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6 Attorneys for Plaintiff
7

8 IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
9 IN AND FOR THE COUNTY OF MARICOPA

10 RASEAN CLAYTON,

11 Plaintiff,

12 vs.

13 KANYE WEST; DONALD ANGLIN;
KRISTIN ANGLIN; KELLI WHITEHEAD;
14 BRITTANI QUALE; WILLIAM QUALE;
RACHEL WALLACE-SASSARINI;
15 PATRICK WALLACE-SASSARINI;
KEITH GILBERT; MARILYN TUCK;
16 MICHELE VRABEL; MARK RENBERG;
KATIE HOBBS, in her official capacity as
17 the Secretary of State of Arizona; EDISON J.
WAUNKA, in his official capacity as the
18 Apache County Recorder; APACHE
COUNTY BOARD OF SUPERVISORS, in
19 their official capacity; DAVID W.
STEVENS, in his official capacity as
20 Cochise County Recorder; COCHISE
COUNTY BOARD OF SUPERVISORS, in
21 their official capacity; PATTY HANSEN, in
her official capacity as the Coconino County
22 Recorder; COCONINO COUNTY BOARD
OF SUPERVISORS, in their official
23 capacity; SADIE JO BINGHAM, in her
official capacity as Gila County Recorder;
24 GILA COUNTY BOARD OF
SUPERVISORS, in their official capacity;
25 WENDY JOHN, in her official capacity as
Graham County Recorder; GRAHAM
26 COUNTY BOARD OF SUPERVISORS, in
their official capacity; SHARIE MIHEIRO,
27 in her official capacity as Greenlee County
Recorder; GREENLEE COUNTY BOARD
28 OF SUPERVISORS, in their official



COPY

AUG 31 2020

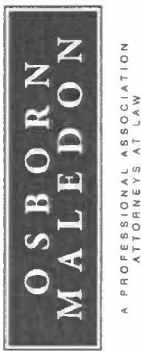
CLERK OF THE SUPERIOR COURT
A. McLGONE
DEPUTY CLERK

CV 2020--010553

Case No. _____

**VERIFIED COMPLAINT FOR
DECLARATORY AND
INJUNCTIVE RELIEF**

Expedited Election Case



1 capacity; RICHARD GARCIA, in his
2 capacity as the La Paz County Recorder; LA
3 PAZ COUNTY BOARD OF
4 SUPERVISORS, in their official capacity;
5 ADRIAN FONTES, in his official capacity
6 as the Maricopa County Recorder;
7 MARICOPA COUNTY BOARD OF
8 SUPERVISORS, in their official capacity;
9 KRISTI BLAIR, in her official capacity as
10 the Mohave County Recorder; MOHAVE
11 COUNTY BOARD OF SUPERVISORS, in
12 their official capacity; MICHAEL SAMPLE,
13 in his official capacity as Navajo County
14 Recorder; NAVAJO COUNTY BOARD OF
15 SUPERVISORS, in their official capacity; F.
16 ANN RODRIGUEZ, in her official capacity
17 as the Pima County Recorder; PIMA
18 COUNTY BOARD OF SUPERVISORS, in
19 their official capacity; VIRGINIA ROSS, in
20 her official capacity as the Pinal County
21 Recorder; PINAL COUNTY BOARD OF
22 SUPERVISORS, in their official capacity;
23 SUZANNE SAINZ, in her official capacity
24 as the Santa Cruz County Recorder; SANTA
25 CRUZ COUNTY BOARD OF
26 SUPERVISORS, in their official capacity;
27 LESLIE M. HOFFMAN, in her official
28 capacity as the Yavapai County Recorder;
YAVAPAI COUNTY BOARD OF
SUPERVISORS, in their official capacity;
ROBYN STALLWORTH POUQUETTE, in
her official capacity as the Yuma County
Recorder; and YUMA COUNTY BOARD
OF SUPERVISORS, in their official
capacity,

Defendants.

Plaintiff hereby alleges as follows:

SUMMARY OF THE CASE

1. Kanye West is actively seeking signatures to have eleven Presidential Electors who are pledged to support him for President of the United States placed on the ballot for the general election to be held on November 3, 2020.
2. West and his Presidential Electors are seeking placement on the ballot pursuant to A.R.S. § 16-341, which allows a person who is not a registered member of a recognized political party to be nominated as a candidate for public office without a

1 primary election or action by party committee if the candidate gathers sufficient
2 signatures.

3 3. However, West and ten of his eleven Presidential Electors are members
4 of a recognized political party – the Republican Party. Thus, regardless of the number
5 of signatures they collect, they cannot qualify for the ballot under § 16-341.

6 4. This action therefore seeks a declaration and an injunction preventing
7 Mr. West and his Presidential Electors from being placed on the general election ballot.

8 JURISDICTION

9 5. This Court has jurisdiction over this action pursuant to Article 6, § 14 of
10 the Arizona Constitution and A.R.S. §§ 12-123, 12-1801, 12-1831, and 16-351.

11 6. Venue for this action lies in Maricopa County pursuant to A.R.S. § 12-
12 401(7) and (16) because at least one of the Defendants resides and/or holds office in
13 that county.

14 PARTIES

15 7. Plaintiff Rasean Clayton is a citizen, resident and qualified elector of the
16 United States of America, the State of Arizona and Maricopa County. Plaintiff is
17 qualified and intends to vote in the general election to be held on November 3, 2020.

18 8. Plaintiff is concerned that if Kanye West and his Presidential Electors are
19 allowed to appear on the ballot as Independents, it will cause substantial confusion and
20 violate the governing statute, because West and ten of his eleven Presidential Electors
21 are Republicans.

22 9. Defendant Kanye West is seeking to have Presidential Electors who are
23 pledged to support him placed on the ballot for the November 2020 general election.

24 10. Defendants Donald Anglin, Kristin Anglin, Kelli Whitehead, Brittani
25 Quale, William Quale, Rachel Wallace-Sassarini, Patrick Wallace-Sassarini, Keith
26 Gilbert, Marilyn Tuck, Michele Vrabel, and Mark Renberg are the Presidential
27 Electors pledged to support Mr. West who are seeking to be placed on the ballot for the
28 November 2020 general election.

1 11. West and his Presidential Electors are collectively referred to as the
2 Candidates.

3 12. Defendant Katie Hobbs is the Secretary of State of Arizona, and is
4 named in this action in her official capacity only. The Secretary of State is the public
5 officer with whom the Candidates' nomination petition are required to be filed, and is
6 responsible for determining the legal sufficiency of the nomination petition. *See*
7 A.R.S. §§ 16-311(E), -314(A). Pursuant to A.R.S. § 16-351(C)(2), the Secretary of
8 State is an indispensable party to this action.

9 13. The county recorders in each of Apache County, Cochise County,
10 Coconino County, Gila County, Graham County, Greenlee County, La Paz County,
11 Maricopa County, Mohave County, Navajo County, Pima County, Pinal County, Santa
12 Cruz County, Yavapai County, and Yuma County (collectively, the "County
13 Recorders") are the public officers responsible for preparing the ballots that would
14 contain the Candidates' names in the November 3, 2020 general election. Pursuant to
15 A.R.S. § 16-351(C)(3), the County Recorders are indispensable parties to this action,
16 and are named in their respective official capacities only.

17 14. The boards of supervisors in each of Apache County, Cochise County,
18 Coconino County, Gila County, Graham County, Greenlee County, La Paz County,
19 Maricopa County, Mohave County, Navajo County, Pima County, Pinal County, Santa
20 Cruz County, Yavapai County, and Yuma County (collectively, the "County Boards of
21 Supervisors") are the governing bodies of their respective political subdivisions and are
22 charged by law with conducting elections within their jurisdictional boundaries. *See*
23 A.R.S. §§ 11-251(3), 16-405, 16-461. Pursuant to A.R.S. § 16-351(C)(3), the County
24 Boards of Supervisors are indispensable parties to this action, and are named in their
25 respective official capacities only.

26 **WEST IS SEEKING TO QUALIFY FOR THE BALLOT**

27 15. On or about July 4, 2020, West announced that he was running for
28 President of the United States.

1 16. Since then, West has attempted to qualify for the November 2020 general
2 election ballot in several states, including Arizona.

3 17. According to media reports, West has qualified to appear on the ballot in
4 Arkansas, Colorado, Idaho, Iowa, Minnesota, Oklahoma, Tennessee, Utah, and
5 Vermont, and has failed to qualify for the ballot in Illinois, Missouri, Montana, Ohio,
6 West Virginia, Wisconsin, and Wyoming.

7 18. On August 20, 2020, Andrew Chavez, the owner of a prominent Arizona
8 signature gathering firm, reported that “Kanye West campaign team hitting ground
9 today in Arizona to reach third party status in Presidential. \$8 per signature.” Mr.
10 Chavez and his firm are apparently not associated with West’s campaign.

11 19. On August 20 and 21, 2020 Arizona newspapers began reporting that
12 West’s campaign was gathering signatures to appear on the November 2020 general
13 election ballot.

14 20. Beginning on August 24, 2020, paid circulators began registering with
15 the Secretary of State’s office to circulate nomination petitions on West’s behalf.

16 21. Seventy-three such circulators registered between August 24 and
17 August 30, 2020.

18 22. Public records obtained from the Secretary of State’s office confirm that
19 West is actively engaged in efforts to qualify for the ballot and that he is attempting to
20 do so under A.R.S. § 16-341. *See* Ex. A (emails with Secretary of State’s office),
21 Ex. B (sample nomination petition for West submitted by his representative).

22 23. West’s campaign has informed the Secretary of State’s office that it
23 intends to submit some petitions before the September 4 deadline, with a supplemental
24 filing of the remaining petitions on the September 4 deadline. *See* Ex. A.

25 **WEST CANNOT QUALIFY UNDER THE STATUTE**

26 24. Section 16-341(A) states that “[a]ny qualified elector who is not a
27 registered member of a political party that is recognized pursuant to this title may be
28

1 nominated as a candidate for public office otherwise than by primary election or by
2 party committee pursuant to this section.”

3 25. The Republican Party is a recognized political party under Title 16. *See*
4 Arizona Secretary of State, Recognized Political Parties,
5 <https://azsos.gov/elections/information-about-recognized-political-parties> (listing the
6 Republican, Democratic, and Libertarian parties as recognized political parties).

7 26. Thus, a registered Republican may not qualify for the ballot using the
8 procedures set forth in § 16-341.

9 27. West is a registered Republican. *See* Ex. C (West’s voter registration
10 record).

11 28. West therefore cannot be nominated under § 16-341.

12 29. The statute also requires the nominating petition for a presidential
13 candidate to include eleven Presidential Electors. *See* A.R.S. § 16-341(G) (requiring a
14 number of electors “equal to the number of United States senators and representatives
15 in Congress from this state”); www.congress.gov/members (showing that Arizona has
16 eleven senators and representatives in Congress).

17 30. These Presidential Electors are candidates for public office under the
18 statute. *See* A.R.S. § 16-341(G).

19 31. Ten of West’s eleven Presidential Electors are registered Republicans.
20 *See* Ex. D and E (voter registration records for West’s Presidential Electors from
21 Maricopa and Pinal Counties, respectively). The sole exception is Patrick Wallace-
22 Sassarini, who is registered as an independent. *See* Ex. D.

23 32. The Candidates have therefore not complied with the statutory
24 requirement to include eleven qualified Presidential Electors on his nomination
25 petitions.

26 33. As a result, regardless of the number of signatures gathered, allowing the
27 Candidates to appear on the ballot would be a violation of § 16-341 and would cause
28 substantial confusion for voters.

1 34. The Court should therefore declare and enjoin Defendants from including
2 the Candidates on the ballot.

3 **WEST’S ELECTORS HAVE NOT FILED STATEMENTS OF INTEREST**

4 35. Before collecting nomination petition signatures, independent candidates
5 must file a “statement of interest” with the filing officer (here, the Secretary of State).
6 *See* A.R.S. § 16-341(I).

7 36. Any signature collected before the statement of interest is filed is invalid.
8 *Id.*

9 37. Although the individual presidential and vice presidential candidates are
10 exempted from this requirement, candidates for the office of presidential elector are not
11 exempted. *See* A.R.S. § 16-341(I)(3).

12 38. As of August 31, 2020 no statements of interest have been filed for any
13 of West’s candidates for the office of presidential elector.

14 39. As a result, all of the signatures he has collected up until August 31 are
15 invalid and the Secretary of State should be enjoined from accepting them and any
16 other nomination petitions not preceded by statements of interest for each presidential
17 elector.

18 **THE COURT SHOULD CONSIDER THIS CHALLENGE NOW**

19 40. Although the Candidates have not yet submitted their nomination
20 petitions, it is appropriate for the Court to consider this challenge now.

21 41. Whether a legal action is ripe for judicial determination turns on “the
22 fitness of the issues for judicial decision” and “the hardship to the parties of
23 withholding court consideration.” *Pac. Gas and Elec. Co. v. State Energy Res.*
24 *Conservation & Dev. Comm’n*, 461 U.S. 190, 201 (1983) (citation omitted).

25 42. The Court can resolve this challenge now because the legal issues
26 presented herein do not depend in any way on the number or form of signatures that the
27 Candidates will submit.

28

1 43. If the Court waited until the Candidates submitted their nomination
2 petitions, there might be too little time for this Court to adjudicate this the matter and
3 there would almost certainly be too little time for an appeal to the Supreme Court.

4 44. The Candidates must submit nomination petitions by Friday,
5 September 4, 2020. *See* A.R.S. § 16-341(G) (setting a deadline of 60 days before the
6 general election).

7 45. Monday, September 7, is Labor Day, which is a court holiday. *See*
8 Maricopa County Superior Court, 2020 Judicial Branch Holidays,
9 <https://superiorcourt.maricopa.gov/communications-office/holidays/>.

10 46. The ballot printing deadline in eight counties (including the two most
11 populous counties, Maricopa and Pima) is Tuesday, September 8, 2020. The ballot
12 printing deadline in the remaining seven counties is Wednesday, September 9, 2020.
13 *See* Ex. F (S.O.S. 8/27/2020 Mem. to County Recorders and Election Directors).

14 47. Because of Labor Day weekend, there are no business days between the
15 deadline to submit nomination petitions on Friday, September 4 and the ballot printing
16 deadline on Tuesday, September 8.

17 48. If the Court waited to decide this matter until the Candidates submitted
18 their nomination petitions, the Candidates might appear on the general election ballot
19 in violation of A.R.S. § 16-341.

20 49. West’s belated campaign has already created significant administrative
21 challenges for State and County elections officials.

22 50. Among other things, counties set their ballot printing deadlines to ensure
23 that they can timely mail ballots to members of the armed services and their families
24 living overseas pursuant to the federal Uniformed and Overseas Citizens Absentee
25 Voting Act (UOCAVA).

26 51. Deciding the legal issues promptly, rather than waiting until the last
27 minute, would assist elections officials in ensuring that ballots are printed in a timely
28 and accurate manner, consistent with their legal obligations.

1 **DEMAND FOR RELIEF**

2 WHEREFORE, Plaintiff demands relief in the following forms:

3 A. A declaration pursuant to A.R.S. § 12-1831 that the Candidates are not
4 eligible for placement on the ballot for the general election to be held on November 3,
5 2020.

6 B. An injunction pursuant to A.R.S. § 16-351 and other applicable law
7 prohibiting the Candidates' names from being printed on the ballot for the general
8 election to be held on November 3, 2020.

