

137 STATE OF MINNESOTA

COUNTY OF RAMSEY

DISTRICT COURT

FILED
Court Administrator

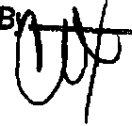
FEB 20 2009

SECOND JUDICIAL DISTRICT

Case Type: CIVIL OTHER

File No. 62-CV-09-56

In the Matter of the Contest of General
Election held on November 4, 2008, for the
purpose of electing a United States Senator
from the State of Minnesota,

By  Deputy

Cullen Sheehan and Norm Coleman,

Contestants,

**AFFIDAVIT OF
JAMES K. LANGDON**

v.

Al Franken,

Contestee.

STATE OF MINNESOTA)
)ss.
COUNTY OF HENNEPIN)

James K. Langdon, being first duly sworn, hereby deposes and states as follows:

1. I am admitted to practice before this Court and am counsel to Contestants.


I submit this Affidavit in Support of Contestants' Motion for Ruling Applying the
February 13, 2009 Order to Previously Counted Absentee Ballots.

2. I attach as Exhibit A correct copies of absentee ballot envelopes opened on
election day, the ballots within which were counted.

3. I attach as Exhibit B correct copies of absentee ballot envelopes opened by
the Secretary of State's Office on January 3, 2009, the ballots within which were counted.

4. I attach as Exhibit C correct copies of documents previously provided to the
Court as attachments to the Affidavit of Charles Nauen dated January 21, 2009.

FURTHER AFFIANT SAYETH NOT.


James K. Langdon

Subscribed and sworn to before me
this 20th day of February, 2009.


Notary Public




EXHIBIT A-1

BALLOT SEC


RECEIVED
AUDITOR OF STATE'S OFFICE

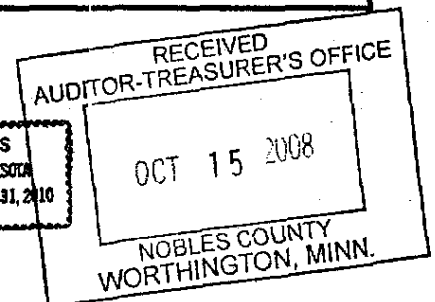
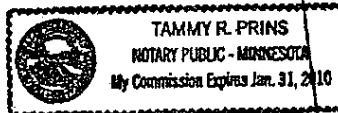
OCT 21 2008

NOBLES COUNTY
WORTHINGTON, MINN.

TO BE COMPLETED BY VOTER	
VOTER	
	
332363 STG 11/04/2008 ML PCT NR B443408	
VOTE	53 0110 518 RANSOM TWP. MN
TIMOTHY BENTS	
30571 MCCALL AVE ENV#2	
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">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;• enclosed and sealed the ballots in the secrecy envelope;• registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and• provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT)	
Bonita S. Bents	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
30571 McCall Ave., Bigelow MN	
SIGNATURE OF WITNESS	DATE
Bonita S. Bents	10-17-08
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input checked="" type="checkbox"/> MN Driver's License/Permit/ID 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)	
Bonita S. Bents	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
30571 McCall Ave., Bigelow	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S SIGNATURE	
Bonita S. Bents	
FOR OFFICE USE ONLY	
ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> <i>KK</i>	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (P) 	
260008 STG 11/04/2008 ML PCT R B370708	
VOTER'S MINNESOTA ADDRESS (P) 53 0180 518 WORTHINGTON W-2 P-3	
DIANE OPAL HOLT	
936 MCMILLAN ST APT 2	ENV#2 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">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
Tammy Prins	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
21335 McCall Ave	
Reading MN	
SIGNATURE OF WITNESS	DATE
Tammy Prins	10-13-08
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	db KR
<input type="checkbox"/> REJECTED	
Reason	

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Michael Henderson

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

55 W. 8th St

Minneapolis

MN 55401

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:
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Pha Tran

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

5 Delaware St.

55414

Apt 3008 Minneapolis MN

SIGNATURE OF WITNESS

DATE

Pha Tran

TITLE OF WITNESS (IF AN OFFICIAL)

