



Military/Overseas (UOCAVA) Absentee Voting, (Exhibit B) have been attached as Exhibits to this Affidavit. Also attached are the secrecy envelope, (Exhibit C), the instructions for each of these two absentee voting methods, (Exhibits D and E), the Absentee Ballot Application forms, (Exhibits F , G and H), the relevant voter registration forms, (Exhibits G, H and I) and samples of roster pages used on Election Day (Exhibits J and K).

5. The specific Exhibits to this Affidavit are as follows:

- Exhibit A: Absentee Ballot Return Envelope
- Exhibit B: Absentee Ballot Return Envelope for UOCAVA Balloting
- Exhibit C: Secrecy Envelope
- Exhibit D: Instructions for Regular Absentee Balloting
- Exhibit E: Instructions for UOCAVA Absentee Balloting
- Exhibit F : Application for Regular Absentee Ballot
- Exhibit G: Federal Post Card Application (FPCA) (UOCAVA Absentee Ballot Application and Registration)
- Exhibit H: Instructions for FPCA forms
- Exhibit I: Minnesota Voter Registration Application
- Exhibit J: Sample Pre-Registered Voter Roster Page for Use in Polling Place
- Exhibit K: Sample Election Day Registrant Roster Page
- Exhibit L: UOCAVA Precinct Record
- Exhibit M: Absentee Ballot Certificate Envelope – Registered Voter
- Exhibit N: Absentee Ballot Certificate Envelope – Non-Registered Voter
- Exhibit O: Absentee Ballot Certificate Envelope – UOCAVA Voter

6. The absentee ballot envelope formats are also available on the Web site of the Secretary of State at:

[http://www.sos.state.mn.us/home/index.asp?page=18&dc\\_id=557](http://www.sos.state.mn.us/home/index.asp?page=18&dc_id=557)

7. County auditors print the actual absentee ballot envelopes for all jurisdictions within that county and those envelopes may vary slightly from county to county depending upon the printer used by the specific county.

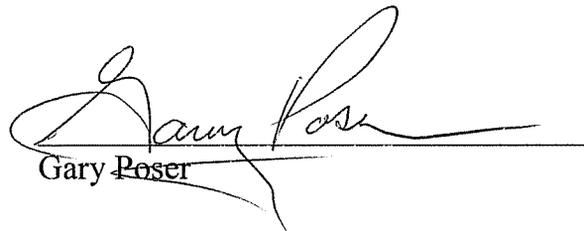
8. In addition to the attached samples of absentee ballot envelopes, other materials would also need to be reviewed to determine whether an absentee ballot return envelope had been rejected improperly, for example, the absentee ballot application (Exhibits F and G). These absentee ballot application forms, covering various circumstances, are also available at:

[http://www.sos.state.mn.us/home/index.asp?page=18&dc\\_id=30](http://www.sos.state.mn.us/home/index.asp?page=18&dc_id=30)

9. Another set of records to be reviewed with respect to the question of whether an absentee ballot return envelope had been rejected improperly are the voter registration records relating to the voter. This would include the roster of pre-registered voters (Exhibit J), electronic records in the Statewide Voter Registration System (SVRS), or a Voter Registration Application (Exhibits G, H and I) sent by the voter in the absentee ballot return envelope.
10. The roster would also be used to determine whether the voter had already voted or had submitted another, separate absentee ballot. Sample roster pages are attached as Exhibits J and K
11. The Report "UOCAVA Precinct Record" generated by SVRS would also be used to show what the county absentee ballot board for UOCAVA voters had marked as either Accepted or Rejected. (Exhibit L)
12. It should be noted that materials required for UOCAVA voters pursuant to Minnesota Statutes, sections 203B.16 to 203B.27 are quite different than those required for regular absentee voting under 203B.01 to 203B.15.

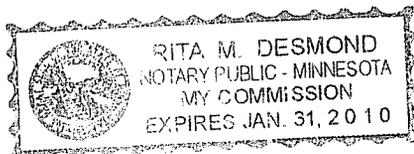
FURTHER YOUR AFFIANT SAYETH NOT.