9 C. An injunction pursuant to A.R.S. § 16-351 prohibiting the Secretary of
10 State from accepting any nomination petitions not preceded by statements of interest for
11 each presidential elector.

12 D. An award of reasonable attorney's fees and costs pursuant to A.R.S.
13 §§ 12-348 and -2030, the private attorney general doctrine, and other applicable law; and

14 E. Such other relief as the Court deems necessary, equitable, proper, and just.
15

16 DATED this 31st day of August, 2020.

17 OSBORN MALEDON, P.A.

18 

19
20 Mary R. O'Grady
21 Joseph N. Roth
22 Joshua D. Bendor
23 2929 North Central Ave., Suite 2100
24 Phoenix, Arizona 85012-2793

25 Attorneys for Plaintiff
26
27
28

EXHIBIT A

Information re independent presidential candidate filing

Kori Lorick <KLorick@azsos.gov>

Wed 8/26/2020 8:48 AM

To: Tim Timlasota. Com <tim@timlasota.com>

Bcc: Christopher Rhode <CRhode@azsos.gov>; Christine Dyster <cdyster@azsos.gov>

 1 attachments (758 KB)

County Signature Verification Guide_2020.pdf;

Hi Tim, It was nice speaking with you this morning. Please see guidance below on scheduling an appointment and signature review. We need to program our review system this week, so if you could provide a blank petition sheet, that would be extremely helpful.

1. Preparing an Independent Candidate's Presidential Nomination Filing

In addition to the nomination petition signatures, a filing for an independent presidential candidate must contain the following documents:

- A letter designating the name of the candidate's vice-presidential running mate and the names of eleven presidential electors who will represent the candidate, along with their signed consent to be designated as the vice-presidential candidate or presidential electors;
- Nomination paper containing the wet signature of the presidential candidate;
- Nomination paper containing the wet signature of the vice-presidential candidate;
- Nomination papers containing the wet signature for each of the eleven presidential electors; (A.R.S. § 16-341)

You can find more information about the independent presidential nomination process in our [Running for President Handbook](#).

Due to building access restrictions, we currently require appointments. **Please contact Chris Rhode at crhode@azsos.gov to coordinate your filing appointment.** Your filing appointment must be no later than 3:00 p.m. on Friday, September 4, so that we can complete the appointment and accepting the filing by 5:00 p.m. Further, because of the volume of signatures required, the time it will take to process those signatures, and the fact that most counties must finalize ballot programming by September 4, 2020 and provide final ballot files to print vendors shortly after that, we encourage you to submit your filing as early as possible to give our office time to process and certify the filing and the counties time to program their ballots to include your candidate's name should a sufficient number of petition signatures be submitted. We can schedule a filing appointment for you earlier in the week (e.g. September 1st or 2nd), and schedule a supplemental filing appointment on September 4, at which you can file any additional signatures collected after the initial appointment.

We also recommend having a phone appointment with our candidate filing specialist this week to ensure you understand the filing requirements and everything goes smoothly. Please let us know when you are free and what number to reach you at.

2. Petition Signature Questions

If there is no basis to reject a candidate filing, our office will count the nomination petition signatures to ensure the minimum number of signatures has been filed. A nomination petition signature line will be counted if it contains at least:

- An address, description of place of residence, or P.O. Box; and
- A signature in either the signature or printed name column or a printed name in the signature column; and
- A month and a day in the date column.

Our office will also review that the sheet includes the candidate's name and office sought as well as the circulator's signature on the back page. See A.R.S. 16-315.

Although nomination petition signature lines that are missing a signature but contain a printed name, or use a P.O. Box as a residence address, are presumed valid and counted in the filing officer's determination of the number of signatures submitted, such signatures may be subject to court challenge.

If an independent candidate's nomination petitions are challenged in court, the applicable County Recorder must review the challenged signatures in the same manner as partisan or nonpartisan nomination petitions. I'm attaching an appendix from Arizona's Elections Procedures Manual that serves as a guide for how the counties review signatures, should a challenge arise. Please see Chapter 6 of [Arizona's Elections Procedures Manual](#) for more information about the signature review and legal challenge process.

In order to process a filing, we request that every candidate provide a blank petition sheet in advance. **Please email us the version being circulated by this Friday, August 28 so that we can prepare our petition review program and ensure smooth and timely processing of your petitions.** Please note that petition sheets should not contain any metal (i.e. staples/paper clips) when they are filed. Sheets must also be organized by county in advance of filing them with our office. If you would like to review how to prepare your petition sheets for filing, we'd be happy to set up a phone call.

Thank you,
Kori

Elections Compliance Manager
Arizona Secretary of State's Office

Bo Dul

From: tim timlasota.com <tim@timlasota.com>
Sent: Saturday, August 29, 2020 2:39 PM
To: Bo Dul
Cc: Kori Lorick
Subject: Re: Indep Presidential Candidate Filing
Attachments: Candidate petition.blank county.pdf

I'm sorry I must have missed where you were asking for a sample petition but it is attached. I believe we could do a turn in on Sept. 2 in the afternoon with a supplement Friday a.m. Would that work?

From: Bo Dul <bdul@azsos.gov>
Sent: Saturday, August 29, 2020 11:24 AM
To: tim timlasota.com <tim@timlasota.com>
Cc: Kori Lorick <KLorick@azsos.gov>
Subject: Indep Presidential Candidate Filing

Hi Tim –

I'm following up on our call from last week. Were you able to confirm whether Mr. West will be filing nomination petitions and papers earlier than Sept. 4? You had mentioned possibly filing on Sept. 2 – will you please confirm whether that is still your plan and what time you would like to come in for the filing if so? Finally, I believe Kori has made this request to both you and Michael Rhodes of Allied Data Service, but we need a blank sample of the petition sheet that is being circulated so that we can prepare our petition review program to ensure smooth and timely processing. We had requested this by yesterday, August 28, and have not received it. Please provide us a blank sample petition sheet as soon as possible. Failure to do so may result in otherwise avoidable delays in scanning and processing the petitions once filed.

Thank you,

Bo



Sambo (Bo) Dul
State Elections Director
Arizona Secretary of State

Email: bdul@azsos.gov
Office: 602-542-8683

1700 W. Washington St., 7th Fl. | Phoenix, AZ | 85007

This message and any messages in response to the sender of this message may be subject to a public records request.

EXHIBIT B

“Independent” Presidential Elector Nomination Petition

The undersigned qualified electors of _____ county in the state of Arizona, do hereby nominate

Donald Anglin, 43217 W. Knauss Dr., Maricopa, AZ 85138, Pinal County, Kristin Anglin, 43217 W. Knauss Dr., Maricopa, AZ 85138, Pinal County, Kelli Whitehead, 2796 E. Valencia St., Gilbert, AZ 85296, Maricopa County, Britiani Quale, 2408 S. Spruce, Mesa, AZ 85210, Maricopa County, William Quale, 2408 S. Spruce, Mesa, AZ 85210, Maricopa County, Rachel Wallace-Sassarini, 1012 N. 92nd Cir., Mesa, AZ 85207, Maricopa County, Patrick Wallace-Sassarini, 1012 N. 92nd Cir., Mesa, AZ 85207, Maricopa County, Keith Gilbert, 320 W. Sparrow Dr., Chandler, AZ 85286, Maricopa County, Marilyn Tuck, 22413 N. Celtic Ave., Maricopa, AZ 85139, Pinal County, Michele Vrabel, 2207 W. Kiowa Cir., Mesa, AZ 85202, Maricopa County, Mark Renberg, 31490 N. Candlewood Dr., Queen Creek, AZ 85143, Pinal County

(name all 11 candidates for presidential elector, with each candidates' address of residence and county of residence) as candidates for the office of Presidential Elector at the general election to be held on the 3rd day of November, 2020, pledged to support Kanye West, who resides in Cody, WY for President of the United States. I hereby declare that I have not signed the nomination petitions of any other candidates for the office of Presidential Elector for this general election, and I do hereby select the following designation under which name the said candidate shall be placed on the official ballot: Independent

(here insert such party designation not exceeding three words in length). I further declare that if I choose to use a post office box address on this petition, my residence address has not changed since I last reported it to the county recorder for purposes of updating my voter registration file.

Signature	Printed name	Actual residence address, description of place of residence or Arizona post office box address, city or town	Date of signing
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Instructions for Circulators

1. All petitions shall be signed by circulator.
2. Circulator is not required to be a resident of this state but otherwise must be qualified to register to vote in this state and, if not a resident of this state, shall register as a circulator with the secretary of state.
3. Circulator's name shall be typed or printed under the circulator's signature.
4. Circulator's actual residence address or, if no street address, a description of residence location shall be included on the petition.

PRINT NAME

I,

[Redacted] a person who is not required to be a resident of this state but who is otherwise qualified to register to

COUNTY

vote in the county of

[Redacted], in the state of Arizona, hereby verify that each of the names on the petition was signed in my presence on the date indicated, that in my

belief each signer was a qualified elector who resides at the address given as their residence on the date indicated.

[Redacted Signature Area]

Signature of Circulator

[Redacted Name Area]

Typed or Printed Name of Circulator

[Redacted Address Area]

Circulator's Actual Residence Address
(If no street address, a description of residence location shall be included on the petition)

[Redacted City/Zip Area]

City or Town and Zip Code

EXHIBIT C

Colleen Renner
Park County Clerk
1002 Sheridan Ave
Cody, WY 82414
crenner@parkcounty.us
307-527-8600
307-754-8600
800-786-2844
www.parkcounty.us



Park County Elections
1002 Sheridan Ave
Cody, WY 82414
Elections Department
307-527-8620
307-754-8620
800-786-2844, ext. 8620

8/7/2020

To whom it may concern:

Kanye O. West is registered in Park County, State of Wyoming as a Republican. His voter registration is active.

Colleen Renner

Park County Clerk

STATE OF WYOMING
COUNTY OF PARK

On the 7th day of AUGUST 2020, personally
appeared before me COLLEEN RENNER
signer(s) of the foregoing instrument who duly acknowledges
to me that he/she/they executed the same.

Notary Public

Residing at: PARK COUNTY, WY
Commission expires: 10-23-2023

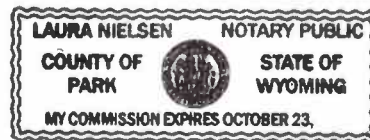






EXHIBIT D

8/28/2020
11:09:18AM

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information**

Voter ID: 5094645
Status: A
Harassment Code: N

Name: GILBERT, KEITH, ALAN
Phone: 000-000-0000
Residential: 320 W SPARROW DR, CHANDLER AZ 85286
Mailing:
Conversion

Affidavit: 205951095 **Perm EV Ind:** Y **Alt Format Type:** N
Receive Date:
Receive Type: R
DOR: 09/09/2019
Party: REP
Pc Date:
PPV: N
BP State: 
Country: 
DOB: /1974
Last 4 SSN: 
Occupation: 29

Precinct: 0253 - GERMANN
City Limits: CH - CHANDLER
CPC:

Con: 5 **Leg:** 17 **Sup:** 1 **Jp:** 3 **Sch:** 080 **HSch:** 80 **MCCD:** 1 **Special:** Q005


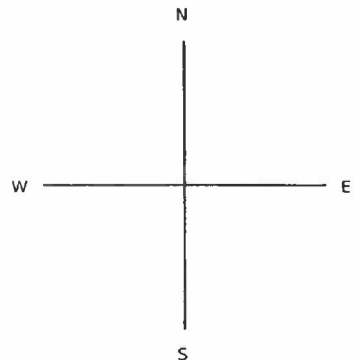

8/28/2020
11:09:28AM

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information
Election History**

VoterId: 5094645
Voter Name: GILBERT, KEITH, ALAN
Harassment Code: N

Primary	General	Primary	General	Primary	General
2020 Y REP	2020	2018 N	2018 N	2016 N	2016 N

Entry Date	AffSeq	Change Date	Change Type	Change Comments	Assc Voter
09/10/2019	205951095	09/09/2019	N	ORIG REG	0

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES. I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO. I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY 205951095					
[2] Last Name GILBERT		First Name KEITH		Middle Name ALAN		Jr./Sr./III	
[3] Address <u>where you live</u> - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks Do not use post office box or business address. Draw a map below if located in rural area. 320 W SPARROW DR						[4] Apt / Unit/Space	
[5] City CHANDLER		[6] Zip 85286 - 7760		[7] Address <u>where you get your mail</u> , if mail is not delivered to your home			
[8] Last four digits of Social Security Number		[9] AZ Driver License Number or AZ Nonoperating License Number		[10] Optional Tribal Identification Number		[11] Alien Registration Number	
[12] Birth Date (MM/DD/YYYY) /1974		[13] State or Country of Birth		[14] Party Preference <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other		[15] Telephone number	[16] Occupation
[17] If you were registered to vote in another state, list former address including county and state.				[18] List former name (if applicable)		[19] Father's name or mother's maiden name	
[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			[21] E-mail address			[23] If no street address draw a map here	
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						<i>If you checked 'No' to either one of these questions, do not submit this form.</i>	
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona. I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.							
This is a printed representation of the completed ServiceArizona web form 20190909143218116 M							
		09/09/2019					
SIGN HERE		DATE					
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.							
SIGNATURE OF PERSON ASSISTING				DATE			

8/28/2020
11:10:49AM

Maricopa County
Recorder's Information Systems Center
VM08 Voter Information

Voter ID: 2034114
Status: A
Harassment Code: N

Name: QUALE, BRITTANI, TABRIEL SALEM
Phone: 000-000-0000
Residential: 2408 S SPRUCE, MESA AZ 85210
Mailing:
Conversion

Affidavit: 203555741 **Perm EV Ind:** Y **Alt Format Type:** N
Receive Date:
Receive Type: R
DOR: 09/05/2000
Party: REP
Pc Date:
PPV: N
BP State: [REDACTED]
Country: [REDACTED]
DOB: [REDACTED]/1982
Last 4 SSN: [REDACTED]
Occupation: 3

Precinct: 0154 - CRISMON
City Limits: M3 - MESA COUNCIL DIST #3
CPC:

Con: 9 **Leg:** 18 **Sup:** 1 **Jp:** 16 **Sch:** 004 **HSch:** 4 **MCCD:** 1 **Special:** Q005


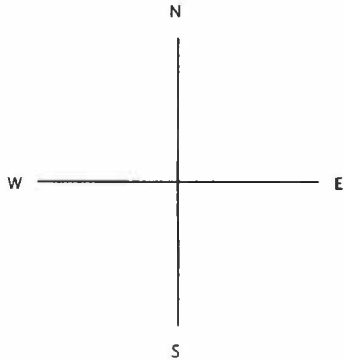

8/28/2020
11:10:55AM

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information
Election History**

VoterId: 2034114
Voter Name: QUALE, BRITTANI, TABRIEL SALEM
Harassment Code: N

Primary	General	Primary	General	Primary	General
2020 N REP	2020	2018 Y REP	2018 Y	2016 Y REP	2016 Y