/A

FOR OFFICE USE ONLYACCEPTED ☐ REJECTED

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

PATRICIA A. MEIBERAN

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1570 49th AVE

BOONVIEW

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

Patricia A. Meiberan 11-23-08

TO BE COMPLETED BY WITNESS

I certify that the voter:
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

DONALD T. MEIBERAN

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

1570 49th AVE

MINNAPOLIS

MN

SIGNATURE OF WITNESS

DATE

Donald T. Meiberan 11-23-2008


TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLYACCEPTED ☒ REJECTED

Reason


Registered

INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S NAME (
274519 STG 11/04/2008 ML PCT NR B385249	
VOTER'S MINNE:	53 0185 518 WORTHINGTON W-2 P-4
JANNA MORROW	MN
1204 7TH AVE	ENV#2
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"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; enclosed and sealed the ballots in the secrecy envelope; registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and provided proof of residence as indicated below. 	
NAME OF WITNESS (PLEASE PRINT)	
Michelle Krueger	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
29961 McCall Ave. Bigelow mn 55117MN	
SIGNATURE OF WITNESS	DATE
Michelle Krueger	10/29/08
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input checked="" type="checkbox"/> MN Driver's License/Perm ID 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. <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)	
OCT 31 2008	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
N OBLES COUNTY WOF HINGTON, MINN.	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S SIGNATURE	
FOR OFFICE USE ONLY	
ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	Reason
	RR

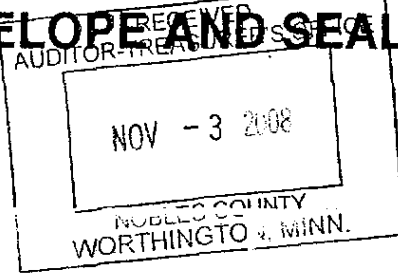
INSERT BALLOT SECRECY ENVELOPE AND SEAL

12-8

TO BE COMPLETED BY VOTER	
V NEILLIGAN CLAIRE K 3907 22nd Ave S	NEILLIGAN, CLAIRE K 12-8
V MINNEAPOLIS, MN 55407	RINT) 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 - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Heidi Stuy	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 4832 Xerxes Ave S. mpls 55410 MN	
SIGNATURE OF WITNESS Heidi Stuy	DATE 10-22-08
TITLE OF WITNESS (IF AN OFFICIAL)	


FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<i>WJ</i>
<input type="checkbox"/> REJECTED	Reason

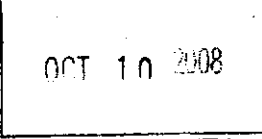
INSERT BALLOT SECRECY ENVELOPE AND SEAL




TO BE COMPLETED BY VOTER	
344774 STG 11/04/2008 AGT PCT NRB456042	
53 0170 518 WORTHINGTON W-2 P-1	
MAURINE E PERKINS	
1801 COLLEGEWAY APT 30 ENV#2	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. I also certify that: <u>Judy Johnson</u> (name of agent) delivered the absentee ballots to me and that the ballots were unmarked and the envelope sealed when they were delivered to me.	
VOTER'S SIGNATURE	DATE
<u>[Signature]</u>	10/27/08
TO BE COMPLETED BY WITNESS	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filing out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <u>Terese Perkins</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <u>316 Lake St Worthington</u> MN	
SIGNATURE OF WITNESS	DATE
<u>Terese Perkins</u>	10-27-08
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one: <input type="checkbox"/> MN Driver's License/Permit/ID 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. <input checked="" 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) <u>Judy Johnson</u>	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) <u>523 Nobles St.</u>	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S SIGNATURE <u>[Signature]</u>	
FOR OFFICE USE ONLY	
ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (
260393 STG 11/04/2008 ML PCT R B371095	
VOTER'S MINNESOTA	53 0180 518 WORTHINGTON W-2 P-3
DONALD S PRINS	
420 ROOS AVE	
ENV#2 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">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
RAY GRANT	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
4820 Humboldt Ave N	
Minneapolis	
MN	
SIGNATURE OF WITNESS	DATE
R Grant	10/7/2008
TITLE OF WITNESS (IF AN OFFICIAL)	

RECEIVED AUDITOR-TREASURER'S OFFICE

NOBLES COUNTY WORTHINGTON, MINN.

↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	
Reason	

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Audrey Snyder

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1401 Terry Dr.

St. Charles,

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

10-15-08

Audrey Snyder

TO BE COMPLETED BY WITNESS

I certify that the voter:

showed me the blank ballots before voting;
marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Donald Snyder

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

1401 Terry Dr.

St. Charles,

MN

NATURE OF WITNESS

DATE

10-15-08

Donald Snyder

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED ☐ REJECTED

Reason

stereod

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Donald L. Snyder

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1401 Terry Dr.

St. Charles, MN 55972

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:

showed me the blank ballots before voting;
marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Audrey Snyder

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

1401 Terry Dr.

St. Charles,

MN

SIGNATURE OF WITNESS

DATE

10-15-08

Audrey Snyder

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

☒ ACCEPTED ☐ REJECTED

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

Regina Szyszkiewicz

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

33754 Co Rd 29 Peterson 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:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Sara Supalla

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

2215 LaCosa LN SE Owatonna MN

SIGNATURE OF WITNESS

DATE

Sara Supalla

10/24/08

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

☐ ACCEPTED ☐ REJECTED

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

JONATHAN WOUTAT

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

20467 Co Rd. 2
Leviston MN 55952

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

Jonathan Woutat

10/29/08

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Sarah Linder

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

20467 Co Rd 2 Leviston MN

SIGNATURE OF WITNESS

DATE

Sarah Linder

10-29-08

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

☐ ACCEPTED ☐ REJECTED


Reason

Registered

EXHIBIT A-2

INSERT BALLOT SECRECY ENVELOPE AND SEAL

5 - 6

	
411155 STG 11/04/2008 ML PCT NR B523421 27 1580 001 MINNEAPOLIS W-5 P-06 HENRY WALLACE 422 NEWTON AVE N APT 1 ENV#2	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTER'S SIGNATURE <u>Henry Wallace</u> DATE <u>11/3/08</u>	
TO BE COMPLETED BY WITNESS	
I certify that the voter: <ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;enclosed and sealed the ballots in the secrecy envelope;registered to vote by filling out and enclosing a voter registration application in the ballot envelope; andresided at the residence as indicated below.	
Asana Henry Hennepin County 300 S 6 th St Minneapolis MN 55487	
DATE <u>11/3/08</u> (PLEASE PRINT) MN	
SIGNATURE OF WITNESS <u>[Signature]</u> DATE <u>11/3/08</u>	
TITLE OF WITNESS (IF AN OFFICIAL) DEPUTY COUNTY AUDITOR	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one: <ul style="list-style-type: none"><input checked="" type="checkbox"/> MN Driver's License, U.S. Passport, or U.S. Military ID Card, or record with current address Number <u>[redacted]</u><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 <u> </u><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	
FOR OFFICE USE ONLY	
ACCEPTED <u>[Signature]</u> REJECTED <u> </u> Reason <u> </u>	

11/3

NR

Absentee Ballot Application

Read instructions on back before completing.

**Office of the Minnesota
Secretary of State**

Return this application as soon as possible, ballots must be returned by Election Day to be counted.

