
9	• HAVE YOU EVER BEEN CONVICTED OF A FELONY?		• HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED?		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
10	• IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED?		• IF YES, HAS COURT RESTORED YOU TO CAPACITY?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
11	REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION, (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE.				
	↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN).				
SIGN HERE		<i>Burke</i>			DATE → 8/16/08
If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED)					
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day Please send me information.		<input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT			<input type="checkbox"/> Check here if you have a disability that requires accommodation in or to vote
<input type="checkbox"/> You may request that your home address not be released if you (a) are active or retired law enforcement or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) You must show a Virginia P.O. box under mailing address in box 7 above.		<input type="checkbox"/> PROTECTIVE COURT ORDER			<input type="checkbox"/> THREATENED/STALKED
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON		COMMENTS
AUG 27 2008					

VA-NVRA-1 Rev. 7/04

CANCELLED: Declared non citizen 10/29/15

1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female 1980 571-723-1707  
\* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number

OTAMENDI, MARIA, M  None  None  
\* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 2814 POWELL DR, WOODBRIDGE VA 22191-4227  
\* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address  
Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County  
Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted  
If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M, P P, V V V V

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M, P P, V V V V

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

Signature (or mark if unable to sign)  SEP 24 2010 M M, P P, V V V V

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.  
 I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement. (Just attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  
 Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

ANNULLED Declared non citizen 10/14/2005



1	SOCIAL SECURITY NUMBER	2	GENDER (circle one) <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	3	DATE OF BIRTH (M/M/D/YYYY) -65	DAYTIME TELEPHONE NUMBER 703 655-6489
4	FIRST NAME WEST		FULL MIDDLE OR MAIDEN NAME NORVIN		SUFFIX (JR., SR., III., ETC.) <del>KORD</del> KORDALL	
5	RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, COMPLETE BOX 11 BELOW) 5832 KILHEWAN CT.			APT./UNIT/LOT/RM./SUITE	CITY OR TOWN MANASSAS	STATE VA
6	MAILING ADDRESS (if different from above) P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLIES (INCLUDE ZIP CODE)				7	NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY
DO YOU WANT TO APPLY TO REGISTER TO VOTE? <input checked="" type="checkbox"/> YES. Answer the citizenship question to the right and complete ALL boxes (8 - 11 and A) in Section B and sign your name in the red box below. <input type="checkbox"/> NO. STOP HERE - DO NOT FILL OUT SECTION B.				ARE YOU A U. S. CITIZEN? <input checked="" type="checkbox"/> YES. To apply to register to vote or change your voter registration address. CONTINUE - Complete all boxes (8 - 11 and A) in Section B and sign your name in the red box below. <input type="checkbox"/> NO. STOP HERE - DO NOT FILL OUT SECTION B.		
8 CONVICTION OF FELONY • HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO. DAY YEAR				9 CIRCUIT COURT JUDGEMENT OF MENTAL INCAPACITY • HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO. DAY YEAR		
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.		If you are active or retired law enforcement, or if you have a protective court order, you may request that your home address not be released. You must show a Virginia P.O. box in box 6 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER			<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.	
10 REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR PERJURY, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION, ENTERED IN BOX A BELOW, OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE BELOW ↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN) AND COMPLETE BOX A BELOW. COMPLETE BOX 11 BELOW IF RURAL ADDRESS. DATE ↓						
SIGN HERE ▶ <i>Norvin West</i>						
IF APPLICANT IS UNABLE TO SIGN, WRITE THE NAME/ADDRESS OF PERSON WHO ASSISTED BELOW (REQUIRED):						
11 IF YOU LIVE IN A RURAL AREA, DESCRIBE YOUR HOUSE LOCATION (I.E., STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED, CLOSEST INTERSECTING ROAD, SIDE OF THE ROAD-NORTH, EAST, ETC.; NEAREST LANDMARK) <i>CSM</i>						
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON		COMMENTS	
JUN 13 2002						

VA - NVRA - 1, Rev. 7/00

OFFICE USE ONLY		OFFICE USE ONLY		OFFICE USE ONLY	
NEW LAST NAME		NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX		DATE CHANGED	
OTHER CHANGES		NEW PCT		AUTHORIZED BY	
<input type="checkbox"/> DECEASED _____ <input type="checkbox"/> OUT OF STATE _____ <input type="checkbox"/> PERSONAL REQUEST _____ <input type="checkbox"/> CONVICTED OF FELONY _____		<input type="checkbox"/> JUDGED INCAPACITATED _____ <input type="checkbox"/> ERROR DELETED _____ <input type="checkbox"/> NVRA PURGE _____ <input type="checkbox"/> REACTIVATED _____		<input type="checkbox"/> TRANSFERRED OUT _____ <input type="checkbox"/> RE-REGISTERED _____ <input type="checkbox"/> INACTIVE STATUS _____	
NOTES: (APPEARED) Declined non-citizen 11/10/2015					

10/29/15

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 Social Security Number: [REDACTED] Gender:  Male  Female \*Date of Birth: 11/9/94 Daytime Telephone Number: 917-622-6716  
 \*Last Name: Zou \*First Name: Xue \*Full Middle or Maiden Name: Hui \*Suffix (Jr., Sr., III, Etc.): None

3 \*Residence (Permanent) Home Address: 1523 Kelley Farm Ct. Apt/Unit/Lot/Rm/Ste: Woodbridge City/Town: 22193  
 If Rural Address or Homeless, please describe where you reside: E-mail address: marshall-0624@hotmail.com  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code): Name of City or County of Residence: [REDACTED]

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted: [REDACTED]  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? [REDACTED]

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? [REDACTED]

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.  
 \*Signature (or mark if unable to sign): [Signature] OCT 10 2013  
 Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed

Other changes	New PCT	Authorized by	Date changed

- Deceased
- Out of State
- Personal Request
- Convicted of a Felony
- Judged Incapacitated
- Error Deleted
- NVRA Cancel
- Transferred Out
- Re-Registered
- Inactive Status
- Reactivated

Notes: CANCELLED: DECLARED NON CITIZEN 10/29/15

**1** \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

**2** \* Social Security Number [redacted] \* Gender  Male  Female \* Date of Birth 1988 Daytime Telephone Number 571-575-6127

\* Last Name MOREIRA \* First Name Joanna \* Full Middle or Maiden Name ARLENE  None  None \* Suffix (Jr., Sr., III, Etc.)

**3** \* Residence (Permanent) Home Address 3096 Desoto CT WOODBRIDGE V.A. 22193  
 Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside 3906 E-mail address notjane@yahoo.com

Mailing Address (If different) Virginia P.O.Box or Uniformed Service Address, if applicable  City or  County Name of City or County of Residence

**4** \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? NO

**5** \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? \_\_\_\_\_

**6** **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

→ \* Signature (or mark if unable to sign) [Signature] SEP 25 2012 9 10 2012

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household (a) are active or retired law enforcement, or (b) have been granted a protective court order, (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Out of State \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Personal Request \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELLED Declared non citizen 10/14/2015

**1** \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

**2** Social Security Number: [REDACTED] Gender:  Male  Female Date of Birth: [REDACTED] Daytime Telephone Number: [REDACTED]  
 Last Name: OROPEZA, VALERIA, ISABEL First Name: [REDACTED] Full Middle or Maiden Name:  None Suffix (Jr., Sr., III, Etc.):  None

**3** Residence (Permanent) Home Address: 44757 ARKANSAS ST, WOODBRIDGE VA 221913505 Apt/Unit/Lot/Rm/Ste: [REDACTED] City/Town: [REDACTED] Zip Code: [REDACTED]  
 If Rural Address or Homeless, please describe where you reside: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Mailing Address (If different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code): \_\_\_\_\_ Name of City or County of Residence:  City or  County PRINCE WILLIAM

**4** \* Have you ever been convicted of a felony?  YES  NO State where convicted: \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? [REDACTED]