Entry Date	AffSeq	Change Date	Change Type	Change Comments	Assc Voter
09/08/2014	203555741	09/03/2014	M	MOD NAM RES	0
07/19/2012	811264546	07/19/2012	U	COR NON CRITICAL	0
12/15/2010	811264546	12/14/2010	U	COR NON CRITICAL	0
12/14/2010	811264546	11/02/2010	M	MOD RES	0
09/06/2009	200499757	09/06/2009	U	RESTORED TO ACTIVE	0
09/23/2006	200499757	09/23/2006	U	COR NON CRITICAL	0
09/21/2006	200499757	09/14/2006	M	MOD NAM RES	0
09/21/2006	902034114	01/30/2006	R	RESTORATION	0
01/30/2006	902034114	01/30/2006	D	REGISTRATION VERIFICATIO	0
12/06/2003	959210850	12/06/2003	U	Added DLN to StatelDs	0
09/12/2000	959210850	09/05/2000	N	ORIG REG	0

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY 203555741					
[2] Last Name QUALE		First Name BRITTANI		Middle Name TABRIEL SALEM		Jr./Sr./III	
[3] Address <u>where you live</u> - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 2408 S SPRUCE						[4] Apt./Unit/Space	
[5] City MESA		[6] Zip 85210 - 7666		[7] Address <u>where you get your mail</u> , if mail is not delivered to your home			
[8] Last four digits of Social Security Number		[9] AZ Driver License Number or AZ Nonoperating License Number		[10] Optional Tribal Identification Number		[11] Alien Registration Number	
[12] Birth Date (MM/DD/YYYY) 1982		[13] State or Country of Birth		[14] Party Preference <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other		[15] Telephone number	[16] Occupation
[17] If you were registered to vote in another state, list former address including county and state.				[18] List former name (if applicable)		[19] Father's name or mother's maiden name	
[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			[21] E-mail address			[23] If no street address draw a map here	
[22] • Are you a citizen of the United States of America? • Will you be 18 years of age on or before election day?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If you checked 'No' to either one of these questions, do not submit this form.			
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.							
This is a printed representation of the completed ServiceArizona web form 20140903115224777 M							
X 		09/03/2014 DATE					
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.						DATE	
SIGNATURE OF PERSON ASSISTING						DATE	

PROVISIONAL BALLOT / BOLETA PROVISIONAL

AFF# 8-11264546



BOARDWORKER: Has the elector provided either one form of identification from List #1 or two forms from List #2? OFICIAL DE ELECCION: ¿Ha suministrado el elector uno de los tipos de identificación de la Lista #1 o dos tipos de la Lista #2? YES / SI NO (circle one)

1 0111 2 3 4 PRECINCT / PUNTO / RECINTO - PPNO REGISTERED PARTY / PARTIDO REGISTRADO BALLOT PARTY / PARTIDO DE LA BOLETA EDGE PROVISIONAL NUMBER / NÚMERO DE BOLETA PROVISIONAL

CURRENT INFORMATION INFORMACION ACTUAL: BOX A / CAJA A DRIVER LICENSE, NONOPERATING IDENTIFICATION, OR LAST 4 DIGITS OF SOCIAL SECURITY # DE LICENCIA DE MANEJAR, # DE IDENTIFICACIÓN NO DE MANEJAR, O LAS ÚLTIMAS 4 CIFRAS DEL NÚMERO DE SEGURO SOCIAL

Brittani Gabriel Salem Sanchez FIRST NAME / PRIMER NOMBRE MIDDLE NAME / SEGUNDO NOMBRE LAST NAME / APELLIDO JR / SR / III

1425 N. Woodside Rd Chandler 85224 1982 CURRENT RESIDENCE ADDRESS - 29 DAYS PRIOR TO CITY, TOWN OR SCHOOL ELECTION / RESIDENCIA ACTUAL - 29 DÍAS ANTES DE LA ELECCIÓN DE CIUDAD, PUEBLO O ESCOLAR CITY / CIUDAD ZIP / ZONA DATE OF BIRTH / FECHA DE NACIMIENTO TELEPHONE / TELÉFONO

MAILING ADDRESS - IF DIFFERENT FROM YOUR RESIDENCE ADDRESS / DIRECCIÓN DE CORREO - SI ES DIFERENTE A LA DE SU RESIDENCIA CITY / CIUDAD ZIP / ZONA

FORMER INFORMATION INFORMACION ANTERIOR: BOX B / CAJA B

FORMER FIRST NAME / PRIMER NOMBRE ANTERIOR FORMER MIDDLE NAME / SEGUNDO NOMBRE ANTERIOR FORMER LAST NAME / APELLIDO ANTERIOR FORMER RESIDENCE ADDRESS / RESIDENCIA ANTERIOR FORMER CITY / CIUDAD ANTERIOR STATE / ESTADO ZIP / ZONA

BOX C / CAJA C ALL SIGNATURES MUST BE EXECUTED IN ORDER FOR THIS PROVISIONAL BALLOT TO BE COUNTED. TODAS LAS FIRMAS TENDRÁN QUE SER EJECUTADAS PARA QUE ESTA BALOTA PROVISIONAL SEA CONTADA.

I SWEAR OR AFFIRM UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HAVE PRESENTED A FORM OF IDENTIFICATION THAT INCLUDED MY GIVEN NAME, SURNAME AND MY COMPLETE NEW RESIDENCE ADDRESS WHICH IS LOCATED WITHIN THE ABOVE PRECINCT. JURO O AFIRMO BAJO PENA DE PERJURIO, QUE LA INFORMACIÓN DE ARRIBA ES VERDADERA Y CORRECTA. HE PRESENTADO UNA FORMA DE IDENTIFICACIÓN QUE UNCLUYE MI NOMBRE DE NACIMIENTO, NOMBRE ACTUAL Y MI NUEVA DIRECCIÓN DE RESIDENCIA COMPLETA LA CUAL ESTÁ DENTRO DEL RECINTO ARRIBA MENCIONADO.

X Shannon Ridgeway ELECTION OFFICIAL'S SIGNATURE / FIRMA DEL OFICIAL DE LA ELECCIÓN VOTE! / FIRMA JURADA A LA VOTANTE DATE / FECHA 11/2/10



FOR OFFICE USE ONLY CIRCLE ONE

Y/N

AL 2034117 FOR OFFICE USE ONLY RDA NS REASON CODE VOTER ID# ADDITIONAL INFO VERIFIED BY

NOV 2 2010

[1] Are you registered to vote at another address? Yes No Not Sure

List the former address, including county and state

1643 S SYCAMORE, MESA, AZ 85202-5743 MARICOPA

200499757

[2] Last Name

SANCHEZ

First Name

BRITTANI

Middle Name

TABRIEL SALEM

Jr./Sr./III

[3] Address where you live - If no street address, describe residence location using mileage, cross streets, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area.

[4] Apt./Unit/Space No.

1643 S SYCAMORE

[5] City

MESA

[6] County

MARICOPA

[7] Zip

85202

[8] Address where you get your mail, if mail is not delivered to your home

[9] Birth Date (Month/Day/Year)

1982

[10] State or Country of Birth

[REDACTED]

[11] Telephone number

[REDACTED]

[12] Father's name or mother's maiden name

[REDACTED]

[13] AZ Driver license number or AZ Nonoperating license number

[REDACTED]

[14] AZ Driver license number or AZ nonoperating license number issue date

[REDACTED]

[15] Last four digits of social security number

[REDACTED]

[16] Optional - Check ID type and write number in box

Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number

No.

[17] Specify Party Preference

REPUBLICAN

[18] Occupation

HOMEMAKER

[19] If your name was different the last time you registered, list former name

[REDACTED]

[20] Certificate of Naturalization number

[REDACTED]

[21] > 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" to either one of these questions, do not submit this form.

VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT

This is a printed representation of the completed ServiceArizona web form 20060914084719

9/14/2006 8:47:19 AM

SIGN HERE

DATE

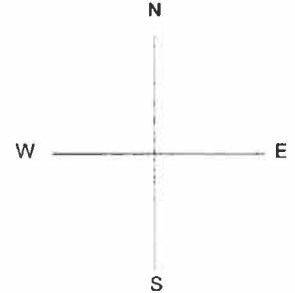
[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.

SIGNATURE OF PERSON ASSISTING

DATE

[24] Will you be willing to work at a polling place on election day? Yes No

[22] If no street address draw a map here:



STATE OF ARIZONA VOTER REGISTRATION
REGISTRO DE VOTANTES DEL ESTADO DE ARIZONA

NEW REGISTRATION / REGISTRO NUEVO
 PARTY CHANGE / CAMBIO DE PARTIDO
 ADDRESS CHANGE / CAMBIO DE COMICILIO
 NAME CHANGE / CAMBIO DE NOMBRE

959210850

FOR U.S. CITIZENS ONLY MARICOPA COUNTY/CONDADO MARICOPA
SOLAMENTE PARA CIUDADANOS DE LOS ESTADOS UNIDOS

1 FULL NAME (CIRCLE ONE) MR. (MRS.) MS. MISS Sanchez Brittani Tabriel
 NOMBRE COMPLETO (CIRCULE UNO) LAST NAME / APELLIDO FIRST NAME / PRIMER NOMBRE MIDDLE NAME / SEGUNDO NOMBRE
 SR. SRA. SRTA.

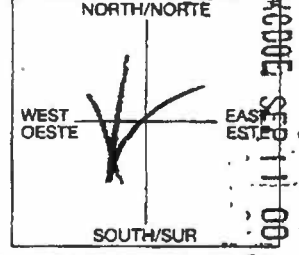
2 RESIDENCE ADDRESS DOMICILIO DE RESIDENCIA 1325 E Krista Way Tempe 85284
 HOUSE NUMBER / NUMERO DE CASA DIRECTION (N/S/E/W) / DIRECCION (N/S/E/W) STREET NAME / NOMBRE DE CALLE CITY / CIUDAD ZIP CODE / CODIGO POSTAL
 RURAL (OTHER) / RURAL (OTRO)

3 DRAW A MAP OF WHERE YOUR HOME IS LOCATED. IF RURAL / SI ES RURAL DIBUJE UN MAPA DONDE ESTA LOCALIZADA SU CASA
 USE MILEAGE, NAMES OF ROADS AND LANDMARKS, USE MOLLAS, NOMBRES DE CAMBIOS Y SEÑALES QUE SIRVAN DE GUIAS

4 MAILING ADDRESS (IF DIFFERENT) DIRECCION DE CORREO (SI ES DIFERENTE AL DOMICILIO)
 5 PARTY PREFERENCE / PREFERENCIA DE PARTIDO Republican
 6 TELEPHONE NUMBER / NUMERO DE TELEFONO [REDACTED]

7 BIRTH PLACE / LUGAR DE NACIMIENTO [REDACTED]
 8 BIRTH DATE / FECHA DE NACIMIENTO 82
 NAME OF STATE OR COUNTRY / NOMBRE DEL ESTADO O PAIS EXTRANJERO MONTH / MES DAY / DIA YEAR / AÑO

9 OCCUPATION / OCUPACION home maker
 10 [REDACTED] 11 [REDACTED]
 12 FATHER'S NAME or MOTHER'S MAIDEN NAME / NOMBRE DEL PADRE O APELLIDO DE SOLTERA [REDACTED]



13 ARE YOU CURRENTLY REGISTERED TO VOTE? / ¿ESTA ACTUALMENTE REGISTRADO/A PARA VOTAR?
 YES / SI NO
 FORMER NAME / NOMBRE ANTERIOR FORMER COUNTY / CONDADO ANTERIOR
 FORMER ADDRESS / DOMICILIO ANTERIOR FORMER STATE / ESTADO ANTERIOR

14 READ THIS STATEMENT AND WARNING PRIOR TO SIGNING:
 I AM A CITIZEN OF THE UNITED STATES, THE STATE OF ARIZONA AND THE ABOVE NAMED COUNTY AND WILL BE 18 YEARS OF AGE ON OR BEFORE THE TIME OF THE NEXT GENERAL ELECTION I HAVE NOT BEEN CONVICTED OF TREASON OR A FELONY (OR IF SO, MY CIVIL RIGHTS HAVE BEEN RESTORED) I CERTIFY THAT THE INFORMATION ON THIS REGISTRATION FORM IS TRUE AND CORRECT. **WARNING:** EXECUTING A FALSE REGISTRATION IS A CLASS 6 FELONY.
 LEA ESTA DECLARACION Y ADVERTENCIA ANTES DE FIRMAR:
 SOY CIUDADANO DE LOS ESTADOS UNIDOS Y RESIDENTE DEL ESTADO DE ARIZONA EN EL CONDADO NOMBRADO ANTERIORMENTE Y TENDRE 18 AÑOS DE EDAD EN O ANTES DE LA FECHA DE LAS SIGUIENTES ELECCIONES GENERALES NO SE ME HA DECLARADO CULPABLE DE TRAFICACION DE UN CRIMEN MAYOR (O, SI ES, ASÍ, SE ME HAN RESTAURADO MIS DERECHOS CIVILES). YO CERTIFICO QUE LA INFORMACION EN ESTA FORMA DE REGISTRO ES VERDICA Y CORRECTA. **ADVERTENCIA:** DAR UNA DECLARACION EN FALSO ES DELITO MAYOR DE CATEGORIA 6.

15 SIGNATURE OF PERSON ASSISTING / FIRMA DE LA PERSONA QUE AYUDO A LLENAR LA FORMA
 16 DATE OF SIGNING / FECHA EN QUE SE FIRMO 9-5-00
 MONTH / MES DAY / DIA YEAR / AÑO
 17 I WOULD BE WILLING TO WORK AT A POLLING PLACE ON ELECTION DAY / ESTOY DE ACUERDO EN TRABAJAR EN LAS ANFORAS EL DIA DE LAS ELECCIONES
 YES / SI NO

2100-038 R11/94

REMOVE TAPE AND FOLD TO MAIL / DESPEGUE LA CINTA ADHESIVA Y DOBLE PARA ENVIAR POR CORREO

8/28/2020
11:11:37AM

Maricopa County
Recorder's Information Systems Center
VM08 Voter Information

Voter ID: 2778737
Status: A
Harassment Code: N

Name: QUALE, WILLIAM, JAMES
Phone: 000-000-0000
Residential: 2408 S SPRUCE, MESA AZ 85210
Mailing:
Conversion

Affidavit: 204493830 **Perm EV Ind:** Y **Alt Format Type:** N
Receive Date:
Receive Type: R
DOR: 03/06/2006
Party: REP
Pc Date:
PPV: N
BP State: [REDACTED]
Country: [REDACTED]
DOB: [REDACTED]/1976
Last 4 SSN: [REDACTED]
Occupation: 29

Precinct: 0154 - CRISMON
City Limits: M3 - MESA COUNCIL DIST #3
CPC:

Con: 9 **Leg:** 18 **Sup:** 1 **Jp:** 16 **Sch:** 004 **HSch:** 4 **MCCD:** 1 **Special:** Q005



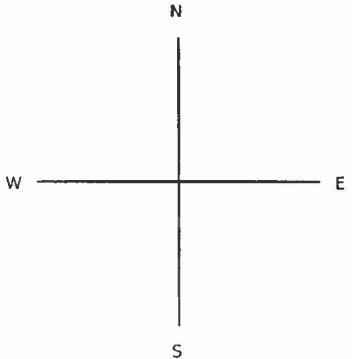
8/28/2020
11:11:42AM


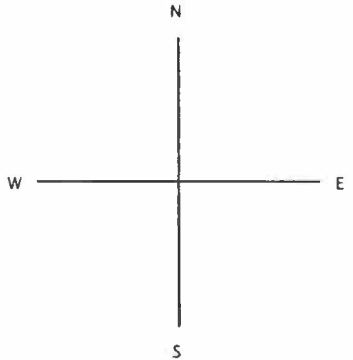
**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information
Election History**