Dated: December 16, 2008

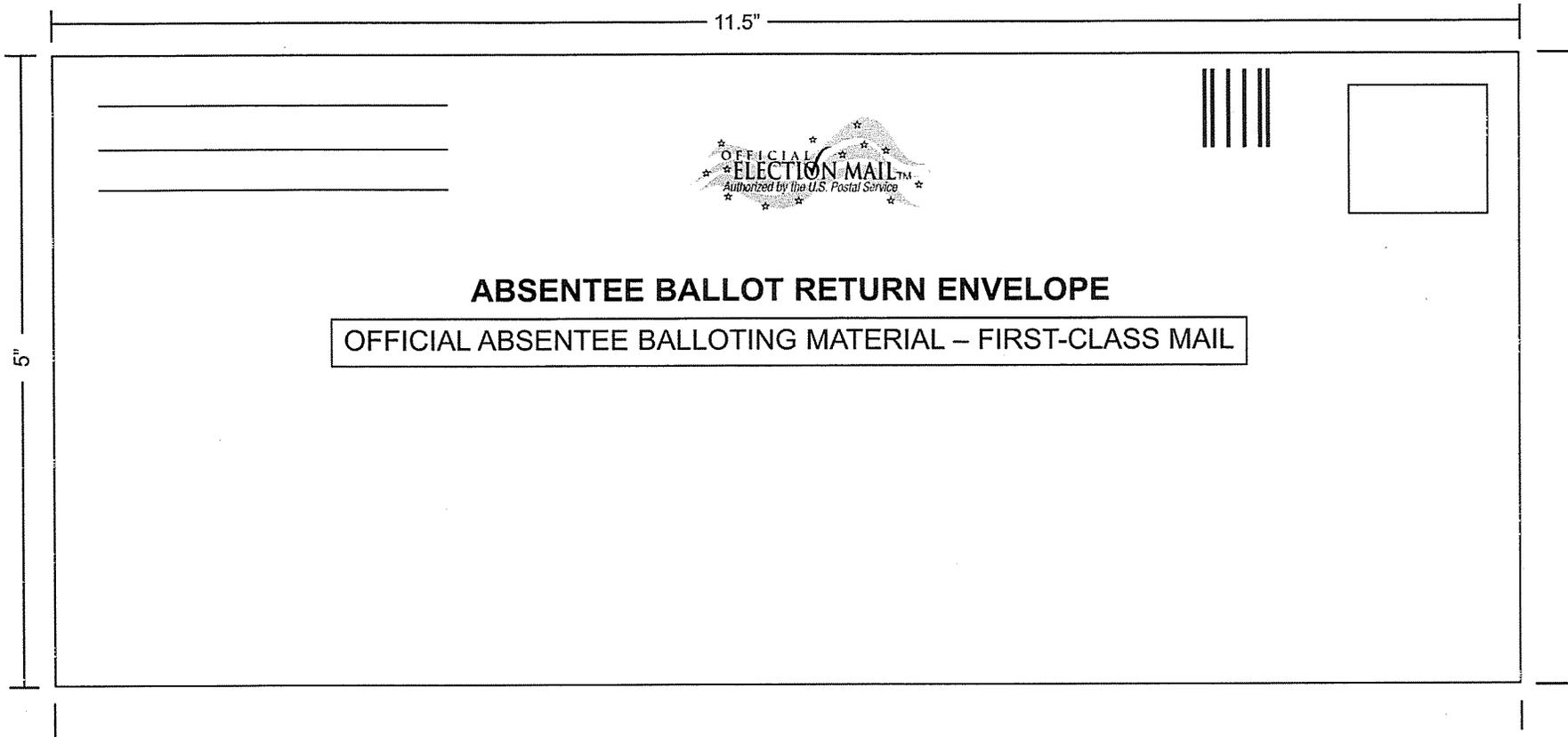
  
Gary Poser

Subscribed and sworn to before me  
on this December 16, 2008

  
\_\_\_\_\_

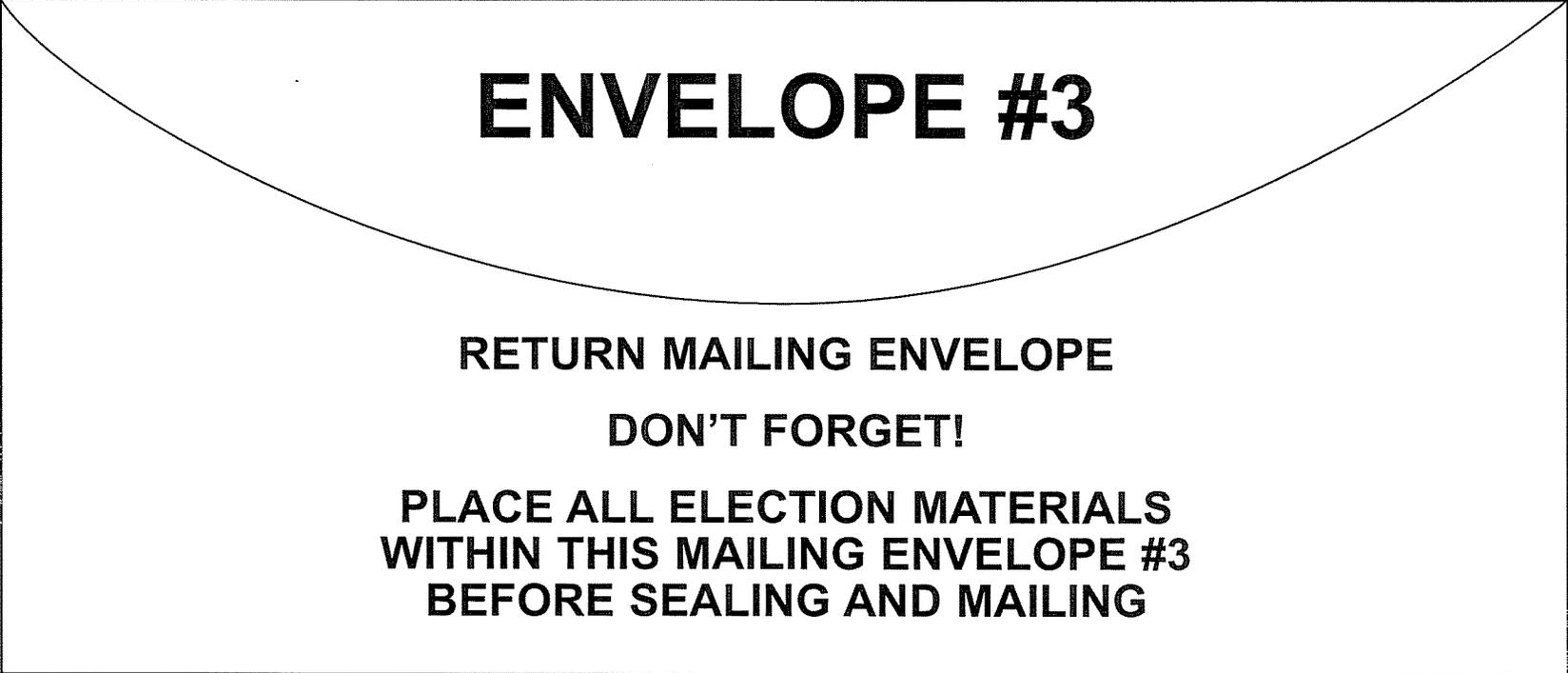


# EXHIBIT A



Sample Absentee Ballot Return Mailing Envelope #3

Front of Envelope #3

A diagram of an envelope with a curved flap at the top. The text is centered within the envelope's body.

# **ENVELOPE #3**

**RETURN MAILING ENVELOPE**

**DON'T FORGET!**

**PLACE ALL ELECTION MATERIALS  
WITHIN THIS MAILING ENVELOPE #3  
BEFORE SEALING AND MAILING**

Back of Envelope #3

# EXHIBIT B

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



U.S.  
Postage  
Paid  
39 USC 3406

PAR AVION

**OFFICIAL ABSENTEE BALLOTING MATERIAL – FIRST-CLASS MAIL**

NO POSTAGE NECESSARY IN THE U.S. MAIL-DMM 703.8.0

# EXHIBIT C

# **ENVELOPE #1**

**BALLOT SECRECY ENVELOPE**

**PLACE BALLOTS INSIDE THIS ENVELOPE**

# EXHIBIT D

# Instructions for Absentee Voters

**Step 1.** You must have a witness to vote by absentee ballot. Your witness may be anyone who is registered to vote in Minnesota including your spouse or another relative, or they may be a notary public or person with the authority to administer oaths.

**Step 2.** Show your witness the unmarked ballot(s).

**Step 3.** Mark your votes according to the instructions on the ballot(s). Mark your ballot(s) in private. If you have a disability or are otherwise unable to mark the ballot(s), you may ask your witness to assist you. Make sure you do not vote for more candidates than allowed for any office, since this will prevent your votes for that office from being counted. If you make an error when marking your ballot, you may request a new ballot from the election official from whom you received your ballot. If you cannot request a new ballot, completely erase any errors and remark your ballot. Do not put any identifying marks on the ballot.

## WHEN PARTISAN PRIMARY RACES ARE ON THE BALLOT:

If you are voting in a partisan primary, you may only vote for the candidates of one party on the partisan portion of the ballot. Voting for candidates not within the same party will prevent the entire partisan portion of your primary ballot from being counted.

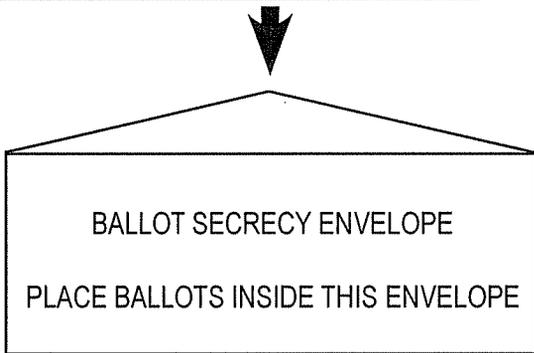
**Step 4.** Fold and place all voted ballots in the ballot secrecy envelope and seal the envelope. Do not write on the ballot secrecy envelope.

**Step 5.** Place the ballot secrecy envelope into the ballot return envelope and seal the envelope.

**Step 6.** Print your name and address on the back of the ballot return envelope unless a label with your name and address has already been affixed. Sign your name. The name, address, and signature of your witness are required as well.

**Step 7.** Return your ballot by mail or an express service to the address on the ballot return envelope, allowing enough time to be delivered by election day. You may also deliver it in person by 5:00 p.m. on the day before election day or have another person return your ballot by 3:00 p.m. on election day (this person cannot return ballots for more than three voters).