**5** \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? [REDACTED]

**6** Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.  
 Signature (or mark if unable to sign): [Signature] DEC 04 2012 [REDACTED]  
 Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See above.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed
Other changes	New PCT	Authorized by
<u>1524 Florida Ave Woodbridge 22191</u>	<u>22191</u>	<u>RDM</u>
		Date changed
		<u>4/10/2015</u>

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Purge \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELLED: Declared non citizen 10/29/2015



COMMONWEALTH OF VIRGINIA  
AFFIRMATION OF CITIZENSHIP

§ 24.2-410.1 of the Code of Virginia

SUBJECT TO PENALTY OF LAW, I DO HEREBY AFFIRM THAT I AM A  
CITIZEN OF THE UNITED STATES OF AMERICA

SIGNATURE OF VOTER

PRINTED NAME  
OF VOTER:

Valeria I Oropeza

APR 10 2015

Date of birth:

1977

Current address:

Street/P.O. Box/Apt.#  
City/Town/State/Zip

1524 Florida Ave  
Woodbridge VA 22191

Mailing address [if  
different]:

Street/P.O. Box/Apt.#  
City/Town/State/Zip

SAME

Daytime telephone  
number:

571 330 9325

Email address:

arileva.valeria@hotmail.com

> INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS  
FORM IS A FELONY. THE PUNISHMENT IS UP TO TEN YEARS IN PRISON AND  
A FINE UP TO \$2,500. YOU ALSO LOSE YOUR RIGHT TO VOTE.

IF YOU ARE A CITIZEN, PLEASE RETURN COMPLETED FORM TO:

PRINCE WILLIAM COUNTY OFFICE OF ELECTIONS

Office of Voter Registration  
9250 LEE AVENUE, STE. 1  
MANASSAS, VA 20110-5554

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2 Social Security Number [redacted] Gender  Male  Female Date of Birth 1989 Daytime Telephone Number [redacted]  
 \*Last Name Smith \*First Name April \*Full Middle or Maiden Name Nicole  None \*Suffix (Jr., Sr., III, Etc.)  None

3 \*Residence (Permanent) Home Address 2785 Beechtree lane Apt/Unit/Lot/Rm/Ste [redacted] City/Town Woodbridge Zip Code 22191

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) \_\_\_\_\_ Name of City or County of Residence PWC

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

6 **Registration Statement:** I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

→ \*Signature (or mark if unable to sign) [Signature] 10/15/2012  
 OCT 20 2012  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)  Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed	
Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes CANCELLED: Declared non-citizen 10/29/2015

1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female 1958 703-835-1199  
\* Social Security Number \* Gender \* Date of Birth Daytime Telephone Number  
HARTSELL, MICHAEL, ANTHONY  None  None  
\* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 7730 BLACKHORSE COURT, MANASSAS VA 20109  
\* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
If Rural Address or Homeless, please describe where you reside E-mail address  
Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County  
Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted, VA  
If YES, have your voting rights been restored?  YES  NO If YES, when restored? 09/20/1995

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
If YES, has court restored you to capacity?  YES  NO If YES, when restored? MM, PP, VVVV

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.  
\* Signature (or mark if unable to sign) Michael Hartsell NOV 10 2011 MM, PP, VVVV  
BOOKS CLOSED

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.  
 I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement. (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  
 Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

CANCELLED: Declared NON Citizen 12/15/2015

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FCPA)

1. I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND I AM (Mark only one):

- (a) A MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE
- (b) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY
- (c) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY



2. MY INFORMATION (Required)

a. TYPED OR PRINTED NAME (Last, First, Middle) REINHOLD, SUNG H. SUFFIX (Jr., Sr., III, etc.) b. PREVIOUS NAME (if applicable)

c. SEX  M  F d. RACE e. DATE OF BIRTH (MMDDYYYY) 1963 f. SOCIAL SECURITY NUMBER g. STATE DRIVER'S LICENSE OR I.D. NUMBER

h. TELEPHONE NUMBER (No DSN number, include all international prefixes) +93793853867

j. EMAIL ADDRESS SUNG.REINHOLD@US.ARMY.MIL

3. MY VOTING RESIDENCE ADDRESS (Required) (Military, use legal residence. Overseas citizens, use last legal residence in U.S.)

a. NUMBER AND STREET (Cannot be a P.O. Box) 18516 Jefferson Davis Hwy

b. CITY, TOWN OR VILLAGE Triangle c. COUNTY PRNWM d. STATE va e. ZIP CODE 22172

4. WHERE TO SEND MY VOTING MATERIALS

a. MY CURRENT ADDRESS (Where I live now) (Required) AMC, 4-401ST AFSB APO AE 09355

b. MY FORWARDING ADDRESS (NOTE: Complete 4b, only if you do not want your ballot mailed to the address in Block 4a.)

c. I PREFER TO RECEIVE MY ABSENTEE BALLOT, AS PERMITTED BY MY STATE, BY:  MAIL  FAX  EMAIL

5. MY POLITICAL PARTY PREFERENCE (Optional, but may be required by states to register to vote in primary elections):

6. ADDITIONAL INFORMATION (Designate the period for which you want to receive ballots - see instructions for Block 6, paragraph (3). Consult the Voting Assistance Guide for other specific state instructions.)

CANCELLED Declared New Citizen 12/14/2015

7. AFFIRMATION (Required)

- I swear or affirm, under penalty of perjury, that:
- I am a member of the Uniformed Services or merchant marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S., and
  - I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
  - I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated, and
  - I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
  - My signature and date below indicate when I completed this document, and
  - The information on this form is true and complete to the best of my knowledge.

I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signed: Date: 05262011 (MMDDYYYY) Signed: Date: 05262011 (MMDDYYYY)



**2** Are you a citizen of the United States of America?  YES  NO Will you be 18 years of age on or before election day?  YES  NO If you checked "no" in response to either of these questions, do not complete this form.

**3** SOCIAL SECURITY NUMBER [REDACTED] **4** GENDER  MALE  FEMALE **5** [REDACTED] 1978

**6** LAST NAME (Print) Rweyendela FIRST NAME Charles FULL MIDDLE OR MAIDEN NAME Benedict SUFFIX (JR., SR., III, ETC.) DAYTIME TELEPHONE NUMBER 240-429-8407

**7** RESIDENCE HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) 3984 Brussels Klay APT/UNIT/LOT/RM/SUITE CITY OR TOWN Woodbridge ZIP CODE 22092

**8** MAILING ADDRESS (if different) VIRGINIA P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE) NAME OF CITY OR COUNTY OF RESIDENCE  CITY OR  COUNTY OF Prince William

**9** \* HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO \* HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED?  YES  NO  
 \* IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED?  YES  NO \* IF YES, HAS COURT RESTORED YOU TO CAPACITY?  YES  NO  
 \* IF YES, WHEN RESTORED? (REQUIRED) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ \* IF YES, WHEN RESTORED? (REQUIRED) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

**11** **REGISTRATION STATEMENT:** I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE.  
 REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN).  
 SIGN HERE [Signature] DATE 08/11/08  
 If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED)

Yes, I am interested in working as an Election Official on Election Day. Please send me information.  You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above.  ACTIVE/RET LAW ENFORCEMENT  PROTECTIVE COURT ORDER  THREATENED/STALKED  Check here if you have a disability that requires accommodation in order to vote.

REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS
AUG 11 2008				

VA-NVRA-1 Rev 3/07

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
NEW LAST NAME	NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX	DATE CHANGED
OTHER CHANGES	NEW PCT	AUTHORIZED BY
DATE CHANGED		
<input type="checkbox"/> DECEASED	<input type="checkbox"/> JUDGED INCAPACITATED	<input type="checkbox"/> TRANSFERRED OUT
<input type="checkbox"/> OUT OF STATE	<input type="checkbox"/> ERROR DELETED	<input type="checkbox"/> RE-REGISTERED
<input type="checkbox"/> PERSONAL REQUEST	<input type="checkbox"/> NVRA PURGE	<input type="checkbox"/> INACTIVE STATUS
<input type="checkbox"/> CONVICTED OF A FELONY		<input type="checkbox"/> REACTIVATED
NOTES:		

For Voting, Virginia law requires every voter voting in person to show identification or sign a statement, subject to felony penalties for false statements pursuant to §24.2-1016, that the person is the named registered voter.