VoterId: 2778737
Voter Name: QUALE, WILLIAM, JAMES
Harassment Code: N

Primary	General	Primary	General	Primary	General
2020 N REP	2020	2018 Y REP	2018 Y	2016 Y REP	2016 Y

Entry Date	AffSeq	Change Date	Change Type	Change Comments	Assc Voter
08/30/2016	204493830	08/26/2016	M	MOD SIGN	0
09/04/2014	203547006	09/03/2014	M	MOD RES	0
12/15/2010	811264545	12/14/2010	U	COR NON CRITICAL	0
12/14/2010	811264545	11/02/2010	M	MOD RES	0
02/05/2010	201209635	02/05/2010	U	RESTORED TO ACTIVE	0
10/21/2008	201209635	10/17/2008	M	MOD PTY	0
01/30/2008	200858460	01/29/2008	M	MOD RES	0
01/30/2008	902778737	08/05/2006	R	RESTORATION	0
08/05/2006	902778737	08/05/2006	D	REG VERIFICATION	0
03/10/2006	200368262	03/10/2006	U	COR NON CRITICAL	0
03/08/2006	200368262	03/06/2006	N	ORIG REG	0

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included.		BOX FOR OFFICE USE ONLY 204493830			
[2] Last Name QUALE		First Name WILLIAM		Middle Name JAMES	
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 2408 S SPRUCE					[4] Apt./ Unit/Space
[5] City MESA		[6] Zip 85210 - 7666	[7] Address where you get your mail, if mail is not delivered to your home		
[8] Last four digits of Social Security Number [REDACTED]		[9] AZ Driver License Number or AZ Nonoperating License Number [REDACTED]		[10] Optional Tribal Identification Number	[11] Alien Registration Number
[12] Birth Date (MM/DD/YYYY) [REDACTED]/1976		[13] State or Country of Birth	[14] Party Preference <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other		[15] Telephone number
[16] Occupation			[17] If you were registered to vote in another state, list former address including county and state.		[18] List former name (if applicable)
[19] Father's name or mother's maiden name			[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[21] E-mail address
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If you checked 'No' to either one of these questions, do not submit this form. VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT. This is a printed representation of the completed ServiceArizona web form 20160826150413954 M  X					[23] If no street address draw a map here 
SIGN HERE					DATE 08/26/2016
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.					DATE
SIGNATURE OF PERSON ASSISTING					DATE

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY 203547006			
[2] Last Name QUALE		First Name WILLIAM		Middle Name JAMES	
[3] Address <u>where you live</u> - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 2408 S SPRUCE					[4] Apt./ Unit/Space
[5] City MESA		[6] Zip 85210 - 7666	[7] Address <u>where you get your mail</u> , if mail is not delivered to your home		
[8] Last four digits of Social Security Number [REDACTED]		[9] AZ Driver License Number or AZ Nonoperating License Number [REDACTED]		[10] Optional Tribal Identification Number	
[11] Alien Registration Number		[12] Birth Date (MM/DD/YYYY) [REDACTED] 1976		[13] State or Country of Birth	
[14] Party Preference <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other		[15] Telephone number		[16] Occupation	
[17] If you were registered to vote in another state, list former address including county and state.		[18] List former name (if applicable)		[19] Father's name or mother's maiden name	
[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[21] E-mail address		[23] If no street address draw a map here	
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If you checked 'No' to either one of these questions, do not submit this form			
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.					
This is a printed representation of the completed ServiceArizona web form 20140903120247597 M					
X [REDACTED SIGNATURE]		09/03/2014			
SIGN HERE		DATE			
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.					
SIGNATURE OF PERSON ASSISTING				DATE	

PROVISIONAL BALLOT / BOLETA PROVISIONAL

AFF# 8-11264545



BOARDWORKER: Has the elector provided either one form of identification from List #1 or two forms from List #2? OFICIAL DE ELECCION: ¿Ha suministrado el elector uno de los tipos de identificación de la Lista #1 o dos tipos de la Lista #2? YES / SI NO (circle one)

1 0117 2 3 4 PRECINCT-PPNO / RECINTO-PPNO REGISTERED PARTY / PARTIDO REGISTRADO BALLOT PARTY / PARTIDO DE LA BOLETA EDGE PROVISIONAL NUMBER / NUMERO DE EDGE PROVISIONAL

CURRENT INFORMATION INFORMACION ACTUAL: BOX A / CAJA A DRIVER LICENSE#, NONOPERATING IDENTIFICATION#, OR LAST 4 DIGITS OF SOCIAL SECURITY# # DE LICENCIA DE MANEJAR, # DE IDENTIFICACION NO DE MANEJAR, O LAS ULTIMAS 4 CIFRAS DEL NUMERO DE SEGURO SOCIAL

William James Quate FIRST NAME / PRIMER NOMBRE MIDDLE NAME / SEGUNDO NOMBRE LAST NAME / APELLIDO JR / SR / III 1425 N Woodside Rd Chandler CITY / CIUDAD 85224 ZIP / ZONA 1976 DATE OF BIRTH / FECHA DE NACIMIENTO TELEPHONE / TELÉFONO

MAILING ADDRESS - IF DIFFERENT FROM YOUR RESIDENCE ADDRESS / DIRECCION DE CORREO - SI ES DIFERENTE A LA DE SU RESIDENCIA CITY / CIUDAD ZIP / ZONA

FORMER INFORMATION INFORMACION ANTERIOR: BOX B / CAJA B FORMER FIRST NAME / PRIMER NOMBRE ANTERIOR FORMER MIDDLE NAME / SEGUNDO NOMBRE ANTERIOR FORMER LAST NAME / APELLIDO ANTERIOR FORMER RESIDENCE ADDRESS / RESIDENCIA ANTERIOR FORMER CITY / CIUDAD ANTERIOR STATE / ESTADO ZIP / ZONA

BOX C / CAJA C ALL SIGNATURES MUST BE EXECUTED IN ORDER FOR THIS PROVISIONAL BALLOT TO BE COUNTED. TODAS LAS FIRMAS TENDRAN QUE SER EJECUTADAS PARA QUE ESTA BALOTA PROVISIONAL SEA CONTADA. I SWEAR OR AFFIRM UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HAVE PRESENTED A FORM OF IDENTIFICATION THAT INCLUDED MY GIVEN NAME, SURNAME AND MY COMPLETE NEW RESIDENCE ADDRESS WHICH IS LOCATED WITHIN THE ABOVE PRECINCT. JURO O AFIRMO BAJO PENA DE PERJURIO, QUE LA INFORMACION DE ARRIBA ES VERDADERA Y CORRECTA. HE PRESENTADO UNA FORMA DE IDENTIFICACION QUE UNCLUYE MI NOMBRE DE NACIMIENTO, NOMBRE ACTUAL Y MI NUEVA DIRECCION DE RESIDENCIA COMPLETA LA CUAL ESTA DENTRO DEL RECINTO ARRIBA MENCIONADO. ELECTION OFFICIAL'S SIGNATURE / FIRMA DEL OFICIAL DE LA ELECCION Shannon Redgway VOTER'S SIGNATURE / FIRMA DEL VOTER [Redacted] DATE / FECHA Nov 2, 2010

FOR OFFICE USE ONLY CIRCLE ONE Y/N REASON CODE A1 VOTER ID# 2778737 ADDITIONAL INFO RDA VERIFIED BY NO



1006-1003 2010

[1] Are you registered to vote at another address? Yes No Not Sure

List the former address, including county and state

MARICOPA

201209635

[2] Last Name

QUALE

First Name

WILLIAM

Middle Name

JAMES

Jr./Sr./III

[3] Address where you live - If no street address, describe residence location using mileage, cross streets, or landmarks Do not use post office box or business address Draw a map below if located in rural area.

3317 W ORANGEWOOD AVE

[4] Apt /Unit/Space No

[5] City

PHOENIX

[6] County

MARICOPA

[7] Zip

85051 - 7452

[8] Address where you get your mail, if mail is not delivered to your home

[9] Birth Date (Month/Day/Year)

/1976

[10] State or Country of Birth

[11] Telephone number

[12] Father's name or mother's maiden name

[13] AZ Driver license number or AZ Nonoperating license number

[14] AZ Driver license number or AZ nonoperating license number issue date

[15] Last four digits of social security number

[16] Optional - Check ID type and write number in box
 Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number

[17] Specify Party Preference

REPUBLICAN

[18] Occupation

[19] If your name was different the last time you registered, list former name

[20] Certificate of Naturalization number

[21] > 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" to either one of these questions, do not submit this form.

[22] If no street address draw a map here:

VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT

This is a printed representation of the completed ServiceArizona web form 20081017122334 M

10/17/2008 12:23:34 PM

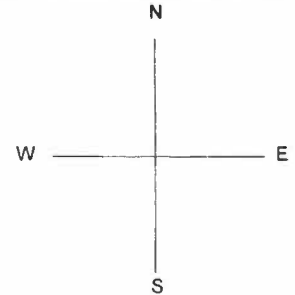
SIGN HERE

DATE

[23] If you are unable to sign the form, the form can be completed at your direction The person who assisted you must sign here.

SIGNATURE OF PERSON ASSISTING

DATE



[24] Will you be willing to work at a polling place on election day? Yes No

[1] Are you registered to vote at another address? Yes No Not Sure

List the former address, including county and state

MARICOPA

200858460

[2] Last Name

QUALE

First Name

WILLIAM

Middle Name

JAMES

Jr./Sr./III

[3] Address where you live - If no street address, describe residence location using mileage, cross streets, or landmarks Do not use post office box or business address Draw a map below if located in rural area.

3317 W ORANGEWOOD AVE

[4] Apt./Unit/Space No

[5] City

PHOENIX

[6] County

MARICOPA

[7] Zip

85051

[8] Address where you get your mail, if mail is not delivered to your home

[9] Birth Date (Month/Day/Year)

1/1976

[10] State or Country of Birth

[11] Telephone number

[12] Father's name or mother's maiden name

[13] AZ Driver license number or AZ Nonoperating license number

[14] AZ Driver license number or AZ nonoperating license number issue date

[15] Last four digits of social security number

[16] Optional - Check ID type and write number in box
 Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number

[17] Specify Party Preference

NO PARTY PREFERENCE

[18] Occupation

CRAFTSMEN: CONSTRUCTION,

[19] If your name was different the last time you registered, list former name

[20] Certificate of Naturalization number

[21] > 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" to either one of these questions, do not submit this form.

[22] If no street address draw a map here:

VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT

This is a printed representation of the completed ServiceArizona web form 20080129185758

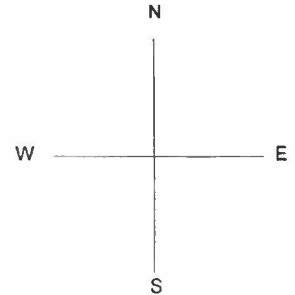
1/29/2008 6:57:58 PM

SIGN HERE

DATE

[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here
SIGNATURE OF PERSON ASSISTING DATE

[24] Will you be willing to work at a polling place on election day? Yes No





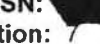


[1] Are you registered to vote at another address? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/> List the former address, including county and state MARICOPA			200368262		
[2] Last Name QUALE		First Name WILLIAM		Middle Name JAMES	Jr./Sr./III
[3] Address where you live – If no street address, describe residence location using mileage, cross streets, or landmarks Do not use post office box or business address Draw a map below if located in rural area. 9301 E PAMPA				[4] Apt /Unit/Space No	
[5] City MESA	[6] County MARICOPA	[7] Zip 85212	[8] Address where you get your mail, if mail is not delivered to your home		
[9] Birth Date (Month/Day/Year) [REDACTED] 1976		[10] State or Country of Birth [REDACTED]	[11] Telephone number [REDACTED]	[12] Father's name or mother's maiden name [REDACTED]	
[13] AZ Driver license number or AZ Nonoperating license number [REDACTED]	[14] AZ Driver license number or AZ nonoperating license number issue date [REDACTED]	[15] Last four digits of social security number [REDACTED]	[16] Optional - Check ID type and write number in box <input type="checkbox"/> Indian census number, <input type="checkbox"/> Bureau of Indian Affairs card number, <input type="checkbox"/> Tribal treaty card number, or <input type="checkbox"/> Tribal enrollment number		
[17] Specify Party Preference NO PARTY PREFERENCE	[18] Occupation CRAFTSMEN: CONSTRUCTION.	[19] If your name was different the last time you registered, list former name		[20] Certificate of Naturalization number	
[21] > Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> > Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					[22] If no street address draw a map here: <div style="text-align: center;"> N W ———— E S </div>
VOTER DECLARATION – By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT <div style="text-align: right;"> This is a printed representation of the completed ServiceArizona web form 20060306091922 3/6/2006 9:19:22 AM </div>					
SIGN HERE _____			DATE _____		
[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here SIGNATURE OF PERSON ASSISTING _____ DATE _____					
[24] Will you be willing to work at a polling place on election day? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

8/28/2020
11:12:39AM

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information**

Voter ID: 1741394
Status: A
Harassment Code: N

Name: VRABEL, MICHELE, EVETTE
Phone: 000-000-0000
Residential: 2207 W KIOWA CIR, MESA AZ 85202
Mailing:
Conversion:

Affidavit: 206060423 **Perm EV Ind:** Y **Alt Format Type:** N
Receive Date:
Receive Type: R
DOR: 10/07/1996
Party: REP
Pc Date:
PPV: N
BP State: 
Country: 
DOB: /1962
Last 4 SSN: 
Occupation: 

Precinct: 0194 - DOBSON RANCH
City Limits: M3 - MESA COUNCIL DIST #3
CPC:

Con: 9 **Leg:** 18 **Sup:** 1 **Jp:** 16 **Sch:** 004 **HSch:** 4 **MCCD:** 1 **Special:** Q005


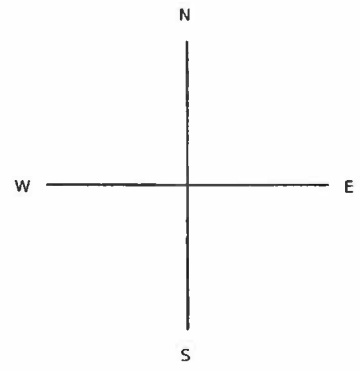
8/28/2020
11:12:46AM

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information
Election History**

VoterId: 1741394
Voter Name: VRABEL, MICHELE, EVETTE
Harassment Code: N

Primary	General	Primary	General	Primary	General
2020 N REP	2020	2018 Y REP	2018 Y	2016 Y REP	2016 Y

Entry Date	AffSeq	Change Date	Change Type	Change Comments	Assc Voter
11/04/2019	206060423	11/01/2019	M	MOD NAM	0
12/25/2017	200882393	12/25/2017	U	COR NON CRITICAL	0
09/19/2011	200882393	09/19/2011	U	COR NON CRITICAL	0
02/24/2008	200882393	02/08/2008	M	MOD PTY	0
12/05/2003	990334427	12/05/2003	U	Added DLN to StateIDs	0
01/04/2001	990334427	11/22/2000	M	MOD NAM	0
10/15/1996	960237420	10/07/1996	N	ORIG REG	0