I hereby apply for an absentee ballot for: (check one)		I will need an absentee ballot for the following reason: (check one)	
<input type="checkbox"/> Both primary and general elections <input type="checkbox"/> Primary only <input checked="" type="checkbox"/> General election only <input type="checkbox"/> Special election (date) <u>11</u> <input type="checkbox"/> Special general (date) <u>11</u> <input type="checkbox"/> Other (date) <u>11</u>		<input checked="" type="checkbox"/> Absence from the precinct <input type="checkbox"/> Illness or disability <input type="checkbox"/> Religious discipline or observance of religious holiday <input type="checkbox"/> Service as election judge in another precinct <input type="checkbox"/> Eligible emergency declared by the governor or quarantine declared by federal or state government	
Name (please print) <u>HENRY WALLACE</u>			
Date of birth <u>9-19-53</u>		Phone number <u>612-205 8143</u>	
My legal residence address is:			
Street Address	Apt. No.	City	State Zip Code
<u>422 N. NEWTON</u>	<u>1</u>	<u>MINNAPOLIS</u>	<u>MN 55404</u>
Mail my absentee ballot to me at the following address:			
Street Address	Apt. No.	Rural/Box No.	City/Township State Zip Code
Date	Signature <u>X</u>		

411155 STG ML PCT NR 11/03 11/03 412860
 27 1580 001 MINNEAPOLIS W-5 P-06
 HENRY WALLACE
 422 NEWTON AVE N APT 1

APP

Office Use Only					
REG <input type="checkbox"/>	Received Date <u>11/3</u>	Ballots Issued Date <u>11/3</u>	Type M C HCF	School District #	Precinct
NON REG <input checked="" type="checkbox"/>	Initials <u>KSH</u>	Ballots Issued Date			<u>W 5 P 3</u>

EXHIBIT A-3

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

8-10

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) FLORENCE E WHITE	
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 Florence E White	DATE 11/3/08
TO BE COMPLETED BY WITNESS	
I certify that the voter - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MINN	
SIGNATURE OF WITNESS Linda Raley	DATE 11/3/08
TITLE OF WITNESS (IF AN OFFICIAL) DEPUTY REGISTRAR	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	_____
<input type="checkbox"/> REJECTED	_____ Reason _____

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

ALAN VOSE

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

411 WALLY DR
WINONA MN 55987

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

10/31/2008

TO BE COMPLETED BY WITNESS

I certify that the voter:
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

HERRI KUCHEL

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
(PLEASE PRINT)

WINONA COUNTY GOVERNMENT CENTER MN

NATURE OF WITNESS DATE

11/31/2008

TITLE OF WITNESS (IF AN OFFICIAL)

WINONA COUNTY DEPUTY AUDITOR

FOR OFFICE USE ONLYACCEPTED ☐ REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

WILLIAM V SQUIRES

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

WINONA

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

YES

VOTER'S SIGNATURE

DATE

11-3-08

TO BE COMPLETED BY WITNESS

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Kristy Skintfeldt

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
(PLEASE PRINT)

201 Lafayette

MN

SIGNATURE OF WITNESS

DATE

Kristy Skintfeldt

11/3/08

TITLE OF WITNESS (IF AN OFFICIAL)

DEPUTY CITY CLERK

FOR OFFICE USE ONLY☒ ACCEPTED ☐ REJECTED

Reason

Registered


EXHIBIT A-4

INSERT BALLOT SECRECY ENVELOPE AND SEAL

Received by Hennepin County
Elections Division

31 ✓

NOV - 4 2008 ✓

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT)	
VOTER'S	 (PRINT)
227826 STG 11/04/2008 UOC FED 8431187	
CITY OR	27 1460 001 MINNEAPOLIS W-3 P-01
DAVID CAREY MAUK	
COUNTY	1000 8TH ST SE APT 209 ENV#2
TELEPHONE NUMBER (OPTIONAL)	
CURRENT EMAIL ADDRESS (OPTIONAL)	
d.c.mauk@ilos.uio.no	
<p>I swear or affirm, under penalty of perjury, that I am:</p> <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;</p> <p><input type="checkbox"/> a United States citizen temporarily residing outside the United States;</p> <p><input checked="" type="checkbox"/> other United States citizen residing outside the United States</p> <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. 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
David C. Mauk	Oct 24, 2008
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

OCT 24 2008

NORLES COUNTY
WORTHINGTON, MINN.