For Registration, Under a new federal law, if this form is submitted by mail, and you have never registered to vote in Virginia before, you must send with this application either (a) a copy of your current and valid photo identification, or (b) a copy of a current utility bill, bank statement, government check, paycheck or other government document that shows your name and address. Otherwise, you may be required to show election officials either (a) or (b) above the first time you vote in a federal election.

**CANCELLED** Declared non citizen (12/14/2008)

Detach the top portion and mail to the registrar's office in the county or city where you live. Write your name and return address in the space provided on the form.

1 Are you a citizen of the United States of America?  YES  NO

\* Will you be at least 18 years of age on or before the next General Election day?  YES  NO

If you checked "NO" in response to either of these questions, do not complete this form

2  Male  Female Gender

\* Date of Birth 1958

Daytime Telephone Number

JARQUIN, LUIS, ALBERTO

\* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 10241 GREGORY'S GROVE CT, MANASSAS VA 20110-8451

\* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address

Mailing Address (If different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County

Name of City or County of Residence MANASSAS

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted

If YES, have your voting rights been restored?  YES  NO If YES, when restored?

5 \* Have you ever been judged mentally incapacitated?  YES  NO

If YES, has court restored you to capacity?  YES  NO If YES, when restored?

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

\* Signature (or mark if unable to sign) Luis A. Jarquin 06/03/2011

001-Dean-6/16/11

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)  Check/Describe if you have a disability that requires accommodation in order to vote

I'm interested in being an Election Official on Election Day. Please send me information.

You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.

Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

0128805

Luis Alberto Jarquin  
128388762 MALE

NEW NAME (if changed):

CHECK WHICH ADDRESS IS YOUR CORRECT HOME (RESIDENCE) ADDRESS:  
(Military please check your address of record; full time students please check your permanent address)

Where you are registered to vote:  Given by Post Office:  Other (can NOT be PO Box):

10241 Gregory's Grove CT 8511 SPRUCE ST  
Manassas, VA 201108451 MANASSAS, VA 201112126

Street 8511 SPRUCE ST  
City, State, Zip MANASSAS, VA 20111



AUG 21 2013

You may request that your home address not be released if you or a member of your household (a) are active or retired law enforcement, judge or attorney employed by the US Attorney or Attorney General of VA, or (b) have been granted a protective court order, (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box or other commercial mailing address in space provided to the right.

(Check One)  Law Enforcement Officer/VA & US Judge/attorney  Protective Order  Threatened/Stalked  Address Confidentiality Program

COUNTY/CITY RESIDENCE: MANASSAS

DAYTIME PHONE: 571 525 9066

X Luis Jarquin 7/22/13

SIGNATURE (can not accept POA/second party signatures) DATE

2 Are you a citizen of the United States of America?  YES  NO Will you be 18 years of age on or before election day?  YES  NO If you checked 'no' in response to either of these questions, do not complete this form.

3 [REDACTED] 4 GENDER  MALE  FEMALE 5 [REDACTED] / 1 9 6 6  
M M D D Y Y Y Y

6 FULL MIDDLE OR MAIDEN NAME SUFFIX (JR, SR, III, ETC.) DAYTIME TELEPHONE NUMBER  
ADAIR SILVIA REBECCA

7 RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) APT/UNIT/LOT/RM/SUITE CITY OR TOWN ZIP CODE  
IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH, EAST, ETC., NEAREST LANDMARK)  
7785 Gateshead Lane  
MAILING ADDRESS (if different) VIRGINIA P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE) NAME OF CITY OR COUNTY OF RESIDENCE  
Monassas, VA 20109 8  CITY OR  COUNTY OF Prince William

9 • HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO • HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED?  YES  NO  
• IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED?  YES  NO 10 • IF YES, HAS COURT RESTORED YOU TO CAPACITY?  YES  NO  
• IF YES, WHEN RESTORED? (Required) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ • IF YES, WHEN RESTORED? (Required) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

11 REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA. THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE. I AUTHORIZE THE CANCELLATION, (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE.  
↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN).  
SIGN HERE Sylvia A. Adair DATE → \_\_\_\_\_  
If applicant is unable to sign, write below the name/address of person who assisted. (REQUIRED)

Yes, I am interested in working as an Election Official on Election Day. Please send me information. You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in box 7 above.  
 ACTIVE/RET LAW ENFORCEMENT  PROTECTIVE COURT ORDER  THREATENED/STALKED  Check here if you have a disability that requires accommodation in order to vote.

REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS
AUG 28 2006				

VA-NVRA-1 REV. 7/04

Office Use Only	Office Use Only	Office Use Only
New Last Name	New First, Middle/Maiden Name and Suffix	Date Changed
Other Changes	New PCT	Authorized By
		Date Changed
<input type="checkbox"/> Deceased	<input type="checkbox"/> Judged Incapacitated	<input type="checkbox"/> Transferred Out
<input type="checkbox"/> Out of State	<input type="checkbox"/> Error Deleted	<input type="checkbox"/> Re-Registered
<input type="checkbox"/> Personal Request	<input type="checkbox"/> NVRA Purge	<input type="checkbox"/> Inactive Status
<input type="checkbox"/> Convicted of Felony		<input type="checkbox"/> Re-Activated
Notes: <u>Cancelled &amp; declared non-citizen</u>		JAN 05 2015

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female \*Gender \*Date of Birth 1/9/66 Daytime Telephone Number 571-501-5711

\*Last Name SOLORZANO \*First Name YADIRA \* Full Middle or Maiden Name LIZETTE  None  None \* Suffix (Jr., Sr., III, Etc.)

3 Zip Code 20109

If Rural Address or Homeless, please describe where you reside E-mail address  
 - P.O. Box 1422  City or  County:  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 **Registration Statement:** I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form. OCT 20 2012

→ \* Signature (or mark if unable to sign) YADIRA T. SOLORZANO 10/15/2012

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.

Protected Voter Code if applicable. See instructions.

I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name \_\_\_\_\_ New First, Middle/Maiden Name and Suffix \_\_\_\_\_ Date changed \_\_\_\_\_

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

2	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Will you be 18 years of age on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO		If you checked 'no' in response to either of these questions, do not complete this form.	
	3	SOCIAL SECURITY NUMBER [REDACTED]	4	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5	DATE OF BIRTH [REDACTED] 1964
6	LAST NAME, FIRST NAME, MIDDLE OR MAIDEN NAME, SUFFIX (JR., SR., III, ETC.) KIM, TAE, BUM			DAYTIME TELEPHONE NUMBER 703 670 9138		
7	RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) 11683 CHANCEFORD DR		APT./UNIT/LOT/RM./SUITE		CITY OR TOWN PRINCE WILLIAM	
	IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH, EAST, ETC., NEAREST LANDMARK)				ZIP CODE 22192	
MAILING ADDRESS (if different): VIRGINIA P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE)				8 NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY OR <input checked="" type="checkbox"/> COUNTY OF PRINCE WILLIAM		
9	• HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10	• HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	• IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO			• IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
• IF YES, WHEN RESTORED? (Required) MO _____ DAY _____ YEAR _____		• IF YES, WHEN RESTORED? (Required) MO _____ DAY _____ YEAR _____				
11	REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION, (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE					
	↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN). SIGN HERE <u>[Signature]</u> DATE → 12/11/06					
If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED)						
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.		You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in box 7 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER <input type="checkbox"/> THREATENED/STALKED			<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote	
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON		COMMENTS	
DEC 11 2006						

VA-NVRA-1 Rev. 7/04

APPROVED: Declared Non-Citizen JAN 05 2015

1 \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female Gender \* Date of Birth 1967 Daytime Telephone Number 703-350-8788

GOSHORN, PETER, CHARLES \* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 12641 STONE LINED CIRCLE, WOODBRIDGE VA 22192 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence PRINCE WILLIAM

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted If YES, have your voting rights been restored?  YES  NO If YES, when restored?