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES. I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO. I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY 206060423			
[2] Last Name VRABEL		First Name MICHELE		Middle Name EVETTE	
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 2207 W KIOWA CIR					[4] Apt./ Unit/Space
[5] City MESA		[6] Zip 85202 - 6447	[7] Address where you get your mail, if mail is not delivered to your home		
[8] Last four digits of Social Security Number [REDACTED]		[9] AZ Driver License Number or AZ Nonoperating License Number [REDACTED]		[10] Optional Tribal Identification Number	[11] Alien Registration Number
[12] Birth Date (MM/DD/YYYY) [REDACTED]		[13] State or Country of Birth	[14] Party Preference <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other		[15] Telephone number
[16] Occupation			[17] If you were registered to vote in another state, list former address including county and state.		[18] List former name (if applicable)
[19] Father's name or mother's maiden name			[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[21] E-mail address
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					[23] If no street address draw a map here 
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.					This is a printed representation of the completed ServiceArizona web form 20191101131953452 M
X SIGN HERE		[REDACTED SIGNATURE]			11/01/2019 DATE
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.					SIGNATURE OF PERSON ASSISTING
DATE					DATE

[1] Are you registered to vote at another address? Yes No Not Sure
List the former address, including county and state
MARICOPA 200882393

[2] Last Name: HERNANDEZ First Name: MICHELE Middle Name: EVETTE Jr / Sr / III

[3] Address where you live – If no street address, describe residence location using mileage, cross streets, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area
2207 W KIOWA CIR [4] Apt /Unit/Space No

[5] City: MESA [6] County: MARICOPA [7] Zip: 85202 - 6447 [8] Address where you get your mail, if mail is not delivered to your home

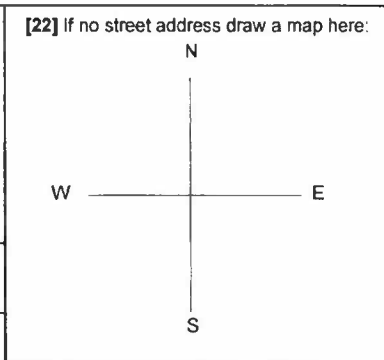
[9] Birth Date (Month/Day/Year): /1962 [10] State or Country of Birth [11] Telephone number [12] Father's name or mother's maiden name

[13] AZ Driver license number or AZ Nonoperating license number [14] AZ Driver license number or AZ nonoperating license number issue date [15] Last four digits of social security number [16] Optional - Check ID type and write number in box
 Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number

[17] Specify Party Preference: REPUBLICAN [18] Occupation: PASTRY CHEF [19] If your name was different the last time you registered, list former name [20] Certificate of Naturalization number


[21] > Are you a citizen of the United States of America? Yes No If you checked "No" to either one of these questions, do not submit this form
> Will you be 18 years of age on or before election day? Yes No

VOTER DECLARATION – By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT
This is a printed representation of the completed ServiceArizona web form 20080208140935
2/8/2008 2:09:35 PM
SIGN HERE _____ DATE _____



[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.
SIGNATURE OF PERSON ASSISTING _____ DATE _____

[24] Will you be willing to work at a polling place on election day? Yes No

Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If you checked NO, do NOT complete this form.</i>		-99 0334427			
Are you a convicted felon? <i>If YES, do NOT complete this form unless your civil rights are restored</i>					
Last Name Hernandez		First Name Michele		Middle Name Evette	
Address where you live (house number, street, apt./unit number, if no street address, describe residence location using mileage, major cross streets and landmarks). Do not use post office box or business address. Draw a map below if located in rural area. Include apt. number/trailer space. 2207 W. Kiowa Circle					
City Mesa		County Maricopa		Zip 85202	
Address where you get your mail, if mail is not delivered to your home same					
Birth Date (Month/Day/Year) 62		Telephone number			
Specify Party Preference If none, check box <input type="checkbox"/>		Occupation self		Last 4 digits of social security number	
Democrat					
Are you registered to vote at another address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure			If your name was different the last time you registered, list former name		
List the former address, including county and state					
Voter Declaration - By signing below, I swear or affirm that the following is true: <input checked="" type="checkbox"/> I am a CITIZEN of the United States. <input checked="" type="checkbox"/> I am a RESIDENT of Arizona and the above named county. <input checked="" type="checkbox"/> I will be at least 18 YEARS OF AGE by the next general election. <input checked="" type="checkbox"/> I am NOT a convicted FELON or my civil rights are restored. <input checked="" type="checkbox"/> I have NOT been adjudicated INCOMPETENT (A.R.S. § 14-5101). <input checked="" type="checkbox"/> Warning: Filing a false registration is a class 1 misdemeanor.				If no street address draw a map here: N W E S	
SIGN HERE [Signature]				Date 11-22-00	
If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here:					
Signature of person assisting _____				Date: _____	
Would you be willing to work at a polling place on election day? <input type="checkbox"/> yes <input type="checkbox"/> no					

11:00 AM NOV 26 00

<Remove tape and fold to mail

Remove tape and fold to mail>

STATE OF ARIZONA VOTER REGISTRATION
 REGISTRO DE VOTANTES DEL ESTADO DE ARIZONA
 FOR U.S. CITIZENS ONLY MARICOPA COUNTY
 SOLAMENTE PARA CIUDADANOS DE LOS ESTADOS UNIDOS DE MARICOPA CONDADO

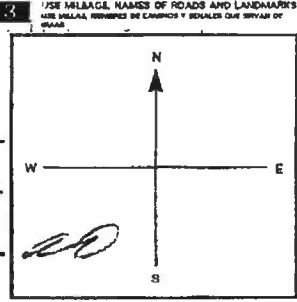
NEW REGISTRATION
 REGISTRO NUEVO
 ADDRESS CHANGE
 CAMBIO DE DOMICILIO
 PARTY CHANGE
 CAMBIO DE PARTIDO
 NAME CHANGE
 CAMBIO DE NOMBRE

- 96 0237420

1 FULL NAME / NOMBRE COMPLETO VRABEL MICHELE EUNETTE #5202
LAST NAME/APELLIDO FIRST NAME/PRIMER NOMBRE MIDDLE NAME/SEGUNDO NOMBRE JR./SR./III
 2 RESIDENCE ADDRESS / DOMICILIO DE RESIDENCIA 2207 W Kiowa Cir Mesa 85201
HOUSE NUMBER DIRECTION (N/S/E/W) STREET NAME TYPE APT./SP. NO. CITY ZIP CODE

RURAL (OTHER) / RURAL (OTRO) _____
DRAW A MAP OF WHERE YOUR HOME IS LOCATED IF RURAL / SI SU RURAL DIBUJE UN MAPA DONDE ESTA LOCALIZADA SU CASA

4 MAILING ADDRESS / DIRECCION DE CORREO _____
 5 PARTY PREFERENCE / PREFERENCIA DE PARTIDO Democrat
 6 TELEPHONE NUMBER / NUMERO DE TELEFONO _____
 7 BIRTH PLACE / LUGAR DE NACIMIENTO _____
 8 BIRTH DATE / FECHA DE NACIMIENTO _____
MONTH DAY YEAR
 9 OCCUPATION / OCUPACION Self Employed
 10 _____
 11 _____
 12 FATHER'S NAME or MOTHER'S MAIDEN NAME / NOMBRE DEL PADRE O APELLIDO DE SOLTERA DE LA MADRE _____



13 ARE YOU CURRENTLY REGISTERED TO VOTE? / ¿ESTA ACTUALMENTE REGISTRADO PARA VOTAR?
 YES / SI NO / NO
 FORMER NAME / NOMBRE ANTERIOR _____
 FORMER COUNTY / CONDADO ANTERIOR _____
 FORMER ADDRESS / DOMICILIO ANTERIOR _____
 FORMER STATE / ESTADO ANTERIOR _____

14 READ THIS STATEMENT AND WARNING PRIOR TO SIGNING: I AM A CITIZEN OF THE UNITED STATES, A RESIDENT OF THE STATE OF ARIZONA AND THE ABOVE NAMED COUNTY AND WILL BE 18 YEARS OF AGE ON OR BEFORE THE TIME OF THE NEXT GENERAL ELECTION. I HAVE NOT BEEN CONVICTED OF TREASON OR A FELONY (OR, IF SO, MY CIVIL RIGHTS HAVE BEEN RESTORED). I CERTIFY THAT THE INFORMATION ON THIS REGISTRATION FORM IS TRUE AND CORRECT. WARNING: EXECUTING A FALSE REGISTRATION IS A CLASS B FELONY.
 LEA ESTA DECLARACION Y ADVERTENCIA ANTES DE FIRMAR. SOY CIUDADANO DE LOS ESTADOS UNIDOS Y RESIDENTE DEL ESTADO DE ARIZONA EN EL CONDADO NOMBRADO ANTERIORMENTE Y TENDRE 18 AÑOS DE EDAD EN O ANTES DE LA FECHA DE LAS SIGUIENTES ELECCIONES GENERALES. NO SE ME HA DECLARADO CULPABLE DE TRAICION O DE UN CRIMEN MAYOR (O SI ES ASI, SE ME HAN RESTAURADO MIS DERECHOS CIVILES). YO CERTIFICO QUE LA INFORMACION EN ESTA FORMA DE REGISTRO ES VERDICA Y CORRECTA. AVISO: DAR UNA DECLARACION FALSA ES DELITO MAYOR DE CATEGORIA B.
 I WOULD BE WILLING _____

15 IF I DECLINE TO REGISTER TO VOTE, THE FACT THAT I DECLINE TO REGISTER WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR VOTER REGISTRATION PURPOSES.
 SI REHUSO INSCRIBIRME DE VOTANTE, EL HECHO DE QUE REHUSO INSCRIBIRME SE MANTENDRA CONFIDENCIAL Y SERA UTILIZADO SOLAMENTE PARA PROPOSITOS RELACIONADOS A LA INSCRIPCION DE VOTANTES.
 16 IF I DO REGISTER TO VOTE, THE OFFICE AT WHICH I SUBMIT THE VOTER REGISTRATION APPLICATION WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR VOTER REGISTRATION PURPOSES.
 SI ME INSCRIBO DE VOTANTE, LA OFICINA EN LA CUAL SOMETO LA SOLICITUD PARA INSCRIPCION DE VOTANTE SE MANTENDRA CONFIDENCIAL Y SERA UTILIZADA SOLAMENTE PARA PROPOSITOS RELACIONADOS A LA INSCRIPCION DE VOTANTES.
 THIS FORM WAS COMPLETED ACCORDING TO MY DIRECTIONS BY:
ESTA FORMA FUE COMPLETADA DE ACUERDO CON MIS DIRECCIONES POR:

17 SIGNATURE OF PERSON ASSISTING / FIRMA DE LA PERSONA QUE AYUDO A LLENAR LA FORMA _____
 18 DATE OF SIGNING / FECHA DE FIRMAR 10-7-96
MONTH / DAY / YEAR
 19 _____

DESPEGUE LA CINTA ADHESIVA Y DOBLE PARA ENVIAR POR CORREO



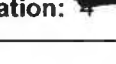
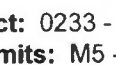

2100-38 R 12/95

8/28/2020
11:13:59AM

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information**

Voter ID: 4169791
Status: A
Harassment Code: N

Name: WALLACE-SASSARINI, RACHAEL, JOLENE
Phone: 480-216-1761
Residential: 1012 N 92ND CIR, MESA AZ 85207
Mailing:
Conversion

Affidavit: 205437742 **Perm EV Ind:** Y **Alt Format Type:** N
Receive Date:
Receive Type: R
DOR: 08/26/2014
Party: REP
Pc Date:
PPV: N
BP State: 
Country: 
DOB:  1975
Last 4 SSN: 
Occupation: 

Precinct: 0233 - FENIMORE
City Limits: M5 - MESA COUNCIL DIST #5
CPC:

Con: 5 **Leg:** 16 **Sup:** 2 **Jp:** 24 **Sch:** 004 **HSch:** 4 **MCCD:** 2 **Special:** Q003


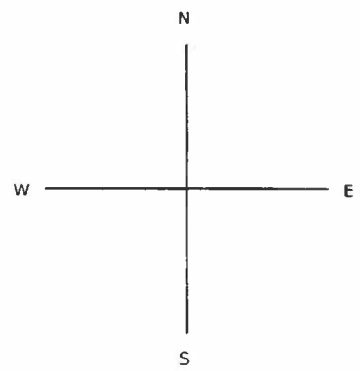

8/28/2020
11:14:05AM

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information
Election History**

VoterId: 4169791
Voter Name: WALLACE-SASSARINI, RACHAEL, JOLENE
Harassment Code: N

Primary	General	Primary	General	Primary	General
2020 N REP	2020	2018 N	2018 N	2016 N	2016 Y

Entry Date	AffSeq	Change Date	Change Type	Change Comments	Assc Voter
09/26/2018	205437742	09/25/2018	M	MOD NAM RES	0
03/01/2016	458016414	02/18/2016	M	MOD NAM RES	0
08/27/2014	203540666	08/26/2014	N	ORIG REG	0

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included.		BOX FOR OFFICE USE ONLY 205437742					
[2] Last Name WALLACE-SASSARINI		First Name RACHAEL		Middle Name JOLENE		Jr./Sr./III	
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area.						[4] Apt./ Unit/Space	
1012 N 92ND CIR							
[5] City MESA		[6] Zip 85207 - 5260		[7] Address where you get your mail, if mail is not delivered to your home			
[8] Last four digits of Social Security Number		[9] AZ Driver License Number or AZ Nonoperating License Number		[10] Optional Tribal Identification Number		[11] Alien Registration Number	
[12] Birth Date (MM/DD/YYYY) 1975		[13] State or Country of Birth		[14] Party Preference <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other		[15] Telephone number 61	[16] Occupation SALES
[17] If you were registered to vote in another state, list former address including county and state.				[18] List former name (if applicable)		[19] Father's name or mother's maiden name	
[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			[21] E-mail address			[23] If no street address draw a map here:	
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
If you checked 'No' to either one of these questions, do not submit this form.							
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.							
This is a printed representation of the completed ServiceArizona web form 20180925095853000 I							
X 				09/25/2018			
SIGN HERE				DATE			
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.							
SIGNATURE OF PERSON ASSISTING				DATE			

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		458016414	
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.)					
1	<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name Gephart	First Name Rachael	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> IV
2	Home Address 8859 E Downing St		Apt. or Lot #	City/Town MESA	State AZ Zip Code 85207
3	Address Where You Get Your Mail If Different From Above			City/Town	State Zip Code
4	Date of Birth [redacted] / 1975 Month Day Year	5	Telephone Number (optional) [redacted]	6 ID Number - (See item 6 in the instructions for your state) State ID / DL: [redacted] SSN: [redacted]	
7	Choice of Party (see item 7 in the instructions for your State) Republican	8	Race or Ethnic Group (see item 8 in the instructions for your State)		
9	I have reviewed my state's instructions and I swear/affirm that: <input checked="" type="checkbox"/> I am a United States citizen <input checked="" type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input checked="" type="checkbox"/> 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.			[redacted signature box] Please sign (use a ballpoint pen or marker) ▲ Date: <u>2</u> / <u>18</u> / <u>2016</u> Month Day Year	

MCDOE FEB 23 2016

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

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

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

A	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number) 1865 N Higley Rd #2028	Apt. or Lot #	City/Town/County MESA	State AZ	Zip Code 85205
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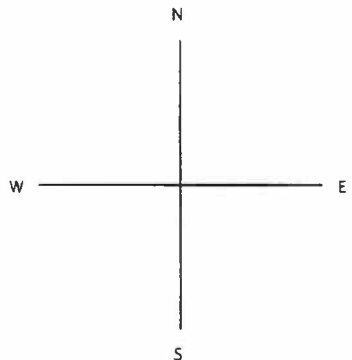
If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none"> Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. 	NORTH ↑						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Example</td> <td style="width: 10%; text-align: center;">Route #2</td> <td style="width: 70%;"> <ul style="list-style-type: none"> ● Grocery Store Woodchuck Road </td> </tr> <tr> <td>Public School ●</td> <td></td> <td style="text-align: center;">X</td> </tr> </table>	Example	Route #2	<ul style="list-style-type: none"> ● Grocery Store Woodchuck Road 	Public School ●		X	
Example	Route #2	<ul style="list-style-type: none"> ● Grocery Store Woodchuck Road 						
Public School ●		X						

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

D	
----------	--

Mail this application to the address provided for your State.