CITY AND SCHOOL DISTRICT ELECTION BALLOT		
OFFICIAL BALLOT Judge _____ Judge _____		
CITY OF _____ GENERAL ELECTION NOVEMBER 6, 2007		
INSTRUCTIONS TO VOTERS To vote, completely fill in the oval(s) next to your choice(s) like this: <input type="radio"/>		
<b>CITY OFFICES</b>	<b>CITY QUESTIONS</b>	<b>SCHOOL DISTRICT QUESTIONS</b>
<b>MAYOR</b> VOTE FOR ONE	To vote for a question, fill in the oval next to the word "YES" for that question. To vote against a question, fill in the oval next to the word "NO" for that question.	<b>INDEPENDENT SCHOOL DISTRICT NO.</b>
<input type="radio"/> CANDIDATE	<b>CITY QUESTION [NUMBER]</b>	To vote for a question, fill in the oval next to the word "YES" for that question. To vote against a question, fill in the oval next to the word "NO" for that question.
<input type="radio"/> CANDIDATE	<b>QUESTION TITLE</b> (Upper case letters, no more than 10 words)	<b>SCHOOL DISTRICT BALLOT QUESTION [NUMBER]</b>
<input type="radio"/> <i>Other Form</i>	<input type="radio"/> YES	<b>QUESTION TITLE</b> (Upper case letters, no more than 10 words)
<b>COUNCIL MEMBER</b> VOTE FOR UP TO NUMBER TO BE ELECTED	<input type="radio"/> NO	(Body of question printed in upper and lower case letters.) (Body of question printed in upper and lower case letters.) I shall be the school board of Independent School District No. _____ (Name of District) be authorized to lease no general obligation school building bonds in an amount not to exceed \$_____ to provide funds for the acquisition and betterment of school sites and facilities, including _____.
<input type="radio"/> CANDIDATE	<b>CITY QUESTION [NUMBER]</b>	<input type="radio"/> YES
<input type="radio"/> CANDIDATE	<b>QUESTION TITLE</b> (Upper case letters, no more than 10 words)	
<input type="radio"/> CANDIDATE		
<input type="radio"/> CANDIDATE		



<b>TO BE COMPLETED BY VOTER</b>	
VOTER'S NAME (PLEASE PRINT)	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<b>TO BE COMPLETED BY WITNESS</b>	
I certify that the voter	
<ul style="list-style-type: none"> <li>• showed me the blank ballots before voting;</li> <li>• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked on camera by the voter; and</li> <li>• enclosed and sealed the ballots in the secrecy envelope.</li> </ul>	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
	MN
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	



# EXHIBIT E

(After completion, fold to inside and seal before mailing.)

**WARNING: Knowingly presenting false information in this application could result in criminal sanctions.**

Standard Form 76A (Rev. 10-2005)

## REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

### 1. I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND I AM (Mark only one):

- (a) A MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE OR DEPENDENT
- (b) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY
- (c) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY

### 2. MY INFORMATION (Required)

a. TYPED OR PRINTED NAME (Last, First, Middle)			SUFFIX (Jr., Sr., III, etc.)	b. PREVIOUS NAME (if applicable)	
c. SEX <input type="checkbox"/> M <input type="checkbox"/> F	d. RACE	e. DATE OF BIRTH (MMDDYYYY)	f. SOCIAL SECURITY NUMBER	g. STATE DRIVER'S LICENSE OR I.D. NUMBER	
h. TELEPHONE NUMBER (No DSN number; include all international prefixes)			i. FAX NUMBER (No DSN number; include all international prefixes)		
j. EMAIL ADDRESS					

### 3. MY VOTING RESIDENCE ADDRESS (Required) (Military, use legal residence. Overseas citizens, use last legal residence in U.S.)

a. NUMBER AND STREET (Cannot be a P.O. Box)				
b. CITY, TOWN OR VILLAGE	c. COUNTY	d. STATE	e. ZIP CODE	

### 4. WHERE TO SEND MY VOTING MATERIALS

a. MY CURRENT ADDRESS (Where I live now) (Required)	b. MY FORWARDING ADDRESS (NOTE: Complete 4b. only if you do not want your ballot mailed to the address in Block 4a.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

c. I PREFER TO RECEIVE MY ABSENTEE BALLOT, AS PERMITTED BY MY STATE, BY:  MAIL  FAX  EMAIL

### 5. MY POLITICAL PARTY PREFERENCE (Optional, but may be required by states to register to vote in primary elections):

### 6. ADDITIONAL INFORMATION (Designate the period for which you want to receive ballots - see instructions for Block 6, paragraph (3). Consult the Voting Assistance Guide for other specific state instructions.)

### 7. AFFIRMATION (Required)

I swear or affirm, under penalty of perjury, that:

- I am a member of the Uniformed Services or merchant marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S., and
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
- I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated, and
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
- My signature and date below indicate when I completed this document, and
- The information on this form is true and complete to the best of my knowledge.

I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (MMDDYYYY) Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (MMDDYYYY)  
(Witness/Notary and Address (if required))

# EXHIBIT F



# Instructions for Completing the Absentee Ballot Application

1. To vote by absentee ballot:
  - you must be an eligible voter, and
  - you must reside at the legal residence address you give on this application on election day.
  - if you are not currently a registered voter, you will be sent a voter registration card with your materials- be sure to include it when you return your ballot.

It is a felony to make a false statement in an application for an absentee ballot, to apply for an absentee ballot more than once in an election with the intent to cast an illegal ballot, to show a ballot marked by a person to another person, or to violate an absentee ballot provision for the purpose of casting an illegal vote or to help anyone to cast an illegal vote.

2. Be sure to check the appropriate box indicating why you cannot go to your polling place on Election Day; these are the only reasons that entitle you to vote by absentee ballot.
3. Your date of birth and telephone number are optional
4. Be sure to give your correct legal residence address as completely as possible, since this is used to verify your precinct.
5. Be sure to sign the application. If you cannot sign your name, you may make a mark.
6. Return the completed application as soon as possible to the election official from whom you received it.

**Remember:**

- You must indicate whether you are requesting ballots for the primary or general election, or both.
- Do not submit more than one application for each election.
- Your absentee ballot(s) will be mailed or delivered to you as soon as they are available.