5 \* Have you ever been judged mentally incapacitated?  YES  NO If YES, has court restored you to capacity?  YES  NO If YES, when restored?

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

\* Signature (or mark if unable to sign) [Signature] [Date: 09/19/2011]

SEP 19 2011 [Signature]

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)  Check/describe if you have a disability that requires accommodation in order to vote.

I'm interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

CANCELLED: Deceased non citizen JAN 05 2015

1	[REDACTED]		2	GENDER (circle one) <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	3	DATE OF BIRTH (M/M/D/Y/Y/Y) 1950	DAYTIME TELEPHONE NUMBER 703-680-7825
4	LAST NAME (Print) Zoby		FIRST NAME FRANCIS		FULL MIDDLE OR MAIDEN NAME George		SUFFIX (JR., SR., III., ETC.)
5	RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, COMPLETE BOX 11 BELOW) 13360 Packard Dr.				APT./UNIT/LO/WRM/SUITE	CITY OR TOWN Dale City	STATE VA
ZIP CODE 22193						7	
MAILING ADDRESS (if different from above) P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLIES (INCLUDE ZIP CODE)						NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY Prince William	
DO YOU WANT TO APPLY TO REGISTER TO VOTE? <input checked="" type="checkbox"/> YES. Answer the citizenship question to the right and complete ALL boxes (8 - 11 and A) in Section B and sign your name in the red box below <input type="checkbox"/> NO. STOP HERE - DO NOT FILL OUT SECTION B.				ARE YOU A U. S. CITIZEN? <input checked="" type="checkbox"/> YES. To apply to register to vote or change your voter registration address. CONTINUE - Complete all boxes (8 - 11 and A) in Section B and sign your name in the red box below <input type="checkbox"/> NO. STOP HERE - DO NOT FILL OUT SECTION B.			
8 CONVICTION OF FELONY • HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____				9 CIRCUIT COURT JUDGEMENT OF MENTAL INCAPACITY • HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____			
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.		If you are active or retired law enforcement, or if you have a protective court order, you may request that your home address not be released. You must show a Virginia P.O. box in box 6 above. <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER		<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.			
10 REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR PERJURY, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION ENTERED IN BOX A BELOW, OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE BELOW ↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN) AND COMPLETE BOX A BELOW. COMPLETE BOX 11 BELOW IF RURAL ADDRESS. DATE ↓							
SIGN HERE → <i>Francis G. Zoby</i>							
IF APPLICANT IS UNABLE TO SIGN WRITE THE NAME/ADDRESS OF PERSON WHO ASSISTED BELOW (REQUIRED):							
11 IF YOU LIVE IN A RURAL AREA, DESCRIBE YOUR HOUSE LOCATION (I.E., STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED, CLOSEST INTERSECTING ROAD, SIDE OF THE ROAD-NORTH, EAST, ETC., NEAREST LANDMARK.) 5m							
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON			COMMENTS	
FEB 07 2002							

OFFICE USE ONLY		OFFICE USE ONLY		OFFICE USE ONLY	
NEW LAST NAME		NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX		DATE CHANGED	
<p align="center"><b>SUBJECT TO PENALTY OF LAW, I DO HEREBY AFFIRM THAT I AM A CITIZEN OF THE UNITED STATES OF AMERICA</b></p>					
SIGNATURE OF VOTER <i>Francis G. Zoby</i>					
PRINTED NAME OF VOTER: FRANCIS-G. Zoby					
Date of birth: 1950					
Current address: Street/P.O. Box/Apt.# 13360 Packard Dr. City/Town/State/Zip Dale City VA 22193					
Mailing address [if different]: Street/P.O. Box/Apt.# City/Town/State/Zip SAME					
Daytime telephone number: <i>703-680-7825</i>					
Email address: <i>galkins54@aol.com</i>					

1 Are you a citizen of the United States of America?  YES  NO

Will you be at least 18 years of age on or before the next General Election day?  YES  NO

If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female

\* Social Security Number [REDACTED] \* Gender \* Date of Birth 1969

Daytime Telephone Number 571-641-1049

TORKES, GLORIA, MARLENE  None  None

\* Last Name \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

3 7601 YELLOW LILY DR APT 101, MANASSAS, VA 201095669

\* Residence (Permanent) Home Address: Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County

Name of City or County of Residence MANASSAS

4 Have you ever been convicted of a felony?  YES  NO State where convicted

If YES, have your voting rights been restored?  YES  NO If YES, when restored? M A / D S / Y Y Y Y

5 Have you ever been judged mentally incapacitated?  YES  NO

If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / S D / Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

\* Signature (or mark if unable to sign) [Signature] FEB 16 2016

Check if you have a disability that requires someone to assist you in order to vote

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted (Required)

Protected Voter Code if applicable. See above.

I'm interested in being an Election Official on Election Day. Please send me information.

DENIAL/CANCELLATION DATE:	2/2/2016
REASON #1:	ANSWERED NO TO CITIZEN ?
REASON #2:	
REASON #3:	
REASON #4:	



1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female  None  None  
 \* Social Security Number: [REDACTED] \* Gender: [REDACTED] \* Date of Birth: 1/9/57 Daytime Telephone Number: 703-497-4667  
 \* Last Name: REYNA GONZALES \* First Name: LUIS F. \* Full Middle or Maiden Name: FERNANDO \* Suffix (Jr., Sr., III, Etc.):

3 \* Residence (Permanent) Home Address: Potlick Creek Ct. Apt/Unit/Lot/Rm/Ste: 1948 City/Town: Woodbridge VA. Zip Code: 22192  
 If Rural Address or Homeless, please describe where you reside: Creek  
 E-mail address: \_\_\_\_\_  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code): \_\_\_\_\_  
 Name of City or County of Residence: \_\_\_\_\_

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted: \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? \_\_\_\_\_

5 \* Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? \_\_\_\_\_

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

\* Signature (or mark if unable to sign): [Signature] JAN 29 2016  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required): \_\_\_\_\_  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.  
 Check if you have a disability that requires someone to assist you in order to vote.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name: \_\_\_\_\_ New First, Middle/Maiden Name and Suffix: \_\_\_\_\_ Date changed: \_\_\_\_\_

Other changes (No previous registration noted):  
 Called to verify if truly not citizen - no answer - left msg 2-2-16 SJ  
 Called back to state he is a permanent resident. - was then informed of denial. SJ 2-2-16 11:50a.m.

DENIAL/CANCELLATION DATE: 2/3/2016  
 REASON #1: CHECKED NO TO CITIZENSHIP?  
 REASON #2: WAS CALLED SAID WAS NOT A CITIZEN  
 REASON #3: \_\_\_\_\_  
 REASON #4: \_\_\_\_\_

- Deceased \_\_\_\_\_
  - Out of State \_\_\_\_\_
  - Personal Requ \_\_\_\_\_
  - Convicted of a \_\_\_\_\_
- Notes \_\_\_\_\_

**1** \* Are you a citizen of the United States of America?  YES  NO \* Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

**2**  Male  Female Gender  None  None \* Date of Birth 1986 Daytime Telephone Number 640-323-2079  
\* Last Name SHAMSUDIN, ZULAIKHA, \* First Name \* Full Middle or Maiden Name \* Suffix (Jr., Sr., III, Etc.)

**3** 18075 TEBBS LANE, DUMFRIES, VA 22026  
\* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
If Rural Address or Homeless, please describe where you reside E-mail address  
Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)  City or  County Name of City or County of Residence PRINCE WILLIAM

**4** \* Have you ever been convicted of a felony?  YES  NO State where convicted  
If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

**5** \* Have you ever been judged mentally incapacitated?  YES  NO  
If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

**6** Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.  
\* Signature (or mark if unable to sign) [Signature] M M / D D / Y Y Y Y

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required) DEC 04 2014  
 Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See above.  
 I'm interested in being an Election Official on Election Day. Please send me information.