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input checked="" type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY 203540666			
[2] Last Name GEPHART		First Name RACHAEL		Middle Name JOLENE	
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 5837 E INCA ST					[4] Apt. / Unit/Space
[5] City MESA		[6] Zip 85205 - 3530	[7] Address where you get your mail, if mail is not delivered to your home		
[8] Last four digits of Social Security Number		[9] AZ Driver License Number or AZ Nonoperating License Number		[10] Optional Tribal Identification Number	[11] Alien Registration Number
[12] Birth Date (MM/DD/YYYY) [REDACTED] 1975		[13] State or Country of Birth		[14] Party Preference <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other	[15] Telephone number [REDACTED]
[16] Occupation HOMEMAKER			[17] If you were registered to vote in another state, list former address including county and state. PINAL		[18] List former name (if applicable)
[19] Father's name or mother's maiden name [REDACTED]			[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[21] E-mail address [REDACTED]
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT. This is a printed representation of the completed ServiceArizona web form 20140826112714000 I 					[23] If no street address draw a map here 
X SIGN HERE		08/26/2014 DATE			
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.					SIGNATURE OF PERSON ASSISTING
					DATE

8/28/2020
11:14:27AM

Maricopa County
Recorder's Information Systems Center
VM08 Voter Information

Voter ID: 2346337
Status: A
Harassment Code: N

Name: WALLACE-SASSARINI, PATRICK, BENJAMIN
Phone: 000-000-0000
Residential: 1012 N 92ND CIR, MESA AZ 85207
Mailing:
Conversion

Affidavit: 205316846 **Perm EV Ind:** Y **Alt Format Type:** N
Receive Date:
Receive Type: R
DOR: 10/15/2003
Party: PND
Pc Date:
PPV: N
BP State:
Country:
DOB: 1985
Last 4 SSN:
Occupation: 7

Precinct: 0233 - FENIMORE
City Limits: M5 - MESA COUNCIL DIST #5
CPC:

Con: 5 **Leg:** 16 **Sup:** 2 **Jp:** 24 **Sch:** 004 **HSch:** 4 **MCCD:** 2 **Special:** Q003


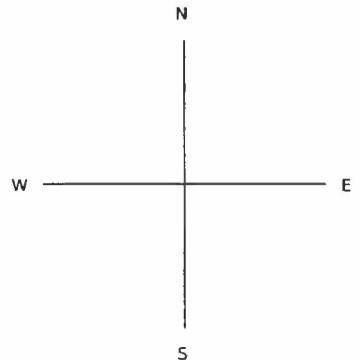

8/28/2020
11:14.41AM


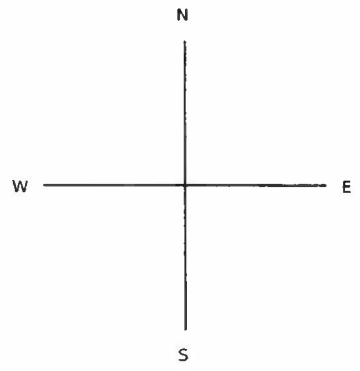

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information
Election History**


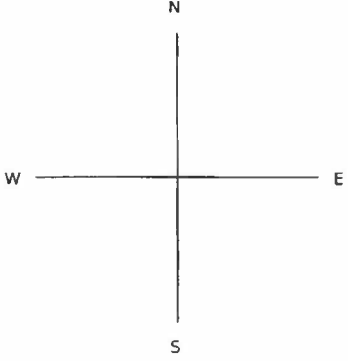
VoterId: 2346337
Voter Name: WALLACE-SASSARINI, PATRICK, BENJAMIN
Harassment Code: N


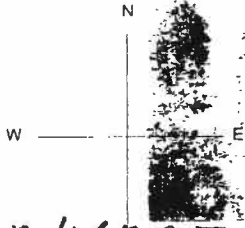
Primary	General	Primary	General	Primary	General
2020 N	2020	2018 N	2018 N	2016 N	2016 Y

Entry Date	AffSeq	Change Date	Change Type	Change Comments	Assc Voter
11/02/2018	205316846	11/02/2018	U	RESTORED TO ACTIVE	0
07/27/2018	205316846	07/25/2018	M	MOD RES	0
10/06/2016	204593735	10/05/2016	M	MOD RES	0
10/06/2016	902346337	01/11/2013	R	RESTORATION	0
01/11/2013	902346337	01/11/2013	D	REG VERIFICATION	0
11/26/2012	902346337	11/26/2012	R	ELECT RESTORE	0
09/17/2012	902346337	09/17/2012	D	REG VERIFICATION	0
01/24/2012	202604449	01/23/2012	M	MOD RES PTY	0
10/27/2010	60356191	10/21/2010	M	MOD RES PTY	0
08/25/2010	202159518	08/24/2010	U	COR NON CRITICAL	0
08/24/2010	202159518	08/23/2010	M	MOD NAM RES PTY	0
03/19/2009	60034359	03/19/2009	U	COR NON CRITICAL	0
03/17/2009	60034359	02/23/2009	M	MOD NAM RES PTY	0
08/17/2007	60038700	08/01/2007	M	MOD RES	0
11/30/2005	200308528	11/25/2005	M	MOD RES PTY	0
11/19/2003	959478145	10/15/2003	N	ORIG REG	0


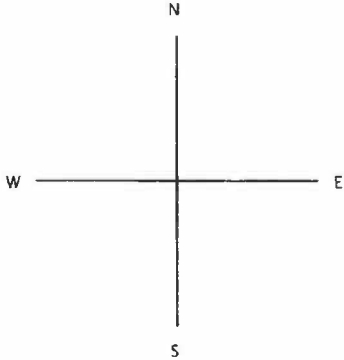

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY 205316846			
[2] Last Name WALLACE-SASSARINI		First Name PATRICK		Middle Name BENJAMIN	
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 1012 N 92ND CIR					[4] Apt / Unit/Space
[5] City MESA		[6] Zip 85207 - 5260		[7] Address where you get your mail, if mail is not delivered to your home	
[8] Last four digits of Social Security Number [REDACTED]		[9] AZ Driver License Number or AZ Nonoperating License Number [REDACTED]		[10] Optional Tribal Identification Number	
[11] Alien Registration Number		[12] Birth Date (MM/DD/YYYY) 1985		[13] State or Country of Birth [REDACTED]	
[14] Party Preference <input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Other NO PARTY PREF...		[15] Telephone number		[16] Occupation SELF EMPLOYED	
[17] If you were registered to vote in another state, list former address including county and state.		[18] List former name (if applicable)		[19] Father's name or mother's maiden name [REDACTED]	
[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[21] E-mail address		[23] If no street address draw a map here: 	
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If you checked 'No' to either one of these questions, do not submit this form.</i> VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.  This is a printed representation of the completed ServiceArizona web form 20180725160304000 I X SIGN HERE DATE 07/25/2018					
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here. SIGNATURE OF PERSON ASSISTING DATE					

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY 204593735			
[2] Last Name WALLACE-SASSARINI		First Name PATRICK		Middle Name BENJAMIN	
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 8859 E DOWNING ST					[4] Apt / Unit/Space
[5] City MESA		[6] Zip 85207 - 6027		[7] Address where you get your mail, if mail is not delivered to your home	
[8] Last four digits of Social Security Number		[9] AZ Driver License Number or AZ Nonoperating License Number		[10] Optional Tribal Identification Number	
[11] Alien Registration Number		[12] Birth Date (MM/DD/YYYY) [REDACTED] 1985		[13] State or Country of Birth [REDACTED]	
[14] Party Preference <input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Other NO PARTY PREF ..		[15] Telephone number [REDACTED]		[16] Occupation SELF EMPLOYED	
[17] If you were registered to vote in another state, list former address including county and state.		[18] List former name (if applicable)		[19] Father's name or mother's maiden name [REDACTED]	
[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[21] E-mail address [REDACTED]		[23] If no street address draw a map here	
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If you checked 'No' to either one of these questions, do not submit this form.			
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.					
		This is a printed representation of the completed ServiceArizona web form 20161005200438000 I		10/05/2016	
SIGN HERE		DATE		DATE	
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.					
SIGNATURE OF PERSON ASSISTING		DATE		DATE	

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY 204593735			
[2] Last Name WALLACE-SASSARINI		First Name PATRICK		Middle Name BENJAMIN	
[3] Address <u>where you live</u> - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks Do not use post office box or business address. Draw a map below if located in rural area 8859 E DOWNING ST					[4] Apt./ Unit/Space
[5] City MESA		[6] Zip 85207 - 6027	[7] Address <u>where you get your mail</u> , if mail is not delivered to your home		
[8] Last four digits of Social Security Number [REDACTED]		[9] AZ Driver License Number or AZ Nonoperating License Number [REDACTED]		[10] Optional Tribal Identification Number	[11] Alien Registration Number
[12] Birth Date (MM/DD/YYYY) [REDACTED] 1985		[13] State or Country of Birth [REDACTED]	[14] Party Preference <input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Other NO PARTY PREF...		[15] Telephone number [REDACTED]
[16] Occupation SELF EMPLOYED		[17] If you were registered to vote in another state, list former address including county and state.		[18] List former name (if applicable)	[19] Father's name or mother's maiden name [REDACTED]
[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[21] E-mail address [REDACTED]		[23] If no street address draw a map here:	
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If you checked 'No' to either one of these questions, do not submit this form			
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.					
X [REDACTED SIGNATURE]		This is a printed representation of the completed ServiceArizona web form 20161005200438000 I			
SIGN HERE		DATE		10/05/2016	
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.					
SIGNATURE OF PERSON ASSISTING				DATE	

[1] Are you registered to vote at another address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List the former address, including county and state 687 N. May St Chandler, AZ 85220 Maricopa County				-06 0356191 	
[2] Last Name Wallace - Sassaini		First Name Patrick		Middle Name Benjamin	Jr/Sr/III
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area 50 E. Palmcroft Dr.					[4] Apt/Unit/Space No
[5] City Tempe	[6] County Maricopa	[7] Zip 85282	[8] Address where you get your mail, if mail is not delivered to your home		
[9] Birth Date (Month/Day/Year) [REDACTED] /1485		[10] State or Country of Birth [REDACTED]	[11] Telephone number [REDACTED]	[12] Father's name or mother's maiden name [REDACTED]	
[13] AZ Driver license number or AZ Nonoperating license number [REDACTED]	[14] AZ Driver license number or AZ nonoperating license number issue date [REDACTED]	[15] Last four digits of social security number [REDACTED]	[16] Optional - Check ID type and write number in box <input type="checkbox"/> Indian census number, <input type="checkbox"/> Bureau of Indian Affairs card number, <input type="checkbox"/> Tribal treaty card number, or <input type="checkbox"/> Tribal enrollment number No.		
[17] Specify Party Preference Independent	[18] Occupation student	[19] If your name was different the last time you registered, list former name		[20] Certificate of Naturalization number	
[21] > Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> > Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT [REDACTED SIGNATURE] 10/21/10				[22] If no street address draw a map here 	
[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here. SIGNATURE OF PERSON ASSISTING _____ DATE _____					
[24] Will you be willing to work at a polling place on election day? Yes <input type="checkbox"/> No <input type="checkbox"/>					2346337

OCT 25 2010

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY S 202159518			
[2] Last Name WALLACE-SASSARINI		First Name PATRICK		Middle Name BENJAMIN	
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 687 N MAY ST					[4] Apt / Unit/Space
[5] City CHANDLER		[6] Zip 85226	[7] Address where you get your mail, if mail is not delivered to your home		
[8] Last four digits of Social Security Number		[9] AZ Driver License Number or AZ Nonoperating License Number		[10] Optional Tribal Identification Number	[11] Alien Registration Number
Birth Date (MM/DD/YYYY) 1985		[13] State or Country of Birth	[14] Specify Party Preference NO PARTY PREFERENCE	[15] Telephone number	[16] Occupation STUDENT
[17] Are you registered to vote at another address? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/> List the former address, including county and state			[18] List former name (if applicable)		[19] Father's name or mother's maiden name
[20] Will you be willing to work at a polling place on election day? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					[22] If no street address draw a map here
[21] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.					
X  SIGN HERE			08/23/2010 DATE		
[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.					
SIGNATURE OF PERSON ASSISTING			DATE		

[1] Are you registered to vote at another address? Yes No Not Sure *Party change*

List the former address, including county and state
 115 E. Locust St. Chandler - 85286 -06 0034359

[2] Last Name *Wallace - Sassarini* First Name *Patrick* Middle Name _____ Jr./Sr./III _____

[3] Address where you live - If no street address, describe residence location using mileage, cross streets, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. [4] Apt./Unit/Space No. _____
 175 W. Knox Rd.

[5] City *Tempe* [6] County _____ [7] Zip *85284* [8] Address where you get your mail, if mail is not delivered to your home _____

[9] Birth Date (Month/Day/Year) *[REDACTED] 85* [10] State or Country of Birth *[REDACTED]* [11] Telephone number _____ [12] Father's name or mother's maiden name _____

[13] AZ Driver license number or AZ Nonoperating license number *[REDACTED]* [14] AZ Driver license number or AZ nonoperating license number issue date *[REDACTED]* [15] Last four digits of social security number *[REDACTED]* [16] Optional - Check ID type and write number in box
 Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number

[17] Specify Party Preference *Libertarian* [18] Occupation *chef* [19] If your name was different the last time you registered, list former name _____ [20] Certificate of Naturalization number _____

[21] > Are you a citizen of the United States of America? Yes No If you checked "No" to either one of these questions do not submit this form
 > Will you be 18 years of age on or before election day? Yes No

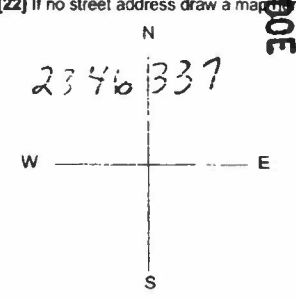
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT


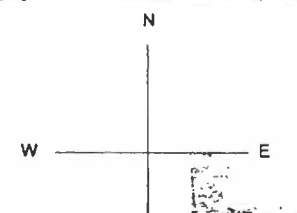
SIGN HERE *[REDACTED]* *2/23/09* DATE

[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here
 SIGNATURE OF PERSON ASSISTING _____ DATE _____

[24] Will you be willing to work at a polling place on election day? Yes No

007231 MAR-58
MCOE



[1] Are you registered to vote at another address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List the former address, including county and state 667 N. May St. Chandler, AZ Maricopa County, 85226			06 0038700 		
[2] Last Name Wallace - Sussarini		First Name Patrick		Middle Name Benjamin	Jr/Sr/III
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 115 E. Locust Dr. Chandler AZ 85286 Maricopa County				[4] Apt./Unit/Space No.	
[5] City		[6] County	[7] Zip	[8] Address where you get your mail, if mail is not delivered to your home	
[9] Birth Date (Month/Day/Year) [REDACTED] 1985		[10] State or Country of Birth [REDACTED]	[11] Telephone number [REDACTED]	[12] Father's name or mother's maiden name [REDACTED]	
[13] AZ Driver license number or AZ Nonoperating license number [REDACTED]		[14] AZ Driver license number or AZ nonoperating license number issue date [REDACTED]	[15] Last four digits of social security number [REDACTED]	[16] Optional - Check ID type and write number in box <input type="checkbox"/> Indian census number, <input type="checkbox"/> Bureau of Indian Affairs card number, <input type="checkbox"/> Tribal treaty card number, or <input type="checkbox"/> Tribal enrollment number	
[17] Specify Party Preference IND.		[18] Occupation Student	[19] If your name was different the last time you registered, list former name	[20] Certificate of Naturalization number	
[21] > Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> > Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If you checked "No" to either one of these questions, do not submit this form				[22] If no street address draw a map here: 	
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT [REDACTED SIGNATURE]				DATE 8/1/07	
SIGN HERE				[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here. SIGNATURE OF PERSON ASSISTING _____ DATE _____	
[24] Will you be willing to work at a polling place on election day? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2546337	

MCDOE AUG-8 07

9-C1

[1] Are you registered to vote at another address? Yes No Not Sure

List the former address, including county and state

200308528

687 N MAY ST, CHANDLER, AZ, US 85226 MARICOPA

[2] Last Name
WALLACE-SASSARINI

First Name
PATRICK

Middle Name
BENJAMIN

Jr./Sr./III

[3] Address where you live - If no street address, describe residence location using mileage, cross streets, or landmarks Do not use post office box or business address Draw a map below if located in rural area.