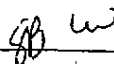


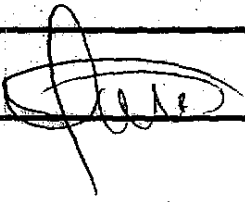

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME	
259631 STG 11/04/2008 UQC FED. B370328	
VOTER'S PRES	53 0040 518 ELK TWP. (PLEASE PRINT)
DELORIS VELTMAN	
CITY OR TOWN	32442 200TH ST ENV#2
COUNTY (PLEASE PRINT)	
TELEPHONE NUMBER (OPTIONAL)	
CURRENT EMAIL ADDRESS (OPTIONAL)	
<p>I swear or affirm, under penalty of perjury, that I am:</p> <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;</p> <p><input type="checkbox"/> a United States citizen temporarily residing outside the United States;</p> <p><input checked="" type="checkbox"/> other United States citizen residing outside the United States</p> <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
	Oct 25/2008
↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED  Reason	

EXHIBIT A-5

INSERT BALLOT SECRECY
ENVELOPE AND SEAL



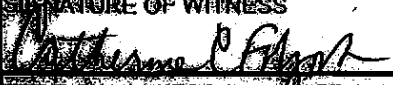
10 - 10


TO BE COMPLETED BY VOTER	
VOTER'S	MAITRA RAJ 10-10 2644 Humboldt Ave S
VOTER'S	MINNEAPOLIS, MN 55408
	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	10/29/08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
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)	
Notary Public 	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

11-7



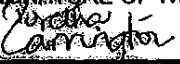
TO BE COMPLETED BY VOTER	
LARSEN CORY 4605 13th Ave S	11-7
MINNEAPOLIS, MN 55407	(PRINT)
	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE 	DATE 11/07/08
TO BE COMPLETED BY WITNESS	
I certify that the voter • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Catherine C. Florczak	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS 	DATE 11/07/08
TITLE OF WITNESS (IF AN OFFICIAL) Delaware Notary	



FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

8-10

TO BE COMPLETED BY VOTER	
LONDON LAURENCE 8-10 4621 3rd Ave S	
MINNEAPOLIS, MN 55419	(PRINT)
 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE 	DATE 29 / OCT / 2008
TO BE COMPLETED BY WITNESS	
I certify that the voter - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) DORETHA CARRINGTON	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS 	DATE 29 / OCT / 2008
TITLE OF WITNESS (IF AN OFFICIAL) Certified General Accountant (CGA)	

FOR OFFICE USE ONLY	
EX ACCEPTED DES	MA
Reason	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT)	
Richard P KRAMER	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
211 Chestnut St. Winona MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
Richard P Kramer	
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter:	
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT)	
Karen A. Waters	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
1012 E. Washburn Winona, MN 5598	
SIGNATURE OF WITNESS	DATE
Karen A. Waters	
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT)	
GREGORY SHERWOOD Kowles	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
250 CENTER ST. WINONA MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
Greg A. Kowles	10/17/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter:	
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT)	
CHARLES W. NELSON, JR.	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
SIGNATURE OF WITNESS	DATE
Charles W. Nelson, Jr.	10/17/08
TITLE OF WITNESS (IF AN OFFICIAL)	
NOTARY PUBLIC (LOUISIANA)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED Reason	
Registered	

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) APRIL M. BREYER	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 35537 GROTH DR, HOUSTON MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>April M. Breyer</i>	DATE 10/30/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Leslie F. LeBlanc	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS <i>Leslie F. LeBlanc</i>	DATE
TITLE OF WITNESS (IF AN OFFICIAL) Notary Public	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
Witness - please check one: <input checked="" type="checkbox"/> MN [redacted] with current address. Number [redacted] <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 a picture, US passport, US Military ID card with picture, or student ID card with picture. Number [redacted] <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	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason <i>Sarah [redacted]</i>	
Non-Registered <i>Mary Ann [redacted]</i>	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Sharon Lorna Unnasch	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 32261 County Rd 11 Houston MN 55143	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Sharon L. Unnasch</i>	DATE Oct 30, 2008
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) JEROME UNNASCH	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 32261 COUNTY RD 11 HOUSTON MN	
SIGNATURE OF WITNESS <i>Jerome Unnasch</i>	DATE 10/30/08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason <i>Sarah [redacted]</i>	
Non-Registered <i>Mary Ann [redacted]</i>	

IMPORTANT! Insert Ballot Secrecy Envelope and Voter Registration Application. Then Seal this flap first.