FILED NON-CITIZEN MAR 30 2016

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female \*Gender [REDACTED] 1987 \*Date of Birth 571-505-9490 Daytime Telephone Number  
 \*Last Name: Campbell \*First Name: Kimone \*Full Middle or Maiden Name: Melissa \*Suffix (Jr., Sr., III, Etc.):

3 14407 Fontaine CT \*Residence (Permanent) Home Address Woodbridge 22192 City/Town Zip Code  
 Apt/Unit/Lot/Rm/Ste  
 If Rural Address or Homeless, please describe where you reside  
 E-mail address: kimonecampbell@yahoo.c  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence  
 City or  County: Prince William

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.  
 \* Signature (or mark if unable to sign) [Signature] SEP 06 2012 [Stamp] 09, 06, 2012  
 Check if you have a disability that requires someone to assist you in order to vote.  
 Protected Voter Code if applicable. See instructions.  
 I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed

Other changes	New PCT	Authorized by	Date changed

- Deceased
- Judged Incapacitated
- Transferred Out
- Out of State
- Error Deleted
- Re-Registered
- Personal Request
- NVRA Cancel
- Inactive Status
- Convicted of a Felony
- Reactivated

Notes  
 CANCELLED NON-CITIZEN MAR 30 2016

1 \*Are you a citizen of the United States of America?  YES  NO

\*Will you be at least 18 years of age on or before the next General Election day?  YES  NO

If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female  None

\*Gender

\*Date of Birth 1996

521-225-2522

Daytime Telephone Number

\*Last Name FAISAL \*First Name FNU \*Full Middle or Maiden Name \*Suffix (Jr., Sr., III, Etc.)

3 6052 652 Tickleat way

\*Residence (Permanent) Home Address

Apt/Unit/Lot/Rm/Ste X

City/Town Woodbury

Zip Code 22193

Town house

If Rural Address or Homeless, please describe where you reside

E-mail address faisal.steuh165@gmail.com

City or County: PKC

Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code)

Name of City or County of Residence

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted

If YES, have your voting rights been restored?  YES  NO If YES, when restored?

5 \*Have you ever been judged mentally incapacitated?  YES  NO

If YES, has court restored you to capacity?  YES  NO If YES, when restored?

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

\* Signature (or mark if unable to sign)

OCT 09 2014

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)

Protected Voter Code if applicable. See instructions.

I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle, Maiden Name and Suffix	Date changed
Other changes	New PCT	Authorized by
1/20/15 Corrected BD from , '96		KB
		1/20/15

- Deceased
- Out of State
- Personal Request
- Convicted of a Felony
- Judged Incapacitated
- Error Deleted
- NVRA Cancel
- Transferred Out
- Re-Registered
- Inactive Status
- Reactivated

Notes

CANCELLED - NON-CITIZEN MAR 30 2016

1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female \* Gender Dawn  None  Non- \* Date of Birth 1/9/69 \* Full Middle or Maiden Name Robin \* Suffix (Jr., Sr., III, Etc.) 703-867-6490 Daytime Telephone Number

3 1304 Bayside AVE 12 Woodbridge 22191 \* Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside E-mail address

Mailing Address (If different) Virginia P.O. Box or Uniformed Service Address, if applicable  City or  County (include Zip Code) Name of City or County of Residence

4 \* Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_ If YES, have your voting rights been restored?  YES  NO If YES, when restored? \_\_\_\_\_

5 \* Have you ever been judged mentally incapacitated?  YES  NO If YES, has court restored you to capacity?  YES  NO If YES, when restored? \_\_\_\_\_

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

\* Signature (or mark if unable to sign) Dawn R Izina AUG 28 2012

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check/describe if you have a disability that requires accommodation in order to vote.

I'm Interested in being an Election Official on Election Day. Please send me information. You may request that your home address not be released if you or member of your household (a) are active or retired law enforcement, or (b) have been granted a protective court order, (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.  Law Enforcement  Protective Order  Threatened/Stalked  Address Confidentiality Program

**1** \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO **If you checked "NO" in response to either of these questions, do not complete this form.**

**2**  Male  Female  Social Security Number  Gender \*Date of Birth 1996 703-680-5441 Daytime Telephone Number  
 \*Last Name Walker-Deen \*First Name Marian \* Full Middle or Maiden Name  None \* Suffix (Jr., Sr., III, Etc.)  None

**3** 14667 Forsythia Terrace Woodbridge 22193  
 \*Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code  
 If Rural Address or Homeless, please describe where you reside Walkerdeennarian7@gmail.com E-mail address  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence  City or  County:

**4** \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? \_\_\_\_\_

**5** \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? \_\_\_\_\_

**6** **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

→ \*Signature (or mark if unable to sign) M Walker JAN 27 2014

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.

Protected Voter Code if applicable. See instructions.

I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name \_\_\_\_\_ New First, Middle/Maiden Name and Suffix \_\_\_\_\_ Date changed \_\_\_\_\_

Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes

1 \*Are you a citizen of the United States of America?  YES  NO

\* Will you be at least 18 years of age on or before the next General Election day?  YES  NO

If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female

\*Social Security Number: [REDACTED] \*Gender: Sandra \*Date of Birth: 11/9/92 Daytime Telephone Number: 571-356-8291

\*Last Name: Cordera \*First Name: Sandra \*Full Middle or Maiden Name: Suleyma  None \*Suffix (Jr., Sr., III, Etc.):  None

3 \*Residence (Permanent) Home Address: 14101 Cove Landing DR Apt/Unit/Lot/Rm/Ste: 302 City/Town: woodbridge Zip Code: 22191

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_

Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) \_\_\_\_\_  City or  County: \_\_\_\_\_

Name of City or County of Residence \_\_\_\_\_

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_

If YES, have your voting rights been restored?  YES  NO If YES, when restored? [M][M], [D][D], [Y][Y][Y][Y]

5 \*Have you ever been judged mentally incapacitated?  YES  NO

If YES, has court restored you to capacity?  YES  NO If YES, when restored? [M][M], [D][D], [Y][Y][Y][Y]

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

\* Signature (or mark if unable to sign) *[Signature]* JUN 10 2015 [M][M], [D][D], [Y][Y][Y][Y]

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required). \_\_\_\_\_

Check if you have a disability that requires someone to assist you in order to vote. **BOOKS CLOSED**

I'm interested in being an Election Official on Election Day. Please send me information.

**For Office Use Only**

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle, Maiden Name and Suffix	Date changed
Other changes	New PCT	Authorized by
		Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes \_\_\_\_\_

\* Are you a citizen of the United States of America?  YES  NO

\* Will you be at least 18 years of age on or before the next General Election day?  YES  NO

If you checked "NO" in response to either of these questions, do not complete this form.

[Redacted Social Security Number]

Male  Female

[Redacted Date of Birth]

1 9 8 5

[Redacted Daytime Telephone Number]

\* Social Security Number

\* Gender

\* Date of Birth

Daytime Telephone Number

DAVICH, RICHARD, LOYD

None

None

\* Last Name

\* First Name

\* Full Middle or Maiden Name

\* Suffix (Jr., Sr., III, Etc.)

15328 POSTILLION TER, WOODBRIDGE, VA 221913814

\* Residence (Permanent) Home Address

Apt/Unit/Lot/Rm/Ste

City/Town

Zip Code

If Rural Address or Homeless, please describe where you reside

E-mail address

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)

City or  County

Name of City or County of Residence

PRINCE WILLIAM

\* Have you ever been convicted of a felony?  YES  NO

State where convicted

If YES, have your voting rights been restored?  YES  NO

If YES, when restored?

M M / D D / Y Y Y Y

\* Have you ever been judged mentally incapacitated?  YES  NO

If YES, has court restored you to capacity?  YES  NO

If YES, when restored?