[4] Apt /Unit/Space No

687 N MAY ST

[5] City
CHANDLER

[6] County
MARICOPA

[7] Zip
85226

[8] Address where you get your mail, if mail is not delivered to your home

[9] Birth Date (Month/Day/Year)
[REDACTED] 1985

[10] State or Country of Birth

[11] Telephone number

[12] Father's name or mother's maiden name

[13] AZ Driver license number or AZ Nonoperating license number

[14] AZ Driver license number or AZ nonoperating license number issue date

[15] Last four digits of social security number

[16] Optional - Check ID type and write number in box
 Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number

[17] Specify Party Preference
INDEPENDENT

[18] Occupation
STUDENT

[19] If your name was different the last time you registered, list former name

[20] Certificate of Naturalization number

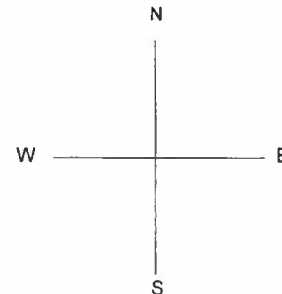
[21] > Are you a citizen of the United States of America? Yes No
> Will you be 18 years of age on or before election day? Yes No

If you checked "No" to either one of these questions, do not submit this form

[22] If no street address draw a map here

VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT

This is a printed representation of the completed ServiceArizona web form No. 20051125221425 11/25/2005 10 14:25 PM



SIGN HERE

DATE

[23] If you are unable to sign the form, the form can be completed at your direction The person who assisted you must sign here
SIGNATURE OF PERSON ASSISTING DATE

[24] Will you be willing to work at a polling place on election day? Yes No

Are you a U.S. citizen? Yes No If you checked NO, do NOT complete this form
Are you a convicted felon? If YES, do NOT complete this form unless your civil rights are restored.

959478145

Last Name: Wallace - Sassarini
First Name: Patrick
Middle Name: Benjamin
Jr./Sr./III:

Address where you live (house number, street, apt/unit number, if no street address, describe residence location using mileage, major cross streets and landmarks)
Do not use post office box or business address. Draw a map below if located in rural area. Include apt. number/trailer space.

500 N. Metro Apt. # 1259

City: Chandler
County: Maricopa
Zip: 85226
Address where you get your mail, if mail is not delivered to your home: 500 N. Metro Apt. # 1259

Birth Date (Month/Day/Year): [Redacted] -85
Father's name or mother's name: [Redacted]

Specify Party Preference: If none, check box
Occupation: Student
County number: [Redacted]
Indian census number:

Are you registered to vote at another address? Yes No Not Sure
List the former address, including county and state: _____
If your name was different the last time you registered, list former name: _____

Voter Declaration - By signing below, I swear or affirm that the following is true:
 I am a CITIZEN of the United States
 I am a RESIDENT of Arizona and the above named county
 I will be at least 18 YEARS OF AGE by the next general election
 I am NOT a convicted FELON, or my civil rights are restored
 I have NOT been adjudicated INCOMPETENT (A.R.S. § 14-5101)
 Warning: Executing a false registration is a class 6 felony.
SIGN HERE: [Redacted Signature] Date: 10-15-03

If no street address draw a map here:
N
2003 NOV 19 PM 2 47
MIDDLE
000776
S

If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here:
Signature of person assisting: _____ Date: _____

Would you be willing to work at a polling place on election day? yes no

8/28/2020
11:15:47AM

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information**

Voter ID: 2828667
Status: A
Harassment Code: N

Name: WHITEHEAD, KELLI, NICOLE
Phone: 000-000-0000
Residential: 2796 E VALENCIA ST, GILBERT AZ 85296
Mailing:
Conversion

Affidavit: 205132769 **Perm EV Ind:** Y **Alt Format Type:** N
Receive Date:
Receive Type: R
DOR: 07/06/2006
Party: REP
Pc Date:
PPV: N
BP State:
Country:
DOB: 1987
Last 4 SSN:
Occupation: 2

Precinct: 0157 - CROSSROADS PARK
City Limits: GI - GILBERT
CPC:

Con: 5 **Leg:** 12 **Sup:** 1 **Jp:** 16 **Sch:** 060 **HSch:** 60 **MCCD:** 1 **Special:** Q003


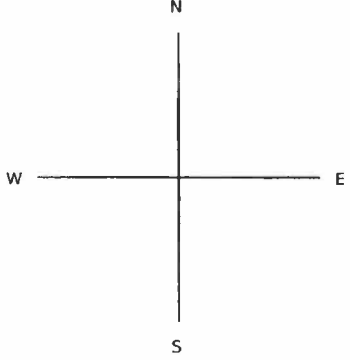

8/28/2020
11:15:51AM


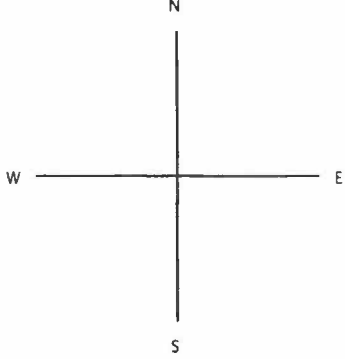

**Maricopa County
Recorder's Information Systems Center
VM08 Voter Information
Election History**

VoterId: 2828667
Voter Name: WHITEHEAD, KELLI, NICOLE
Harassment Code: N

Primary	General	Primary	General	Primary	General
2020 Y REP	2020	2018 N REP	2018 Y	2016 N	2016 Y

Entry Date	AffSeq	Change Date	Change Type	Change Comments	Assc Voter
03/07/2018	205132769	03/06/2018	M	MOD RES	0
07/19/2012	202358537	07/19/2012	U	COR NON CRITICAL	0
04/01/2011	202358537	03/31/2011	U	COR NON CRITICAL	0
03/31/2011	202358537	03/30/2011	M	MOD RES	0
01/28/2008	200847504	01/28/2008	U	COR NON CRITICAL	0
01/25/2008	200847504	01/21/2008	M	MOD NAM RES	0
08/17/2006	200475857	08/15/2006	M	MOD PTY	0
07/08/2006	200441281	07/08/2006	U	COR NON CRITICAL	0
07/07/2006	200441281	07/06/2006	N	ORIG REG	0

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input checked="" type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included		BOX FOR OFFICE USE ONLY 205132769 	
[2] Last Name WHITEHEAD	First Name KELLI	Middle Name NICOLE	Jr./Sr./III
[3] Address where you live - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 2796 E VALENCIA ST			[4] Apt / Unit/Space
[5] City GILBERT	[6] Zip 85296 - 8669	[7] Address where you get your mail, if mail is not delivered to your home	
[8] Last four digits of Social Security Number	[9] AZ Driver License Number or AZ Nonoperating License Number	[10] Optional Tribal Identification Number	[11] Alien Registration Number
[12] Birth Date (MM/DD/YYYY) 987	[13] State or Country of Birth	[14] Party Preference <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other	[15] Telephone number
[16] Occupation		[17] If you were registered to vote in another state, list former address including county and state.	[18] List former name (if applicable)
[19] Father's name or mother's maiden name		[20] Are you willing to work at a polling place on election day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	[21] E-mail address
[22] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		[23] If no street address draw a map here 	
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT. This is a printed representation of the completed ServiceArizona web form 20180306093800549 M 		03/06/2018 DATE	
SIGN HERE		DATE	
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.		DATE	
SIGNATURE OF PERSON ASSISTING		DATE	

[1] Permanent Early Voting List - Early Ballot (see instructions above) <input type="checkbox"/> YES, I want to automatically receive an early ballot for each election for which I am eligible <input checked="" type="checkbox"/> NO, I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included.		BOX FOR OFFICE USE ONLY S 202358537					
[2] Last Name WHITEHEAD		First Name KELLI		Middle Name NICOLE		Jr./Sr./III	
[3] Address <u>where you live</u> - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area. 4044 E BELLERIVE DRIVE							[4] Apt./ Unit/Space
[5] City CHANDLER		[6] Zip 85249	[7] Address <u>where you get your mail</u> , if mail is not delivered to your home				
[8] Last four digits of Social Security Number		[9] AZ Driver License Number or AZ Nonoperating License Number		[10] Optional Tribal Identification Number		[11] Alien Registration Number	
[12] Birth Date (MM/DD/YYYY) 987		[13] State or Country of Birth		[14] Specify Party Preference REPUBLICAN	[15] Telephone number		[16] Occupation
[17] Are you registered to vote at another address? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> List the former address, including county and state				[18] List former name (if applicable)		[19] Father's name or mother's maiden name	
[20] Will you be willing to work at a polling place on election day? Yes <input type="checkbox"/> No <input type="checkbox"/>						[22] If no street address draw a map here:	
[21] • Are you a citizen of the United States of America? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • Will you be 18 years of age on or before election day? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If you checked 'No' to either one of these questions, do not submit this form.					
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.							
X 		03/30/2011					
SIGN HERE		DATE					
[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here				SIGNATURE OF PERSON ASSISTING		DATE	

[1] Are you registered to vote at another address? Yes No Not Sure

List the former address, including county and state

862 E WATERVIEW PLACE, CHANDLER, AZ, US 85249 MARICOPA

200847504

[2] Last Name
WHITEHEAD

First Name
KELLI

Middle Name
NICOLE

Jr./Sr./III

[3] Address where you live - If no street address, describe residence location using mileage, cross streets, or landmarks Do not use post office box or business address. Draw a map below if located in rural area

[4] Apt /Unit/Space No

862 E WATERVIEW PLACE

[5] City
CHANDLER

[6] County
MARICOPA

[7] Zip
85249

[8] Address where you get your mail, if mail is not delivered to your home

[9] Birth Date (Month/Day/Year)
1987

[10] State or Country of Birth

[11] Telephone number

[12] Father's name or mother's maiden name

[13] AZ Driver license number or AZ Nonoperating license number

[14] AZ Driver license number or AZ nonoperating license number issue date

[15] Last four digits of social security number

[16] Optional - Check ID type and write number in box
 Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number

[17] Specify Party Preference
REPUBLICAN

[18] Occupation
NANNY

[19] If your name was different the last time you registered, list former name

[20] Certificate of Naturalization number

[21] > 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" to either one of these questions, do not submit this form

[22] If no street address draw a map here

VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT

This is a printed representation of the completed ServiceArizona web form 20080121215914

1/21/2008 9 59:14 PM

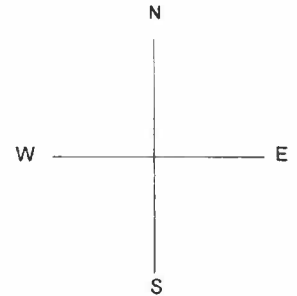
SIGN HERE

DATE

[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here
SIGNATURE OF PERSON ASSISTING

DATE

[24] Will you be willing to work at a polling place on election day? Yes No



[1] Are you registered to vote at another address? Yes No Not Sure
List the former address, including county and state

MARICOPA

200475857

[2] Last Name
JOHNSON

First Name
KELLI

Middle Name
NICOLE

Jr./Sr./III

[3] Address where you live – If no street address, describe residence location using mileage, cross streets, or landmarks Do not use post office box or business address Draw a map below if located in rural area.

[4] Apt./Unit/Space No

4166 E JASPER DR

[5] City
HIGLEY

[6] County
MARICOPA

[7] Zip
85236 - 5409

[8] Address where you get your mail, if mail is not delivered to your home

[9] Birth Date (Month/Day/Year)
[REDACTED] 1987

[10] State or Country of Birth
[REDACTED]

[11] Telephone number

[12] Father's name or mother's maiden name
[REDACTED]

[13] AZ Driver license number or AZ Nonoperating license number

[14] AZ Driver license number or AZ nonoperating license number issue date
[REDACTED]

[15] Last four digits of social security number
[REDACTED]

[16] Optional - Check ID type and write number in box
 Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number

[17] Specify Party Preference
REPUBLICAN

[18] Occupation
STUDENT

[19] If your name was different the last time you registered, list former name

[20] Certificate of Naturalization number

[21] > 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" to either one of these questions, do not submit this form

[22] If no street address draw a map here:

VOTER DECLARATION – By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT

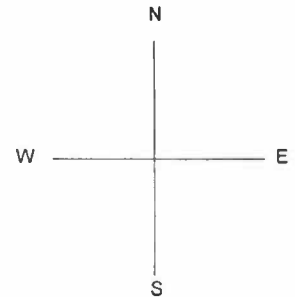
This is a printed representation of the completed ServiceArizona web form 20060815215122
8/15/2006 9:51:22 PM

SIGN HERE

DATE

[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.
SIGNATURE OF PERSON ASSISTING _____ DATE _____

[24] Will you be willing to work at a polling place on election day? Yes No



[1] Are you registered to vote at another address? Yes No Not Sure
List the former address, including county and state
MARICOPA

200441281

[2] Last Name
JOHNSON

First Name
KELLI

Middle Name
NICOLE

Jr./Sr./III

[3] Address where you live – If no street address, describe residence location using mileage, cross streets, or landmarks Do not use post office box or business address Draw a map below if located in rural area.
4166 E JASPER DR

[4] Apt /Unit/Space No

[5] City
HIGLEY

[6] County
MARICOPA

[7] Zip
85236 - 5409

[8] Address where you get your mail, if mail is not delivered to your home

[9] Birth Date (Month/Day/Year)
1987

[10] State or Country of Birth

[11] Telephone number

[12] Father's name or mother's maiden name

[13] AZ Driver license number or AZ Nonoperating license number
[REDACTED]

[14] AZ Driver license number or AZ nonoperating license number issue date
[REDACTED]

[15] Last four digits of social security number
[REDACTED]