County	Phone Number	Fax Number	County	Phone Number	Fax Number
Aitkin	218-927-7354	218-927-7324	Mahnomen	218-935-5669	218-935-5946
Anoka	763-323-5275	763-422-7526	Marshall	218-745-4851	218-745-5089
Becker	218-846-7301	218-846-7257	Martin	507-238-3211	507-238-3259
Beltrami	218-333-8448	218-333-4246	Meeker	320-693-5212	320-693-5217
Benton	320-968-5027	320-968-5337	Mille Lacs	320-983-8310	320-983-8336
Big Stone	320-839-6366	320-839-6370	Morrison	320-632-0132	320-632-0139
Blue Earth	507-304-4341	507-304-4396	Mower	507-437-9535	507-437-9471
Brown	507-233-6617	507-359-1430	Murray	507-836-6148	507-836-8904
Carlton	218-384-9127	218-384-9116	Nicollet	507-934-0339	507-931-0856
Carver	952-361-1910	952-361-1919	Nobles	507-295-5258	507-372-8390
Cass	218-547-7275	218-547-7278	Norman	218-784-5471	218-784-4531
Chippewa	320-269-7447	320-269-7412	Olmsted	507-328-7650	507-328-7964
Chisago	651-213-8500	651-213-8510	Otter Tail	218-998-8030	218-998-8042
Clay	218-299-5006	218-299-5195	Pennington	218-683-7000	218-683-7026
Clearwater	218-694-6520	218-684-6244	Pine	320-591-1670	320-591-1671
Cook	218-387-3000	218-387-3043	Pipestone	507-825-6740	507-825-6741
Cottonwood	507-831-1905	507-831-4553	Polk	218-281-2554	218-281-3801
Crow Wing	218-824-1045	218-824-1046	Pope	320-634-5705	320-634-3087
Dakota	651-438-4380	651-438-4391	Ramsey	651-266-2171	651-266-2177
Dodge	507-635-6239	507-635-6265	Red Lake	218-253-2598	218-253-4894
Douglas	320-762-3077	320-762-2389	Redwood	507-637-4013	507-637-4072
Faribault	507-526-6211	507-526-6290	Renville	320-523-2071	320-523-3679
Fillmore	507-765-4701	507-765-4571	Rice	507-332-6104	507-333-3754
Freeborn	507-377-5121	507-377-5175	Rock	507-283-5060	507-283-1343
Goodhue	651-385-3032	651-385-3196	Roseau	218-463-1282	218-463-4283
Grant	218-685-4520	218-685-4521	St Louis	218-726-2385	218-725-5060
Hennepin	612-348-5151	612-348-2151	Scott	952-496-8560	952-496-8174
Houston	507-725-5803	507-725-2647	Sherburne	763-241-2861	763-241-2869
Hubbard	218-732-3196	218-732-3645	Sibley	507-237-4070	507-237-4073
Isanti	763-689-1644	763-689-8210	Stearns	320-656-3920	320-656-3916
Itasca	218-327-2860	218-327-7426	Steele	507-444-7410	507-444-7470
Jackson	507-847-2763	507-847-4718	Stevens	320-589-7409	320-589-2036
Kanabec	320-679-6430	320-679-6431	Swift	320-843-4069	320-843-2275
Kandiyohi	320-231-6202	320-231-6263	Todd	320-732-4473	320-732-4001
Kittson	218-843-2655	218-843-2656	Traverse	320-563-4242	320-563-4424
Koochiching	218-283-1102	218-283-1104	Wabasha	651-565-2648	651-565-2774
Lac qui Parle	320-598-7444	320-598-3125	Wadena	218-631-7650	218-631-7652
Lake	218-834-8315	218-834-8358	Waseca	507-835-0610	507-835-0633
Lake of the Woods	218-634-2836	218-634-2509	Washington	651-430-6175	651-430-6178
Le Sueur	507-357-2251	507-357-6375	Watsonwan	507-375-1210	507-375-3547
Lincoln	507-694-1529	507-694-1198	Wilkin	218-643-7165	218-643-7169
Lyon	507-537-6724	507-537-6091	Winona	507-457-6320	507-457-6454
McLeod	320-864-1210	320-864-1295	Wright	763-682-7578	763-682-7873
			Yellow Medicine	320-564-3132	320-564-3670

# EXHIBIT G

(After completion, fold to inside and seal before mailing.)

**WARNING: Knowingly presenting false information in this application could result in criminal sanctions.**

Standard Form 76A (Rev. 10-2005)

## REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

### 1. I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND I AM (Mark only one):

- (a) A MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE OR DEPENDENT
- (b) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY
- (c) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY

### 2. MY INFORMATION (Required)

a. TYPED OR PRINTED NAME (Last, First, Middle)			SUFFIX (Jr., Sr., III, etc.)	b. PREVIOUS NAME (if applicable)	
c. SEX <input type="checkbox"/> M <input type="checkbox"/> F	d. RACE	e. DATE OF BIRTH (MMDDYYYY)	f. SOCIAL SECURITY NUMBER	g. STATE DRIVER'S LICENSE OR I.D. NUMBER	
h. TELEPHONE NUMBER (No DSN number; include all international prefixes)			i. FAX NUMBER (No DSN number; include all international prefixes)		
j. EMAIL ADDRESS					

### 3. MY VOTING RESIDENCE ADDRESS (Required) (Military, use legal residence. Overseas citizens, use last legal residence in U.S.)

a. NUMBER AND STREET (Cannot be a P.O. Box)				
b. CITY, TOWN OR VILLAGE	c. COUNTY		d. STATE	e. ZIP CODE

### 4. WHERE TO SEND MY VOTING MATERIALS

a. MY CURRENT ADDRESS (Where I live now) (Required)	b. MY FORWARDING ADDRESS (NOTE: Complete 4b. only if you do not want your ballot mailed to the address in Block 4a.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

c. I PREFER TO RECEIVE MY ABSENTEE BALLOT, AS PERMITTED BY MY STATE, BY:  MAIL  FAX  EMAIL

### 5. MY POLITICAL PARTY PREFERENCE (Optional, but may be required by states to register to vote in primary elections):

6. ADDITIONAL INFORMATION (Designate the period for which you want to receive ballots - see instructions for Block 6, paragraph (3). Consult the Voting Assistance Guide for other specific state instructions.)

### 7. AFFIRMATION (Required)

I swear or affirm, under penalty of perjury, that:

- I am a member of the Uniformed Services or merchant marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S., and
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
- I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated, and
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
- My signature and date below indicate when I completed this document, and
- The information on this form is true and complete to the best of my knowledge.

I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (MMDDYYYY) Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (MMDDYYYY)  
(Witness/Notary and Address (if required))

# EXHIBIT H

# MINNESOTA

## Absentee Voting Guide

### FOR UNIFORMED SERVICES AND U.S. CITIZENS OVERSEAS

Website: [www.sos.state.mn.us](http://www.sos.state.mn.us)

Link to state election website is also available through FVAP website at [www.fvap.gov](http://www.fvap.gov)

**Presidential Primary: Not Applicable**  
**State Primary Date: September 9, 2008**  
**General Election Date: November 4, 2008**

DEADLINES FOR UNIFORMED SERVICES*	Presidential Primary (or preference)	State Primary	General Election
Registration	Not Applicable	No Deadline	No Deadline
Ballot Request	Not Applicable	September 8, 2008	November 3, 2008
Ballot Return	Not Applicable	September 9, 2008	November 4, 2008

DEADLINES FOR CIVILIANS OUTSIDE THE U.S.*	Presidential Primary (or preference)	State Primary	General Election
Registration	Not Applicable	No Deadline	No Deadline
Ballot Request	Not Applicable	September 8, 2008	November 3, 2008
Ballot Return	Not Applicable	September 9, 2008	November 4, 2008

Note: Election dates and information are current as of July 2007. Check the state election website above, the FVAP Website at [www.fvap.gov](http://www.fvap.gov), or contact your Voting Assistance Officer for updates.

\*Special conditions may apply; check the following pages for details.

# MINNESOTA

Circled letters on the form below correspond to the instructions on the following page. You must complete all shaded areas.