M M / D D / Y Y Y Y

**Registration Statement:** I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

\* Signature (or mark if unable to sign)

*Richard D. Davich*

9 3 / 2 0 / 2 0 1 4

JUN 04 2014

Check if you have a disability that requires someone to assist you in order to vote

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)

[Redacted Protected Voter Code]

Protected Voter Code if applicable. See above.

I'm interested in being an Election Official on Election Day. Please send me information.



1 \*Are you a citizen of the United States of America?  YES  NO \*Will you be at least 18 years of age on or before the next General Election day?  YES  NO If you checked "NO" in response to either of these questions, do not complete this form.

2  Male  Female \*Gender \*Date of Birth 1957 Daytime Telephone Number 703-979-0539  
 \*Last Name ISLAM \*First Name SHAMIM \*Full Middle or Maiden Name ARA  None \*Suffix (Jr., Sr., III, Etc.)  None

3 \*Residence (Permanent) Home Address 16611 Telescope Ln Apt/Unit/Lot/Rm/Ste Dumfries VA 22026  
 City/Town Zip Code

If Rural Address or Homeless, please describe where you reside \_\_\_\_\_ E-mail address \_\_\_\_\_  
 City or  County: \_\_\_\_\_  
 Mailing Address (if different)/Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) \_\_\_\_\_ Name of City or County of Residence \_\_\_\_\_

4 \*Have you ever been convicted of a felony?  YES  NO State where convicted \_\_\_\_\_  
 If YES, have your voting rights been restored?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

5 \*Have you ever been judged mentally incapacitated?  YES  NO  
 If YES, has court restored you to capacity?  YES  NO If YES, when restored? M M / D D / Y Y Y Y

6 **Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.**

\* Signature (or mark if unable to sign) *Shamim A Islam* M M / D D / Y Y Y Y 03/18/2013

APR - 2 2013  
 If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).  Check if you have a disability that requires someone to assist you in order to vote.

Protected Voter Code if applicable. See instructions.

I'm interested in being an Election Official on Election Day. Please send me information.

### For Office Use Only

Registration date	PCT	Town code	Denial date & reason	Date changed

New Last Name	New First, Middle/Maiden Name and Suffix	Date changed	
Other changes	New PCT	Authorized by	Date changed

- Deceased \_\_\_\_\_
- Out of State \_\_\_\_\_
- Personal Request \_\_\_\_\_
- Convicted of a Felony \_\_\_\_\_
- Judged Incapacitated \_\_\_\_\_
- Error Deleted \_\_\_\_\_
- NVRA Cancel \_\_\_\_\_
- Transferred Out \_\_\_\_\_
- Re-Registered \_\_\_\_\_
- Inactive Status \_\_\_\_\_
- Reactivated \_\_\_\_\_

Notes *CANCELLED DECLARED NON CITIZEN 03/17/2013* Exhibit 7, page 82 of 84

2 Are you a citizen of the United States of America?  YES  NO Will you be 18 years of age on or before election day?  YES  NO If you checked 'no' in response to either of these questions, do not complete this form.

3 [REDACTED] 4 GENDER  MALE  FEMALE [REDACTED] / 1 9 8 6  
M M D D Y Y Y Y  
DAYTIME TELEPHONE NUMBER

6 FULL MIDDLE OR MAIDEN NAME SUFFIX (JR, SR, III, ETC.)  
GONZALEZ AVILA, RICARDO,

7 RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) APT/UNIT/LOT/RM/SUITE CITY OR TOWN ZIP CODE  
13145 MINNIEVILLE ROAD TRL #13 WOODBRIDGE 22192-4  
IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH, EAST, ETC., NEAREST LANDMARK

MAILING ADDRESS (if different) VIRGINIA P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLICABLE (INCLUDE ZIP CODE) 8 NAME OF CITY OR COUNTY OF RESIDENCE  
 CITY OR  COUNTY OF  
PRINCE WILLIAM

9 • HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO • HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED?  YES  NO  
• IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED?  YES  NO 10 • IF YES, HAS COURT RESTORED YOU TO CAPACITY?  YES  NO  
• IF YES, WHEN RESTORED? (Required) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ • IF YES, WHEN RESTORED? (Required) MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

11 REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION, (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE.  
↓ REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN).  
SIGN HERE ▶ Ricardo Gonzalez DATE → 05/23/09  
If applicant is unable to sign, write below the name/address of person who assisted. (REQUIRED)

Yes, I am interested in working as an Election Official on Election Day. Please send me information. You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) You must show a Virginia P.O. box under mailing address in box 7 above.  
 ACTIVE/RET LAW ENFORCEMENT  PROTECTIVE COURT ORDER  THREATENED/STALKED  Check here if you have a disability that requires accommodation in order to vote

REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS
JUN 19 2009				BOOKS CLOSED

VA-NVRA-1 Rev. 7/04

CANCELLED DECLARED NON CITIZEN 7/12/2016  
6/20/2016

1 [REDACTED] 2 GENDER (circle one) MALE FEMALE [REDACTED] YYYY) 1962 DAYTIME TELEPHONE NUMBER (703)598 7558

4 FIRST NAME FULL MIDDLE OR MAIDEN NAME SUFFIX (JR., SR., III., ETC.)

Rodriguez de Jesus Maria Consuelo

5 RESIDENCE/HOME ADDRESS (IF RURAL ADDRESS, COMPLETE BOX 11 BELOW) APT/UNIT/LOT/RM/SUITE CITY OR TOWN STATE ZIP CODE

3631 Feemont PL Woodbridge VA 22193

6 MAILING ADDRESS (if different from above) P. O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLIES (INCLUDE ZIP CODE) 7 NAME OF CITY OR COUNTY OF RESIDENCE

CITY  COUNTY

DO YOU WANT TO APPLY TO REGISTER TO VOTE OR CHANGE YOUR VOTER REGISTRATION ADDRESS?  YES Answer the citizenship question to the right and complete ALL boxes (8 - 11 and A) in Section B and sign your name in the red box below.  NO STOP HERE - DO NOT FILL OUT SECTION B.

ARE YOU A U. S. CITIZEN?  YES. To apply to register to vote or change your voter registration address. CONTINUE - Complete all boxes (8 - 11 and A) in Section B and sign your name in the red box below.  NO. STOP HERE - DO NOT FILL OUT SECTION B.

8 CONVICTION OF FELONY

- HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO
- IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED?  YES  NO
- IF YES, WHEN RESTORED? (REQUIRED) MO DAY YEAR

9 CIRCUIT COURT JUDGEMENT OF MENTAL INCAPACITY

- HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED?  YES  NO
- IF YES, HAS COURT RESTORED YOU TO CAPACITY?  YES  NO
- IF YES, WHEN RESTORED? (REQUIRED) MO DAY YEAR

Yes, I am interested in working as an Election Official on Election Day. Please send me information.  If you are active or retired law enforcement, or if you have a protective court order, you may request that your home address not be released. You must show a Virginia P.O. box in box 6 above.  Check here if you have a disability that requires accommodation in order to vote.

ACTIVE/RET LAW ENFORCEMENT  PROTECTIVE COURT ORDER

10 REGISTRATION STATEMENT: I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR PERJURY, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION, ENTERED IN BOX A BELOW, OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE BELOW

REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN) AND COMPLETE BOX A BELOW. COMPLETE BOX 11 BELOW IF RURAL ADDRESS.

SIGN HERE *Maria Rodriguez* DATE 1-17-04

IF APPLICANT IS UNABLE TO SIGN, WRITE THE NAME/ADDRESS OF PERSON WHO ASSISTED BELOW (REQUIRED):

11 IF YOU LIVE IN A RURAL AREA, DESCRIBE YOUR HOUSE LOCATION (I.E., STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED; CLOSEST INTERSECTING ROAD; SIDE OF THE ROAD-NORTH, EAST, ETC.; NEAREST LANDMARK.)