RECEIVED

NOV 03 2008

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) <i>Andrew Mandl</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>3376 Rolling Hills Dr. 55121 Eagah MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTER'S SIGNATURE <i>Andrew Mandl</i> DATE <i>10/30</i>	
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter: <ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;• enclosed and sealed the ballots in the secrecy envelope;• registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and• provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <i>Roxanne M. Zeteman</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>3505 Anderson St. Madison WI 53704 MN</i>	
SIGNATURE OF WITNESS <i>Roxanne Zeteman</i>	DATE <i>10/30/08</i>
TITLE OF WITNESS (IF AN OFFICIAL) <i>Notary Public State of WI 3/22/09</i>	
↓ PROOF OF RESIDENCE USED BY VOTER ↓	
Witness—please check one: <input checked="" type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address Number <i>[REDACTED]</i> <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) <i>Roxanne M. Zeteman, MATC</i>	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) <i>3505 Anderson St, Madison, WI 53704</i>	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S SIGNATURE <i>Roxanne M. Zeteman</i>	
↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>AW</i> <i>[Signature]</i>	

NON-REGISTERED-2008

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Angel A. Littrell

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

327 Blackberry Rd
Winona 55987 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE

Angel A. Littrell 11/11/08

TO BE COMPLETED BY WITNESS

I certify that the voter:
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Michael W. Littrell

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

327 Blackberry Road Winona, MN

SIGNATURE OF WITNESS DATE

Michael W. Littrell 10/11/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

☒ ACCEPTED ☐ REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Ruth R. Robinson

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

2389 Blackberry Road
Winona Minnesota 55987 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE

Ruth R. Robinson 10/23/08

TO BE COMPLETED BY WITNESS

I certify that the voter:
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

MARY HOWER

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

74105 EL PASO
Palm Desert, Ca. 92260 MN

SIGNATURE OF WITNESS DATE

Mary Hower 10/23/08

TITLE OF WITNESS (IF AN OFFICIAL)

Notary Public, STATE OF CALIFORNIA

FOR OFFICE USE ONLY

☒ ACCEPTED ☐ REJECTED

Reason

Registered

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Kirsten Dumke	
VOTER'S ADDRESS (PLEASE PRINT) 1219 Wincrest Dr Winona, MN 55987	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Kirsten Dumke</i>	DATE 10/18/08
TO BE COMPLETED BY WITNESS	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration card in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Kylie Stitt	
ADDRESS OF WITNESS (PLEASE PRINT) 14571 W. Archer Ave Golden, CO 80401	
SIGNATURE OF WITNESS <i>Kylie Stitt</i>	DATE 23 Oct 2008
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
<input type="checkbox"/> MN Driver's License/Permit/ID Card/Tribal ID or receipt with current address. Number <input type="checkbox"/> Utility bill plus a MN Driver's license/ID Card/Tribal ID, 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"/> Student ID Number <input type="checkbox"/> Notice of Late Registration from county auditor or municipal clerk <input checked="" type="checkbox"/> Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the next three lines.)	
VOUCHER'S NAME (PLEASE PRINT) Mae Dumke	
VOUCHER'S ADDRESS (PLEASE PRINT) 1219 Wincrest Dr Winona, MN	
VOUCHER'S SIGNATURE <i>Mae Dumke</i>	
FOR OFFICE USE ONLY	
ACCEPTED <i>MSD</i>	REJECTED <i>PCO</i>
Non-Registered	Reason