## FEDERAL POST CARD APPLICATION

### REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

1. I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND I AM (mark only one):

- (a) A MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE OR DEPENDENT
- (b) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY
- (c) A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY

2. MY INFORMATION (Required)

a. TYPED OR PRINTED NAME (Last, First, Middle)				SUFFIX (Jr., Sr., III, etc.)	b. PREVIOUS NAME (if applicable)
c. SEX <input type="checkbox"/> M <input type="checkbox"/> F	d. RACE	e. DATE OF BIRTH M M D D Y Y Y Y	f. SOCIAL SECURITY NUMBER	g. STATE DRIVER'S LICENSE OR I.D. NUMBER <b>A</b>	

h. TELEPHONE NUMBER (No DSN number; include all international prefixes) | i. FAX NUMBER (No DSN number; include all international prefixes)

j. EMAIL ADDRESS

3. MY VOTING RESIDENCE ADDRESS (For military, use legal residence. For overseas citizens, use last legal residence in U.S.) (Required)

a. NUMBER AND STREET (Cannot be a P.O. Box)				
b. CITY, TOWN OR VILLAGE <b>B</b>	c. COUNTY	d. STATE	e. ZIP CODE	

4. WHERE TO SEND MY VOTING MATERIALS

a. MY CURRENT ADDRESS (Where I live now) (Required)	b. MY FORWARDING ADDRESS (Complete 4 b. only if you do not want your ballot mailed to the address in Block 4 a.)
<b>C</b>	

c. I PREFER TO RECEIVE MY ABSENTEE BALLOT, AS PERMITTED BY MY STATE. BY:  **D** MAIL  FAX  EMAIL

5. MY POLITICAL PARTY PREFERENCE (Optional, but may be required by states to register to vote in primary elections):

6. ADDITIONAL INFORMATION (Designate the period for which you want to receive ballots — see instructions for Block 6 paragraph (3). Consult the Voting Assistance Guide for other specific state instructions.)

**E**

7. AFFIRMATION (required)

I swear or affirm, under penalty of perjury, that:

- I am a member of the Uniformed Services or merchant marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S., and
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
- I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated, and
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
- My signature and date below indicate when I completed this document, and
- The information on this form is true and complete to the best of my knowledge

I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signed: **F** Date: **G** M M D D Y Y Y Y | Signed: **G** Date: M M D D Y Y Y Y (Witness/Notary and address (if required))

S  
A  
M  
P  
L  
E  
  
F  
O  
R  
M

## I. APPLICATION INSTRUCTIONS FOR FPCA

The Federal Post Card Application (FPCA) is the primary form for requesting registration and/or an absentee ballot from your local election official. **Read all instructions printed below and on the FPCA before completing and signing your application.** Circled letters correspond to the circled letters on the sample form on the preceding page.

- A Block 2.g:** You must provide your passport number, Minnesota driver's license number, state identification number, or the last four digits of your social security number. If you do not have access to any of these documents or numbers, you may submit the form after signing the affirmation.
- B Block 3.a through 3.e:** Provide the complete street address of your Minnesota voting residence. A post office box is not sufficient. If your address includes a rural route, describe its location in Block 6. For example: "on Highway \_\_\_\_\_, 2 miles past Highway \_\_\_\_\_, across the street from the \_\_\_\_\_ gas station." This address must be different from the one provided in Block 4 and must be within the county or township where you claim legal voting residence.
- C Block 4.a:** Print the complete address where you want your ballot sent - usually your current mailing address. This address must be different from the one provided in Block 3.
- D Block 4.c:** See Section II.D. or III.D.
- E Block 6:** Submission of this form serves as a request to receive ballots for all Federal elections held through the next two regularly scheduled general elections. If you do not wish to receive ballots for that length of time, you may request a ballot for each election for Federal office held in the next election year OR a ballot for only the next scheduled election for Federal office by noting your choice here.
- F Block 7:** You must sign the FPCA. When signing, you are swearing or affirming that the information is true and correct. Only your parent, spouse, sister, brother, or child over 18 years of age may sign on your behalf and that person must state how he or she is related to you.

## II. UNIFORMED SERVICES

These procedures apply to persons who are U.S. citizens, residents of Minnesota and members of the Uniformed Services, the merchant marine, and their family members.

### A. Registering and Requesting an Absentee Ballot

You should send an FPCA to your local election official early every year and whenever you change your fax

number, mailing address, or email address, depending on your preference selected in Block 4.c. (see Chapter Two).

You are not required to register.

**To request an absentee ballot,** send a completed FPCA to the county auditor any time before the election. An absentee ballot application may be submitted by the voter or by the voter's parent, spouse, sister, brother, or child over the age of 18 years.

### B. Casting Your Vote

**Ballot Return Deadline:** Voted ballot must arrive by the close of polls on election day.

Local election officials mail absentee ballots approximately 30 days before the election.

If you have not received your state ballot in a timely manner, use the **Federal Write-In Absentee Ballot**. See instructions in Chapter Two.

### C. Notary/Witness Requirements

No notary or witness required.

### D. Electronic Transmission of FPCAs and Ballots

- Minnesota allows you to send the signed FPCA for absentee ballot request by fax or email.
- Minnesota allows you to receive the blank ballot by fax or email.
- Minnesota does not allow you to return the voted ballot by fax or email.

Please refer to Appendix B for specific instructions when transmitting election materials electronically. **Use the following numbers:**

DSN 223-5527  
(703) 693-5527

1-800-368-8683

(from U.S., Canada, Guam, Puerto Rico, Virgin Islands only)

International toll-free fax numbers

(See inside back cover)

### E. Bars to Registration and Voting

The following may not vote: convicted felons whose felony sentence has not expired (been completed) or who have not been discharged from their sentence; persons under court-ordered guardianship in which the court order revoked the right to vote; or persons found by the court to be legally incompetent to vote.

### F. Action Upon Denial of Registration or Absentee Ballot Request

Upon denial of your voter registration application or absentee ballot request, Minnesota shall provide you with the reason(s) for the rejection.

### G. Write-In Absentee Ballot

Minnesota allows the use of a Write-In Absentee Ballot for eligible voters who will be outside the territorial limits of the United States during the 180 days prior to the state general election. After requesting an official absentee ballot, eligible voters may use the Write-In Absentee Ballot. For federal offices, write in either a candidate name or political party. For state or local offices, write in a candidate name. If both the official ballot and the Write-In Absentee Ballot are returned prior to the close of the polls on Election Day, only the official ballot will be counted.

## III. CIVILIANS OUTSIDE U.S.

These procedures apply to persons who are U.S. citizens, residents of Minnesota and overseas citizens. The term "overseas citizen" means a U.S. citizen who resides outside the U.S. and (but for such residence) would be qualified to vote in Minnesota.

- Minnesota residents temporarily residing outside the U.S. (for local, state and Federal office ballots)
- overseas citizens (for Federal office ballots only)

### A. Registering and Requesting an Absentee Ballot

You should send an FPCA to your local election official early every year and whenever you change your fax number, mailing address, or email address, depending on your preference selected in Block 4.c. (see Chapter Two).

You are not required to register.

**To request an absentee ballot**, send a completed FPCA to the county auditor any time before the election. An absentee ballot application may be submitted by the voter or by the voter's parent, spouse, sister, brother, or child over the age of 18 years.

### B. Casting Your Vote

**Ballot Return Deadline:** Voted ballot must arrive by the close of polls on election day.

Local election officials mail absentee ballots approximately 30 days before the election.

If you have not received your state ballot in a timely manner, use the Federal Write-In Absentee Ballot. See instructions in Chapter Two.

### C. Notary/Witness Requirements

No witness or notary is required.

### D. Electronic Transmission of FPCAs and Ballots

- Minnesota allows you to send the signed FPCA for absentee ballot request by fax or email.
- Minnesota allows you to receive the blank ballot by fax or email.
- Minnesota does not allow you to return the voted ballot by fax or email.