CSM

REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS
FEB 20 2004				BOOKS CLOSED

VA - NVRA - 1 Rev. 1/00

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
NEW LAST NAME	NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX	DATE CHANGED
OTHER CHANGES	NEW PCT	AUTHORIZED BY
		DATE CHANGED
<input type="checkbox"/> DECEASED	<input type="checkbox"/> JUDGED INCAPACITATED	<input type="checkbox"/> TRANSFERRED OUT
<input type="checkbox"/> OUT OF STATE	<input type="checkbox"/> ERROR DELETED	<input type="checkbox"/> RE-REGISTERED
<input type="checkbox"/> PERSONAL REQUEST	<input type="checkbox"/> NVRA PURGE	<input type="checkbox"/> INACTIVE STATUS
<input type="checkbox"/> CONVICTED OF FELONY	<input type="checkbox"/> REACTIVATED	

NOTES: CANCELLED DELETED NON CITIZEN 7/12/2016

2	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked "no" in response to either of these questions, do not complete this form.	
3	SOCIAL SECURITY NUMBER	4 GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5	DATE OF BIRTH M M D D Y Y Y 1 9 4 5
6	LAST NAME (Print) FIRST NAME FULL MIDDLE OR MAIDEN NAME SUFFIX (JR., SR., III, ETC.) GRAY WILLIAM LESLIE		DAYTIME TELEPHONE NUMBER 703-499-4093	
7	RESIDENCE /HOME ADDRESS (IF RURAL ADDRESS, DESCRIBE BELOW) 14403 ADEN ROAD		APT/UNIT/LOT/RM/SUITE NOKESVILLE	CITY OR TOWN ZIP CODE 20181
IF RURAL ADDRESS, DESCRIBE WHERE YOUR HOUSE IS LOCATED (I.E., WHAT IS THE STATE ROAD NUMBER WHERE YOUR HOUSE IS LOCATED? WHICH SIDE OF THE ROAD-NORTH, EAST, ETC.; NEAREST LANDMARK)				8 NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY OR <input checked="" type="checkbox"/> COUNTY OF PWC
9	• HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____		10	• HAVE YOU EVER BEEN JUDGED MENTALLY INCAPACITATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? (REQUIRED) MO _____ DAY _____ YEAR _____
11	<b>REGISTRATION STATEMENT:</b> I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR MAKING WILLFULLY FALSE MATERIAL STATEMENTS OR ENTRIES, THAT I AM A U.S. CITIZEN AND A RESIDENT OF VIRGINIA, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE, I AUTHORIZE THE CANCELLATION (ENTERED IN BOX 1 ABOVE) OF MY CURRENT REGISTRATION, AND I HAVE READ THE PRIVACY ACT NOTICE ABOVE. REMINDER: SIGN HERE FOR VOTER REGISTRATION (OR MARK IF UNABLE TO SIGN). SIGN HERE <u>William L. Gray</u> DATE → 02.12.07 If applicant is unable to sign, write below the name/address of person who assisted: (REQUIRED)			
<input type="checkbox"/> Yes, I am interested in working as an Election Official on Election Day. Please send me information.		You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 7 above.		<input type="checkbox"/> Check here if you have a disability that requires accommodation in order to vote.
<input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER <input type="checkbox"/> THREATENED/STALKED				
REGISTRATION DATE	PCT	TOWN CODE	DENIAL DATE & REASON	COMMENTS
FEB 26 2007				

VA-NVRA-1 Rev 6/04

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
NEW LAST NAME	NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX	DATE CHANGED
OTHER CHANGES	NEW PCT	AUTHORIZED BY
Reinstated 5-18-10. Returned Affirmation of Citizenship 5-17-10		
<input type="checkbox"/> DECEASED _____ <input type="checkbox"/> OUT OF STATE _____ <input type="checkbox"/> PERSONAL REQUEST _____ <input type="checkbox"/> CONVICTED OF A FELONY _____	<input type="checkbox"/> JUDGED INCAPACITATED _____ <input type="checkbox"/> ERROR DELETED _____ <input type="checkbox"/> NVRA PURGE _____	<input type="checkbox"/> TRANSFERRED OUT _____ <input type="checkbox"/> RE-REGISTERED _____ <input type="checkbox"/> INACTIVE STATUS _____ <input type="checkbox"/> REACTIVATED _____
NOTES: Declared non-citizen cancelled 4-15-10		

For Voting, Virginia law requires every voter voting in person to show identification or sign a statement, subject to felony penalties for false statements pursuant to §24.2-1016, that the person is the named registered voter.

For Registration, Under a new federal law, if this form is submitted by mail, and you have never registered to vote in Virginia before, you must send with this application either (a) a copy of your current and valid photo identification, or (b) a copy of a current utility bill, bank statement, government check, paycheck or other government document that shows your name and address. Otherwise, you may be required to show election officials either (a) or (b) above the first time you vote in a federal election.

DECEASED 2-21-2015

IDENTIFICATION REQUIREMENT

RECEIVED

MAY 17 2010



PRINCE WILLIAM COUNTY  
VOTER REGISTRATION AND  
ELECTIONS

COMMONWEALTH OF VIRGINIA  
**AFFIRMATION OF CITIZENSHIP**

§ 24.2-410.1 of the Code of Virginia

**SUBJECT TO PENALTY OF LAW, I DO HEREBY AFFIRM THAT I AM A  
CITIZEN OF THE UNITED STATES OF AMERICA**

William L. Gray  
SIGNATURE OF VOTER

PRINTED NAME  
OF VOTER: WILLIAM L. GRAY

Date of birth: '24

Current address: Street/P.O. Box/Apt.# 14403 ADEK RD.  
City/Town/State/Zip NDKESVILLE VIRGINIA 20181-3122

Mailing address [if different]: Street/P.O. Box/Apt.#  
City/Town/State/Zip

Daytime telephone number: 703-791-4137

Email address: NONE

**> INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS  
FORM IS A FELONY. THE PUNISHMENT IS UP TO TEN YEARS IN PRISON AND  
A FINE UP TO \$2,500. YOU ALSO LOSE YOUR RIGHT TO VOTE.**

IF YOU ARE A CITIZEN, PLEASE RETURN COMPLETED FORM TO:  
**PRINCE WILLIAM VOTER REGISTRATION AND ELECTIONS**

Office of Voter Registration  
9250 LEE AVENUE, STE. 1  
MANASSAS, VA 20110-55

RECEIVED

MAY 17 2010

PRINCE WILLIAM COUNTY  
VOTER REGISTRATION AND  
ELECTIONS

Completion of this section is requested but not required to apply for a driver's license or ID Card. (Virginia Code §2.2-3806)

**INFORMATION FOR THE STATE BOARD OF ELECTIONS**

Are you a citizen of the United States of America?

Do you want to apply to register to vote or change your voter registration address?

YES   
(INITIAL BOX)

NO  *MP*  
(INITIAL BOX)

YES   
(INITIAL BOX)

NO  *MP*  
(INITIAL BOX)

**INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL**

Yes, I would like to remain or become an organ, eye and tissue donor.