[16] Optional - Check ID type and write number in box
 Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number

[17] Specify Party Preference
INDEPENDENT

[18] Occupation

[19] If your name was different the last time you registered, list former name

[20] Certificate of Naturalization number

[21] > Are you a citizen of the United States of America? Yes No *If you checked "No" to either one of these questions, do not submit this form.*
> Will you be 18 years of age on or before election day? Yes No

[22] If no street address draw a map here

VOTER DECLARATION – By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT
[REDACTED SIGNATURE]
This is a printed representation of the completed ServiceArizona web form 20060706164218 M
7/6/2006 4:42:18 PM



SIGN HERE _____ DATE _____

[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.
SIGNATURE OF PERSON ASSISTING _____ DATE _____

[24] Will you be willing to work at a polling place on election day? Yes No

EXHIBIT E



AVID ID 25675192 VRAZ ID 1200072868 County Pinal

ANGLIN, DONALD RICHARD JR

Party REPUBLICAN
 DOB 1/19/72 (Age 48)
 Status REGULAR
 Status Reason SUI DE BE GENTE ADIGE
 Precinct 79 MARICOPA FIESTA
 Precinct Part 79.01

- Registration Info
- Polling Locations
- Validations
- Voting History
- Activity
- Attachments
- Correspondence
- Early Voting
- Provisional Voting

Residence Address **Mailing Address** **Update Record**

43217 W KNAUSS DR 43217 W KNAUSS DR

MARICOPA, AZ 85138 MARICOPA, AZ 85138

<p>Citizenship Verified: YES</p> <p>SSN4:</p> <p>AZ DL/ID #:</p> <p>Tribal ID #:</p> <p>Alien Registration #:</p> <p>Registration Date: 4/26/2004</p> <p>County Registration Date: 4/26/2004</p> <p>Effective Date of Change: 3/23/2017</p> <p>How Registered:</p> <p>Source of Registration:</p>	<p>Phone: (602) 206-4898</p> <p>Mobile Phone:</p> <p>Email:</p> <p>Previous Name: DONALD RICHARD ANGLIN, JR</p> <p>Occupation:</p> <p>Parent Name:</p> <p>State or Country of Birth:</p> <p>Poll Worker: NO</p> <p>Publicity Pamphlet Opt-In: NO</p> <p>Publicity Pamphlet Email:</p>
---	---

Flagged Record

Default Signature:

District Type	District Name
BOARD OF SUPERVISORS	SUPERVISOR 4
CITY	CITY OF MARICOPA
COMMUNITY COLLEGE	COMMUNITY COLLEGE DIST 4
CONGRESSIONAL	CONGRESSIONAL DISTRICT 1
FLOOD CONTROL	MARICOPA FLOOD CONTROL
JUSTICE OF THE PEACE	JUSTICE OF PEACE 04
LEGISLATIVE	LEGISLATIVE DISTRICT 11
PRECINCT	79 MARICOPA FIESTA
PRECINCT PART	79.01
SCHOOL	MARICOPA UNIFIED SD #020
JOINT TECHNOLOGY	CENTRAL ARIZONA INSTITUTE OF T



[1] Permanent Early Voting List - Early Ballot (see instructions above)

BOX FOR OFFICE USE ONLY

YES. I want to automatically receive an early ballot for each election for which I am eligible.
 NO. I DO NOT want to automatically receive an early ballot. I understand CHECKING THIS BOX will remove my name from the list if it was previously included.

[2] Last Name: ANGLIN
First Name: KRISTIN
Middle Name: SUZANNE
Jr./Sr./III

[3] Address where you live - If no street address, describe residence location using mileage, cross streets, parcel #, subdivision name and lot, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area.
43217 W KNAUSS DR
[4] Apt./ Unit/Space

[5] City: MARICOPA
[6] Zip: 85138 - 2478
[7] Address where you get your mail, if mail is not delivered to your home

[8] Last four digits of Social Security Number: [9] AZ Driver License Number or AZ Nonoperational License Number: [10] Optional Tribal Identification Number: [11] Alien Registration Number

[12] Birth Date (MM/DD/YYYY): [13] State or Country of Birth: [14] Party Preference: [15] Telephone number: [16] Occupation

[17] If you were registered to vote in another state, list former address including county and state. [18] List former name (if applicable): [19] Father's name or mother's maiden name

[20] Are you willing to work at a polling place on election day? Yes No [21] E-mail address: [23] If no street address draw a map here:

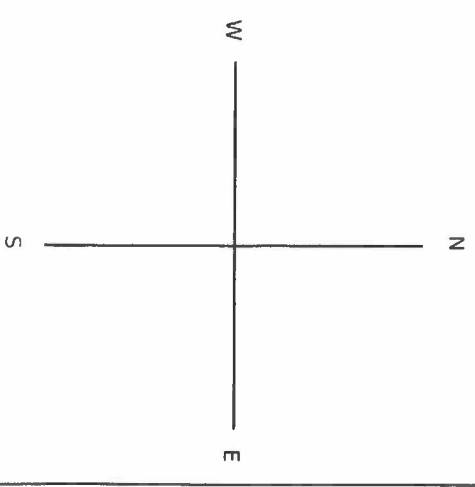
[22] • Are you a citizen of the United States of America? Yes No
• Will you be 18 years of age on or before election day? Yes No
VOTER DECLARATION - By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT.

This is a printed representation of the completed ServiceArizona web form 20190710140243573 M

X

07/10/2019
DATE

SIGN HERE
[24] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.
SIGNATURE OF PERSON ASSISTING DATE



[1] Are you registered to vote at another address? Yes No Not Sure

List the former address, including county and state

PINAL

[2] Last Name
ANGLIN

First Name
KRISTIN

Middle Name
SUZANNE

Jr./Sr./III

[3] Address where you live - If no street address, describe residence location using mileage, cross streets, or landmarks. Do not use post office box or business address. Draw a map below if located in rural area.

43217 W KNAUSS DRIVE

[5] City
MARIKOPA

[6] County
PINAL

[7] Zip
85239

[8] Address where you get your mail, if mail is not delivered to your home

[9] Birth Date (Month/Day/Year)
1/9/73

[10] State or Country of Birth

[11] Telephone number

[12] Father's name or mother's maiden name

[13] AZ Driver license number or AZ Nonoperating license number

[14] AZ Driver license number or AZ nonoperating license number issue date

[15] Last four digits of social security number

[16] Optional - Check ID type and write number in box
 Indian census number, Bureau of Indian Affairs card number,
 Tribal treaty card number, or Tribal enrollment number
No.

[17] Specify Party Preference
REPUBLICAN

[18] Occupation
HOMEMAKER

[19] If your name was different the last time you registered, list former name

[20] Certificate of Naturalization number

[21] > 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" to either one of these questions, do not submit this form.

[22] If no street address draw a map here:
N _____
W _____
E _____
S _____

VOTER DECLARATION - By signing below, I swear or affirm that the above information is true; that I am a RESIDENT of Arizona, I am NOT a convicted FELON or my civil rights are restored, and I have NOT been adjudicated INCOMPETENT

This is a printed representation of the completed ServiceArizona web form 20060522123224

5/22/2006 12:32:24 PM

SIGN HERE

DATE

[23] If you are unable to sign the form, the form can be completed at your direction. The person who assisted you must sign here.
SIGNATURE OF PERSON ASSISTING _____ DATE _____

[24] Will you be willing to work at a polling place on election day? Yes No



AVID ID 25719733 VRAZ ID 1200118039 County Pinal Party REPUBLICAN Status ACTIVE
TUCK, MARILYN SANDERS DOB 1951 (Age 69) Status Reason VALID REGISTERED
 Precinct 78 MARICOPA MEADOWS Precinct Part 78.03

Registration Info	Polling Locations	Validations	Voting History	Activity	Attachments	Correspondence	Early Voting
Provisional Voting							

Residence Address Mailing Address Update Record



22413 N CELTIC AVE
MARICOPA, AZ 85139

22413 N CELTIC AVE
MARICOPA, AZ 85139

Citizenship Verified: YES Phone:
 SSN4: Mobile Phone:
 AZ DL/ID #: Email:
 Tribal ID #: Previous Name:
 Alien Registration #: Occupation: HOMEMAKER
 Registration Date: 10/2/2006 Parent Name:
 County Registration Date: 10/2/2006 State or Country of Birth:
 Effective Date of Change: 2/5/2008 Poll Worker: NO
 How Registered: Publicity Pamphlet Opt-In: NO
 Source of Registration: Publicity Pamphlet Email:

Flagged Record

Default Signature:

District Type	District Name
BOARD OF SUPERVISORS	SUPERVISOR 4
CITY	CITY OF MARICOPA
COMMUNITY COLLEGE	COMMUNITY COLLEGE DIST 4
CONGRESSIONAL	CONGRESSIONAL DISTRICT 1
FLOOD CONTROL	MARICOPA FLOOD CONTROL
JUSTICE OF THE PEACE	JUSTICE OF PEACE 04
LEGISLATIVE	LEGISLATIVE DISTRICT 11
PRECINCT	78 MARICOPA MEADOWS
PRECINCT PART	78.03
SCHOOL	MARICOPA UNIFIED SD #020
JOINT TECHNOLOGY	CENTRAL ARIZONA INSTITUTE OF T



EXHIBIT F



KATIE HOBBS
SECRETARY OF STATE

DATE: August 27, 2020
TO: County Recorders and Election Directors
FROM: Bo Dul, State Elections Director
RE: Potential Independent Presidential Candidate Filing

- The Secretary of State's Office has recently been contacted by representatives of Kanye West, who have indicated they intend to file nomination petitions pursuant to A.R.S. § 16-341 to qualify Mr. West to appear on the General Election ballot in Arizona as an independent candidate for U.S. President.
- Under current statute, A.R.S. § 16-341(G), the filing deadline is Friday, September 4, 2020 at 5:00 p.m.
- We understand this deadline poses significant logistical challenges for counties given their ballot printing deadlines. Below are the "drop-dead" ballot printing deadlines each county has reported receiving from their print vendor since this news has arisen.

County	Ballot Printer	Print Deadline
Apache	Automated Election Services (NM)	9/8/2020
Mohave	K&H - Washington	9/8/2020
Pinal	K&H	9/8/2020
Cochise	Runbeck	9/8/2020
Coconino	Runbeck	9/8/2020
Maricopa	Runbeck	9/8/2020
Pima	Runbeck	9/8/2020

LaPaz	ESS	9/8/2020
Gila	O'Neil	9/9/2020
Graham	O'Neil	9/9/2020
Greenlee	O'Neil	9/9/2020
Navajo	O'Neil	9/9/2020
Santa Cruz	O'Neil	9/9/2020
Yavapai	O'Neil	9/9/2020
Yuma	O'Neil	9/9/2020

- In addition to the above print deadlines, we understand that some counties have programming deadlines as early as September 4, 2020.
 - If possible, we would recommend programming a back-up program that includes Mr. West as an independent presidential candidate that can be used should he qualify for the ballot.
 - We are also urging Mr. West's campaign to file earlier (e.g. Tuesday, September 1 or Wednesday, September 2) and, if needed, submit a supplemental filing on Friday, September 4 with any additional petition signatures collected between the initial filing and the deadline. An earlier filing may allow our office to review and qualify the candidate by September 4 if enough signatures are submitted, in time to notify the counties in advance of a September 4 programming deadline.
- **In any event, if the SOS has not completed processing the filed petitions or otherwise does not qualify Mr. West to appear on the ballot by your county's ballot programming or ballot printing deadline, the SOS believes Mr. West SHOULD NOT be included in the final ballot program or ballot print files sent to the print vendor.**
- **Conversely, if the SOS does qualify Mr. West to appear on the ballot by your county's ballot printing deadline, the SOS believes counties SHOULD include Mr. West on the ballot, even though a challenge may be pending or the challenge period is still open.**
- **If the SOS qualifies Mr. West to appear on the ballot but a challenge is filed and the court orders that he be removed from the ballot by a county's ballot printing deadline, the county must comply with the court order and Mr. West SHOULD NOT appear on the ballot, even if an appeal may be pending or the appeal period is still open.**
- **We understand it is also possible that Mr. West will qualify for the ballot prior to counties' programming and print deadlines and, accordingly, will be included on**

the ballot in some if not all counties, but then subsequently be ordered removed by a court pursuant to a challenge.

- In this scenario, based on what counties have communicated to our office, the SOS will communicate to the court that it is NOT possible for counties to reprint ballots (counties may communicate this as well as they will also be named defendants in any court challenge). We are aware that, in addition to costs and supply constraints, requiring reprinting ballots may also risk noncompliance with the UOCAVA mailing deadline (September 19, 2020), and would require reprogramming and re-doing L&A tests, which would jeopardize our ability to put on this election in compliance with statutory requirements. **However, we cannot guarantee what a court will order.**
- In this scenario, even if a court does not require reprinting ballots, it is possible a court may require counties to mail notices to voters stating that Mr. West appears on the ballot but has been disqualified by court order. We understand Maricopa County is preparing to send such notices if this scenario materializes.
 - Other counties have expressed concerned about the cost of any such notice and have asked if the SOS would consider sending such notice on behalf of their counties. If the need arises, we can discuss what the SOS can do to support counties in complying with such a court order, but we currently do not have a budget to pay for such notices. We can certainly provide uniform language and format for the notice, and can possibly coordinate the mailing at the state level while having counties pay for the mailings in their counties.
 - While the SOS would not be able to pay for the mailing out of our operating budget, we believe the costs associated with such a mailing would be an allowable use of HAVA funds, and particularly, the HAVA subgrants allocated to counties.
- If Mr. West is printed on the ballot but is later disqualified by court order, the SOS office will communicate with counties regarding how best to handle tabulation so there is as much statewide consistency as possible, though we understand this will present its own set of challenges and concerns.
- Pursuant to A.R.S. § 16-351, any elector may challenge a candidate, and challengers have until 5:00 p.m. of the tenth day, excluding Saturdays, Sundays and other holidays, after the deadline to file nomination papers and petitions. Therefore, under current statute, the deadline to challenge an independent candidate for U.S. President would be Monday, September 21, 2020. *See* A.R.S. § 16-351(A)-(B).
 - The superior court is required to hear and render a decision on the matter within 10 days after the filing of a challenge.
 - The superior court's decision is appealable to the Supreme Court. A notice of appeal must be filed within five days after the superior court's decision.

- **As a general matter, if a court challenge is filed and an order is issued, the SOS and counties will have to comply with the specific terms of the court order that is in effect, unless and until a subsequent order supersedes it.**
- If needed, the SOS will communicate with the U.S. Department of Justice about these circumstances. While we do not believe any county will not be able to comply with the UOCAVA deadline because of these developments, we will communicate with DOJ if anything changes.
- As a reminder to County Recorders, if a challenge is filed, we will immediately forward the court filings as well as a SharePoint link from which you and your staff can access the petition sheets if needed for verification pursuant to the challenge.
- Unfortunately, there are many unknowns and variables that are outside of our control. Please do not hesitate to reach out to me if you have any questions. Our office will be in close communication with counties as any new developments arise and will provide as much guidance as we can, as quickly as we can because we understand the critical deadlines and operational demands the counties are facing. We also urge County Recorders and Election Directors to be in close communication with each other and with your County Attorney's Office on this issue. As usual, the SOS cannot provide the counties legal advice, the guidance above does not constitute legal advice, and we urge you to consult your County Attorneys and plan for various contingencies, including those outlined above.