Please refer to Appendix B for specific instructions when transmitting election materials electronically. Use the following numbers:

DSN 223-5527  
(703) 693-5527

1-800-368-8683

(from U.S., Canada, Guam, Puerto Rico, Virgin Islands only)

International toll-free fax numbers

(See inside back cover)

### E. Bars to Registration and Voting

The following may not vote: convicted felons whose felony sentence has not expired (been completed) or who have not been discharged from their sentence; persons under court-ordered guardianship in which the court order revoked the right to vote; or persons found by the court to be legally incompetent to vote.

### F. Action Upon Denial of Registration or Absentee Ballot Request

Upon denial of your voter registration application or absentee ballot request, Minnesota shall provide you with the reason(s) for the rejection.

### G. Write-In Absentee Ballot

Minnesota allows the use of a Write-In Absentee Ballot for eligible voters who will be outside the territorial limits of the United States during the 180 days prior to the state general election. After requesting an official absentee ballot, eligible voters may use the Write-In Absentee Ballot. For federal offices, write in either a candidate name or political party. For state or local offices, write in a candidate name. If both the official ballot and the Write-In Absentee Ballot are returned prior to the close of the polls on Election Day, only the official ballot will be counted.

## IV. UNIFORMED SERVICES & CIVILIANS OUTSIDE U.S.

### Where To Send It

Using the address as listed, mail the FPCA to the **County Auditor** in your county of voting residence as listed below:

County	Mailing Address
Aitkin	Aitkin County Auditor Aitkin, MN 56431-1292
Anoka	Anoka County Auditor Anoka, MN 55303-2465
Becker	Becker County Auditor Detroit Lakes, MN 56501-3403
Beltrami	Beltrami County Auditor Bemidji, MN 56601-3178
Benton	Benton County Auditor Foley, MN 56329-0129
Big Stone	Big Stone County Auditor Ortonville, MN 56278-1544
Blue Earth	Blue Earth Mankato, MN 56002-3524
Brown	Brown County Auditor New Ulm, MN 56073-0115
Carlton	Carlton County Auditor Carlton, MN 55718-0130
Carver	Carver County Auditor Chaska, MN 55318-2184
Cass	Cass County Auditor Walker, MN 56484-3000
Chippewa	Chippewa County Auditor Montevideo, MN 56265-1652
Chisago	Chisago County Auditor Center City, MN 55012-9663
Clay	Clay County Auditor Moorhead, MN 56560-0280
Clearwater	Clearwater County Auditor Bagley, MN 56621-8304
Cook	Cook County Auditor Grand Marais, MN 55604-1150
Cottonwood	Cottonwood County Auditor Windom, MN 56101-1645
Crow Wing	Crow Wing County Auditor Brainerd, MN 56401-3590
Dakota	Dakota County Auditor Hastings, MN 55033-2380
Dodge	Dodge County Auditor Mantorville, MN 55955-2200
Douglas	Douglas County Auditor Alexandria, MN 56308-1793
Faribault	Faribault County Auditor Blue Earth, MN 56013-0130
Fillmore	Fillmore County Auditor Preston, MN 55965-0466
Freeborn	Freeborn County Auditor Albert Lea, MN 56007-1147
Goodhue	Goodhue County Auditor Red Wing, MN 55066-0408
Grant	Grant County Auditor Elbow Lake, MN 56531-4300
Hennepin	Hennepin County Auditor Minneapolis, MN 55487-0068
Houston	Houston County Auditor Caledonia, MN 55921-1330
Hubbard	Hubbard County Auditor Park Rapids, MN 56470-1483

County	Mailing Address
Isanti	Isanti County Auditor Cambridge, MN 55008-9386
Itasca	Itasca County Auditor Grand Rapids, MN 55744-2600
Jackson	Jackson County Auditor Jackson, MN 56143-1529
Kanabec	Kanabec County Auditor Mora, MN 55051-1386
Kandiyohi	Kandiyohi County Auditor Willmar, MN 56201-0936
Kittson	Kittson County Auditor Hallock, MN 56728-4141
Koochiching	Koochiching County Auditor International Falls, MN 56649-2486
Lac Qui Parle	Lac Qui Parle County Auditor Madison, MN 56256-1296
Lake	Lake County Auditor Two Harbors, MN 55616-1565
Lake of the Woods	Lake of the Woods Baudette, MN 56623-0808
Le Sueur	Le Sueur Le Center, MN 56057-1600
Lincoln	Lincoln County Auditor Ivanhoe, MN 56142-0029
Lyon	Lyon County Auditor Marshall, MN 56258-3099
McLeod	McLeod County Auditor Glencoe, MN 55336-2200
Mahnomen	Mahnomen County Auditor Mahnomen, MN 56557-0379
Marshall	Marshall County Auditor Warren, MN 56762-1697
Martin	Martin County Auditor Fairmont, MN 56031-1852
Meeker	Meeker County Auditor Litchfield, MN 55355-2189
Mille Lacs	Mille Lacs Milaca, MN 56353-1396
Morrison	Morrison County Auditor Little Falls, MN 56345-3199
Mower	Mower County Auditor Austin, MN 55912-3475
Murray	Murray County Auditor Slayton, MN 56172-0057
Nicollet	Nicollet County Auditor Saint Peter, MN 56082-0089
Nobles	Nobles County Auditor Worthington, MN 56187-0757
Norman	Norman County Auditor Ada, MN 56510-0266
Olmsted	Olmsted County Auditor Rochester, MN 55904-3709
Otter Tail	Otter Tail County Auditor Fergus Falls, MN 56537-1364
Pennington	Pennington County Auditor Thief River Falls, MN 56701-0616
Pine	Pine County Auditor Pine City, MN 55063-1694
Pipestone	Pipestone County Auditor Pipestone, MN 56164-0455
Polk	Polk County Auditor Crookston, MN 56716-1452
Pope	Pope County Auditor Glenwood, MN 56334-1628
Ramsey	Ramsey County Auditor Saint Paul, MN 55102-1647
Red Lake	Red Lake County Auditor Red Lake Falls, MN 56750-0367
Redwood	Redwood County Auditor Redwood Falls, MN 56283-0130

County	Mailing Address
Renville	Renville County Auditor Olivia, MN 56277-1396
Rice	Rice County Auditor Fairbault, MN 55021-6141
Rock	Rock County Auditor Luveme, MN 56156-0100
Roseau	Roseau County Auditor Roseau, MN 56751-1477
St. Louis	St. Louis County Auditor Duluth, MN 55802-1293
Scott	Scott County Auditor Shakopee, MN 55379-1379
Sherburne	Sherburne County Auditor Elk River, MN 55330-4601
Sibley	Sibley County Auditor Gaylord, MN 55334-0171
Stearns	Stearns County Auditor Saint Cloud, MN 56303-4781
Steele	Steele County Auditor Owatonna, MN 55060-0890
Stevens	Stevens County Auditor Morris, MN 56267-0530
Swift	Swift County Auditor Benson, MN 56215-0288

County	Mailing Address
Todd	Todd County Auditor Long Prairie, MN 56347-1390
Traverse	Traverse County Auditor Wheaton, MN 56296-0428
Wabasha	Wabasha County Auditor Wabasha, MN 55981-1594
Wadena	Wadena County Auditor Wadena, MN 56482-1595
Waseca	Waseca County Auditor Waseca, MN 56093-2993
Washington	Washington County Auditor Stillwater, MN 55082-0006
Watsonwan	Watsonwan County Auditor Saint James, MN 56081-0518
Wilkin	Wilkin County Auditor Breckenridge, MN 56520-0409
Winona	Winona County Auditor Winona, MN 55987-3102
Wright	Wright County Auditor Buffalo, MN 55313-1195
Yellow Medicine	Yellow Medicine County Auditor Granite Falls, MN 56241-1367

***Take part in the political process - VOTE!***

by Major Kevin K. Oleen, USAF

# EXHIBIT I

# Minnesota Voter Registration Application

Complete lines 1 through 8. Please print clearly.