**DRIVER'S LICENSE AND IDENTIFICATION CARD APPLICATION**

DL1P (07/01/2009)

LOG #  
**00303**

**Purpose:** Use this form to apply for a Virginia Driver's License or Identification Card

**Instructions:** Applicants complete the front and back of this application

Note Va Code §§46 2-323 and 46 2-342 require that you provide DMV with the information on this form (including your social security number) It is not necessary to provide a social security number for an identification card This social security number is for record keeping purposes and may be disseminated only in accordance with Va Code §§46 2-208 and 46 2-209 Persons convicted of certain sexual offenses (as listed in Va Code §9 1-902) must register or re-register with the Virginia Department of State Police as provided in Va Code §§9 1-901, 9 1-903, and 9 1-904 If you provide a non-Virginia residence/home address or non-Virginia mailing address, your application for a driver's license or identification (ID) card may be denied

**APPLICATION TYPE (Check one)**

- 1.  Driver's License
- 2.  Learner's Permit and Driver's License
- 3.  CDL Learner's Permit or License
- 4.  Motorcycle Learner's Permit
- 5.  Driver's License with Motorcycle (Class M)
- 6.  CDL with Motorcycle (Class M)
- 7.  Driver's License with School Bus Endorsement (to carry less than 16 passengers)
- 8.  Identification Card
- 9.  Hearing Impaired ID Card
- 10.  Emancipated Minor ID Card
- 11.  Driver's License Testing for Foreign Diplomats

If you are applying for a replacement license or identification card check one of the following

- I am surrendering my current license or identification card
- I hereby certify any current license or ID card is unavailable for surrender because it is  Lost  Stolen  Destroyed or Mutilated

Do you currently have or have you ever held a driver's license or learner's permit from Virginia, another state, U.S. territory or foreign country?  Yes  No

If yes, provide the following

LICENSE NUMBER	ISSUE DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)	STATE/COUNTRY
T67-35-3942	07/03/2007	03/22/2010	VIRGINIA

**APPLICANT INFORMATION**

SOCIAL SECURITY NUMBER	GENDER (check one) <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (mm/dd/yyyy) 1/19/45	DAYTIME TELEPHONE NUMBER (703) 791-4137
FULL LEGAL NAME (last) GRAY	(first) WILLIAM	(middle) LESLIE	(suffix)
STREET ADDRESS 14403 ADEN RD.	CITY NAKESVILLE	STATE VIRGINIA	ZIP CODE 20181-3122
MAILING ADDRESS (if different from above)	NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY OF PRINCE WILLIAM		
IF YOUR NAME HAS CHANGED, PRINT YOUR FORMER NAME HERE	WEIGHT 270 LBS	HEIGHT 5 FT 11 IN.	EYE COLOR BROWN
			HAIR COLOR BROWN

**DRIVER'S LICENSE APPLICANTS**

	YES	NO	
1 Do you wear glasses or contact lenses? <i>FOR READING ONLY</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7 If you answered YES to any of these questions, please explain <i>INSULIN-NEW-NO PROBLEMS! DIABETIC SHOCK</i>
2 Do you have a physical or mental condition which requires that you take medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever had a seizure, blackout, or loss of consciousness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Do you have a physical condition which requires you to use special equipment in order to drive?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Have you been convicted within the past ten years in this state or elsewhere of any offense resulting from your operation of, or involving, a motor vehicle? (Do not include parking tickets)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6 Has your license or privilege to drive ever been suspended, revoked, or disqualified in this state or elsewhere, or is it currently suspended, revoked or disqualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE**

REQUIRED TESTS	PASSED	FAILED	REMARKS/PAID STAMP	ENTER CUSTOMER NUMBER
VISION	<i>MP</i>		<i>mped Road pass (Primary)</i> <b>PAID #15</b> <b>FEB 18 2010</b> <b>MSS-627</b>	7167353942
DL ROAD SIGNS EXAM				TRANSACTION TYPE
DL KNOWLEDGE EXAM				<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE
DL SKILLS				<input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> DUPLICATE
PROOF OF ID (primary)	PROOF OF ID (secondary)		PROOF OF SOCIAL SECURITY NUMBER (specify)	FEE \$32.00
VA DRL T67 35 3942				
PROOF OF RESIDENCY (specify)	PROOF OF LEGAL PRESENCE (specify)			
CSE SIGNATURE AND NUMBER <i>Burda Alein</i>	DOCUMENT VERIFIER SIGNATURE AND NUMBER <i>15</i>			

**PARENT OR GUARDIAN CONSENT FOR APPLICANTS UNDER 18 (Unless applicant is married - marriage certificate required)**

I authorize issuance of a learner's permit/driver's license/identification card. I certify that the applicant is a resident of Virginia. I certify that the applicant is attending school regularly and is in good academic standing, but if not, I authorize issuance of a learner's permit/driver's license. I certify that this applicant will operate a motor vehicle for at least 45 hours (15 of which will occur after sunset) while holding a learner's permit.

If my child attends public school, I authorize the principal or designee of the public school attended by the applicant to notify the juvenile and domestic relations district court (within whose jurisdiction the applicant resides) when the applicant has had 10 or more unexcused absences from school on consecutive school days.

I certify that the statements made and the information submitted by me regarding this certification are true and correct.

PARENT/GUARDIAN NAME (print)	PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)
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**APPLICANT UNDER AGE 18** Have you ever been found not innocent of any offense in a Juvenile and Domestic Relations Court in this or any other state?  YES  NO  
If you answered YES, a court within your jurisdiction must provide court consent below.

**COURT CONSENT** In my opinion the applicant's request for a learner's permit/driver's license  should be granted  should not be granted.  
Remarks

JUDGE NAME (print)	JUDGE SIGNATURE	DATE (mm/dd/yyyy)
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**COMMERCIAL DRIVER'S LICENSE APPLICANTS**

Complete this CERTIFICATION OF QUALIFICATION by checking the box for the category that applies. (For requirements refer to the Code of Federal Regulations or VA Motor Carrier Safety Regulations)

**INTERSTATE DRIVER**

- I meet the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations.  
 I am exempt from the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations.

**INTRASTATE DRIVER**

- I meet the qualification requirements of the Virginia Motor Carrier Safety Regulations.  
 I am exempt from the qualification requirements of the Virginia Motor Carrier Safety Regulations.

**VEHICLE TYPE**

I want to be licensed to operate the type of vehicle(s) checked below.

- A - Combination vehicle with GVWR or GCWR of 26,001 lbs. or more.  
 B - Single vehicle with GVWR of 26,001 lbs. or more, or towing a vehicle less than 10,000 lbs. GVWR.  
 C - Any vehicle that does not fit the definition of a Class A or Class B vehicle and is either used to transport hazardous materials or designed to carry 16 or more passengers, including the driver.

**AIR BRAKES**  With  Without

**ENDORSEMENT**

I want to apply for the following vehicle endorsement(s)

- H - Hazardous Materials  
 N - Tank  
 P - Passenger Carrying Vehicle (16 or more passengers)  
 S - School Bus (16 or more passengers)  
 T - Double/Triple Trailer

Identify any state(s) in which you have been previously licensed within the past 10 years. Provide additional information using the Supplemental Driver's Licensing History Sheet, form DL1PA.

STATE(S)
LICENSE NUMBER
LICENSE ISSUE DATE (mm/dd/yyyy)
LICENSE EXPIRATION DATE (mm/dd/yyyy)

**GOVERNMENT EMPLOYEES - (Fee waiver certification)**

I certify that I am employed by the

Commonwealth of Virginia or  City of  County of  Town of \_\_\_\_\_

to operate a motorcycle or commercial motor vehicle and, because of such employment, I am entitled to the waiver of the motorcycle class and/or commercial motor vehicle endorsement fee, provided I have paid for and hold a valid Virginia driver's license or have made application for such.

**SELECTIVE SERVICE**

All males under the age of 26 are required to check one of the following. Failure to provide a response will result in denial of your application.

- I am already registered with Selective Service.  
 I am a non-immigrant alien in the U.S. and not required to register.  
 I authorize DMV to forward to the Selective Service System personal information necessary to register me with Selective Service.

By signing this application, I consent to be registered with Selective Service, if required by federal law. If under age 18, an appropriate adult must complete and sign below. I authorize DMV to send information to Selective Service which will be used to register applicant when he is 18 years old.

SIGNATURE (check one and sign)  PARENT/GUARDIAN  JUDGE, JUVENILE DOMESTIC RELATIONS COURT  EMANCIPATED MINOR

**CERTIFICATION AND SIGNATURES**

I certify and affirm that I am a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that my appearance, for purpose of my DMV photograph, is a true and accurate representation of how I generally appear in public. I make this certification and affirmation under penalty of perjury and understand that knowingly making a false statement on this application is a criminal violation.

APPLICANT NAME (print) W. L. GRAY	APPLICANT SIGNATURE <i>William L. Gray</i>	DATE (mm/dd/yyyy) 02/18/2010
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