## Personal Information & Qualifications

<b>1.</b> Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	IP _____ election office use only M _____ AB _____																																				
<b>2.</b> Will you be at least 18 on or before the next election? Yes <input type="checkbox"/> No <input type="checkbox"/> If you mark "NO" to either of these questions, DO NOT complete this form.																																					
<b>3.</b> last name or surname _____	first name _____	middle name _____	suffix (Jr., Sr., II, III) _____																																		
<b>4.</b> address where you live (residence) _____ apt. number _____ city _____ zip code _____																																					
<b>5.</b> if mail cannot be delivered to the address above, provide P.O. Box _____ city _____ zip code _____																																					
<b>6.</b> date of birth (not today's date) _____ - _____ - <b>19</b> _____	school district (if known) _____	county where you live _____																																			
phone number _____ - _____ - _____	email address _____																																				
<b>7.</b> mark one box and provide the number that applies to you: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> I have a MN-issued driver's license or MN ID card number:</td> <td style="width: 50%; text-align: center;"> <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td><input type="checkbox"/> I do not have a MN-issued driver's license or MN ID card.</td> <td style="text-align: center;">                 The last four digits of my Social Security Number are:                 <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">XXX</td> <td style="width: 20px; height: 20px; text-align: center;">-XX-</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td colspan="2"><input type="checkbox"/> I do not have a MN-issued driver's license, a MN-issued ID card, or a Social Security Number.</td> <td colspan="2"></td> </tr> </table>				<input type="checkbox"/> I have a MN-issued driver's license or MN ID card number:	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					<input type="checkbox"/> I do not have a MN-issued driver's license or MN ID card.	The last four digits of my Social Security Number are: <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">XXX</td> <td style="width: 20px; height: 20px; text-align: center;">-XX-</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	XXX	-XX-					<input type="checkbox"/> I do not have a MN-issued driver's license, a MN-issued ID card, or a Social Security Number.			
<input type="checkbox"/> I have a MN-issued driver's license or MN ID card number:	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																																				
<input type="checkbox"/> I do not have a MN-issued driver's license or MN ID card.	The last four digits of my Social Security Number are: <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">XXX</td> <td style="width: 20px; height: 20px; text-align: center;">-XX-</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	XXX	-XX-																																		
XXX	-XX-																																				
<input type="checkbox"/> I do not have a MN-issued driver's license, a MN-issued ID card, or a Social Security Number.																																					

## Registration Updates - Are you currently registered under a different name or address?

previous last name _____	previous first name _____	previous middle name _____
previous address where you were last registered _____ city _____ state _____ zip code _____		

## Read And Sign Only If All Parts Apply To You.

<b>8.</b>	I certify that I: <ul style="list-style-type: none"> <li>• will be at least 18 years old on election day;</li> <li>• am a citizen of the United States;</li> <li>• will have resided in Minnesota for 20 days immediately preceding election day;</li> <li>• maintain residence at the address given on the registration form;</li> <li>• am not under court-ordered guardianship in which the court order revokes my right to vote;</li> <li>• have not been found by a court to be legally incompetent to vote;</li> <li>• have the right to vote because, if I have been convicted of a felony, my felony sentence has expired (been completed) or I have been discharged from my sentence; and</li> <li>• have read and understand this statement, that giving false information is a felony punishable by not more than 5 years imprisonment or a fine of not more than \$10,000, or both.</li> </ul>
sign here <b>X</b> _____	date: _____ - _____ - <b>20</b> _____

### Election Judge Official Use Only

W _____ P _____ SD _____ Initials _____	<b>ID With Current Address</b> ID Number: _____ <input type="checkbox"/> MN Drivers License, Learners Permit, MN ID Card, or Receipt <input type="checkbox"/> Tribal ID	<b>Photo ID With Utility Bill or Fee Statement</b> Student Fee Statement or Utility Bill (type) _____ ID Number: _____ <input type="checkbox"/> MN Drivers License <input type="checkbox"/> MN ID Card <input type="checkbox"/> U.S. Passport <input type="checkbox"/> U.S. Military ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> Student ID	<b>Other</b> <input type="checkbox"/> Vouched For <input type="checkbox"/> Late Notice <input type="checkbox"/> Previous Registration in Same Precinct <input type="checkbox"/> Student ID With College List ID Number: _____
--	--	---	--



POST  
OFFICE  
WILL NOT  
DELIVER  
WITHOUT  
FIRST CLASS  
POSTAGE

RETURN TO: Secretary of State  
60 Empire Drive  
Suite 100  
St. Paul, MN 55103



For more information on voting, registering to vote, finding your polling place, state election results, campaign information, or conducting elections, go to the Minnesota Secretary of State web site at [www.sos.state.mn.us](http://www.sos.state.mn.us) or call toll free **1-877-600-VOTE (1-877-600-8683)**. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 or 711

### **Deadline Information**

You may pre-register to vote at any time at least 20 days before an election. If you are not able to pre-register prior to the 20 days before an election, you must register at your polling place to vote on Election Day.

Voter registration applications must be turned in to the County Auditor or Secretary of State within 10 days of being signed.

### **Assistance**

Large-type Minnesota Voter Registration Applications are available upon request from your County Auditor or the Office of the Secretary of State.

Special assistance available to those who are elderly, have disabilities, or are in health care facilities. Contact the Secretary of State or your County Auditor for more information.

Voter Registration Applications are available in other languages at [www.sos.state.mn.us](http://www.sos.state.mn.us).

Your Social Security number is not public. Before providing the last 4 digits of your SSN in box 7, please read the privacy notice at [www.sos.state.mn.us/home/index.asp?page=207](http://www.sos.state.mn.us/home/index.asp?page=207).

# EXHIBIT J

**03/11/2008 TOWNSHIP ELECTION - March 11, 2008  
CLARK TWP**

I certify that I am at least 18 years of age and a citizen of the United States; that I reside at the address shown and have resided in Minnesota for 20 days immediately preceding this election; that I am not under guardianship of the person in which the court order revokes my right to vote; have not been found by a court to be legally incompetent to vote, and that I have the right to vote because, if convicted of a felony, my felony sentence has expired (been completed) or I have been discharged from my sentence; and that I am registered and will be voting only in this precinct. I understand that giving false information is a felony punishable by not more than five years imprisonment and a fine of not more than \$10,000, or both.

	<b>Voter Name and Address</b>	<b>Voter Signature</b>	<b>District/Precinct</b>	<b>ID Number</b>	<b>DOB</b>
1.	<b>SMITH, BETH NANCY</b> 11787 422ND ST		004 MCGREGOR 0030 CLARK TWP	0000247210 	
2.	<b>SMITH, BILL MICHAEL</b> 11787 422ND ST		004 MCGREGOR 0030 CLARK TWP	0000249381 	
3.	<b>SMITH, BOB AARON</b> 11717 42ND ST		004 MCGREGOR 0030 CLARK TWP	0003723215 	
4.	<b>SMITH, CHUCK BRAD</b> 42903 KESTREL AVE		004 MCGREGOR 0030 CLARK TWP	0000251754 	
5.	<b>SMITH, CHARLES JOHNATHAN</b> 42302 KESTREL AVE		004 MCGREGOR 0030 CLARK TWP	0000245281 	
6.	<b>SMITH, DARLENE CHRIS</b> 42302 KESTREL AVE		004 MCGREGOR 0030 CLARK TWP	0003366562 	
7.	<b>SMITH, DAN DERRICK</b> 42302 KESTREL AVE		004 MCGREGOR 0030 CLARK TWP	0003366546 	
8.	<b>SMITH, EVAN JOHN</b> 12485 422ND ST		004 MCGREGOR 0030 CLARK TWP	0000251572 	
9.	<b>SMITH, FRANK BILL</b> 12485 422ND ST		004 MCGREGOR 0030 CLARK TWP	0000251636 	
10.	<b>SMITH, GRETCHEN ANN</b> 43141 140TH AVE		004 MCGREGOR 0030 CLARK TWP	0000251637 	
11.	<b>SMITH, HARRY JAMES</b> 45536 KESTREL AVE		004 MCGREGOR 0030 CLARK TWP	0000248536 	
12.	<b>SMITH, IRENE CHRISTINE</b> 45536 KESTREL AVE		004 MCGREGOR 0030 CLARK TWP	0000248590 	
13.	<b>SMITH, IRA JOHN</b> 45536 KESTREL AVE		004 MCGREGOR 0030 CLARK TWP	0003815785 	

# EXHIBIT K

03/11/2008 TOWNSHIP ELECTION - March 11, 2008

ALASKA TWP

I certify that I am at least 18 years of age and a citizen of the United States; that I reside at the address shown and have resided in Minnesota for 20 days immediately preceding this election; that I am not under guardianship of the person in which the court order revokes my right to vote; have not been found by a court to be legally incompetent to vote, and that I have the right to vote because, if convicted of a felony, my felony sentence has expired (been completed) or I have been discharged from my sentence; and that I am registered and will be voting only in this precinct. I understand that giving false information is a felony punishable by not more than five years imprisonment and a fine of not more than \$10,000, or both.

Voter Name	Voter Signature	Voter Address	DOB
1.			
2.			
3.			

# EXHIBIT L



# UOCAVA Precinct Record

12/16/2008  
10:23:58 AM

## County-Anoka, Election ID-11/04/2008 - STATE GENERAL

Note: Voters on this list have requested ballots pursuant to Minnesota Statutes 203B.16 to 203B.27 and Federal Law. Ballots may be accepted for the voters listed on this Precinct Record. Voters on this list do not need to be registered in order to vote and do not need to be listed on the precinct roster.

Note: If more than one ballot is received from a voter on this list, count only the ballot with the most recent received date (Minn. Stat. Sec. 203B.24).

AB Record ID	Category	Ballot Type	MCD PCT SD	Voter ID	Ballot
<b>Voter Name</b> <b>Present of Former Residential Address</b> <b>County: Anoka</b> <b>Precinct: 1010 ANDOVER P-01</b>					
130645	UOCAVA-MIL	Full Pct Ballot	004 1010 0011 04	003410702	Election Judge Initials  B000329442 <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Federal Write-In <input type="checkbox"/> Rejected Reason Rejected _____
MOERKE, KATIE ELIZABETH 3436 165TH LN NW ANDOVER MN 55304 PSC 482 BOX 2469 FPO AP 96362					
227609	UOCAVA-MIL	Full Pct Ballot	004 1010 0011 04	004274844	Election Judge Initials  B000323184 <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Federal Write-In <input type="checkbox"/> Rejected Reason Rejected _____
SABA, ANTHONY M 3952 169TH LN NW ANDOVER MN 55304 122 KILLDEER TRL SUMMERVILLE SC 29485					
228789	UOCAVA-TEMP	Full Pct Ballot	004 1010 0015	001520844	Election Judge Initials  B000323190 <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Federal Write-In <input type="checkbox"/> Rejected Reason Rejected _____
SCHULZ, JOSHUA DANIEL 17531 UNDERCLIFT ST NW ANDOVER MN 55304 CHEMIN DU BOCHET, 13A CH-1110 MORGES SWITZERLAND					

# EXHIBIT M

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT)	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none"> <li>• showed me the blank ballots before voting;</li> <li>• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and</li> <li>• enclosed and sealed the ballots in the secrecy envelope.</li> </ul>	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
↓ FOR OFFICE USE ONLY ↓	
<input type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED _____ <small style="margin-left: 150px;">Reason</small>	

# EXHIBIT N

<b>TO BE COMPLETED BY VOTER</b>	
VOTER'S NAME (PLEASE PRINT)	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot	
VOTER'S SIGNATURE	DATE
<b>TO BE COMPLETED BY WITNESS</b>	
I certify that the voter	
<ul style="list-style-type: none"> <li>• showed me the blank ballots before voting;</li> <li>• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;</li> <li>• enclosed and sealed the ballots in the secrecy envelope;</li> <li>• registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and</li> <li>• provided proof of residence as indicated below.</li> </ul>	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
<b>PROOF OF RESIDENCE USED BY VOTER</b>	
Witness—please check one:	
<input type="checkbox"/> MN Driver's License/PermID Card or receipt with current address Number _____	
<input type="checkbox"/> Tribal ID card with name, current address, signature, and picture	
<input type="checkbox"/> Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with picture, U.S. Passport, U.S. military ID card with picture, or student ID card with picture. Number _____	
<input type="checkbox"/> Previous registration in the same precinct.	
<input type="checkbox"/> Notice of late registration from county auditor or municipal clerk.	
<input type="checkbox"/> Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below.)	
<input type="checkbox"/> Employee of a residential facility in the precinct who vouched for absentee voter's residence at the facility. (Please complete the three voucher lines below.)	
VOUCHER'S NAME AND NAME OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S SIGNATURE	
<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

# EXHIBIT O

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT)	
VOTER'S PRESENT OR LAST ADDRESS IN MINNESOTA (PLEASE PRINT)	
CITY OR TOWN (PLEASE PRINT)	
COUNTY (PLEASE PRINT)	
TELEPHONE NUMBER (OPTIONAL)	
CURRENT EMAIL ADDRESS (OPTIONAL)	
<p>I swear or affirm, under penalty of perjury, that I am:</p> <input type="checkbox"/> a member of the uniformed services or merchant marine on active duty or an eligible spouse or dependent of such a member; <input type="checkbox"/> a United States citizen temporarily residing outside the United States; <input type="checkbox"/> other United States citizen residing outside the United States	
<p>and I am a United States citizen, at least 18 years of age (or will be by the date of the election), and I am eligible to vote in the requested jurisdiction; I have not been convicted of a felony, or other disqualifying offense, or been adjudicated mentally incompetent, or, if so, my voting rights have been reinstated; and I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States except the jurisdiction cited in this voting form.</p> <p>In voting, I have marked and sealed my ballot in private and have not allowed any person to observe the marking of the ballot, except for those authorized to assist voters under state or federal law. I have not been influenced.</p> <p>My signature and date below indicate when I completed this document.</p> <p>The information on this form is true, accurate and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for a conviction of perjury.</p>	
I D. NUMBER (Passport number, MN Driver's License or State Identification Card number, or the last four digits of the voter's Social Security Number as provided on the absentee ballot application):	
VOTER'S SIGNATURE	DATE
↓ FOR OFFICE USE ONLY ↓	
<input type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED _____ <small style="margin-left: 100px;">Reason</small>	