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Kayte Chadbourn	
VOTER'S ADDRESS (PLEASE PRINT) 1216 Woodpark Road Winona, MN 55987	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Kayte Chadbourn</i>	DATE 10-13-08
TO BE COMPLETED BY WITNESS	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration card in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Christopher R Covington	
ADDRESS OF WITNESS (PLEASE PRINT) Grant County Indiana Commission expires 3-2-2016	
SIGNATURE OF WITNESS <i>Christopher R Covington</i>	DATE 10-13-08
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
<input type="checkbox"/> MN Driver's License/Permit/ID Card/Tribal ID or receipt with current address. Number <input type="checkbox"/> Utility bill plus a MN Driver's license/ID Card/Tribal ID, 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"/> Student ID Number <input type="checkbox"/> Notice of Late Registration from county auditor or municipal clerk <input checked="" type="checkbox"/> Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the next three lines.)	
VOUCHER'S NAME (PLEASE PRINT) Christopher R Covington	
VOUCHER'S ADDRESS (PLEASE PRINT) Grant County Indiana	
VOUCHER'S SIGNATURE <i>Christopher R Covington</i>	
FOR OFFICE USE ONLY	
ACCEPTED <i>MSD</i>	REJECTED <i>PCO</i>
Non-Registered	Reason

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) BRENDAN JOSEPH CORCORAN	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 1323 LAKEVIEW AVE WINONA MN 55987 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE B. J. Corcoran	DATE 11 Oct 2008
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Cathy Foster	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 8411 AS Lewis	
SIGNATURE OF WITNESS Cathy Foster	DATE 10-11-08 mcc: 8/16/07 10mcc# 01011200
TITLE OF WITNESS (IF AN OFFICIAL) NOTARY Public	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED CMS PCO	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Reidi Anderson	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 1300 Corned Br Winona MN 55987 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Reidi Anderson	DATE 10/20/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Robyn Nordby	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 1300 Corned Br	
SIGNATURE OF WITNESS Robyn Nordby	DATE 10/20/08
TITLE OF WITNESS (IF AN OFFICIAL) Executive Assistant	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED CMS PCO	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

ANDREA L HUGGENVIK

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

108 GLEN MARY RD

WINONA, MN 55987

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

10/18/08

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Linda D. Bynog

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

MN

SIGNATURE OF WITNESS

DATE

10/18/08

TITLE OF WITNESS (IF AN OFFICIAL)

Notary Public, Natchitoches, LA 71457

▼ FOR OFFICE USE ONLY ▼

☒ ACCEPTED ☐ REJECTED

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

Rebecca Hood-echek

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

115 E GARNETT ST. RD.

WINONA, MN 55987

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

10/16/08

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

ROBERT A. HODGE-HECK

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

115 E GARNETT ST. RD.

WINONA

MN

SIGNATURE OF WITNESS

DATE

10/22/08

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

☒ ACCEPTED ☐ REJECTED

Reason


Registered

INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME	
274948 STG 11/04/2008 ML PCT NR B385680	
VOTER'S MINNE	53 0175 518 WORTHINGTON W-2 P-2
DARCIE MARIE THOMSEN	
333 GALENA ST	ENV#2
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Darcie M. Thomsen</i>	10/27/08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; enclosed and sealed the ballots in the secrecy envelope; registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and provided proof of residence as indicated below. 	
NAME OF WITNESS (PLEASE PRINT)	
<i>Deborah B. Gossett</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>2408 Casswell Ave. Pen City AL 35125 MN</i>	
SIGNATURE OF WITNESS	DATE
<i>Deborah B. Gossett</i>	10-27-08
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>Notary</i>	
↓ PROOF OF RESIDENCE USED BY VOTER ↓	
Witness—please check one:	
<input checked="" type="checkbox"/> MN Driver's License/Permit ID 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)	
RECEIVED AUDITOR-TREASURER'S OFFICE	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
OCT 31 2008	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY IF APPLICABLE (PLEASE PRINT)	
NOBLES COUNTY	
VOUCHER'S SIGNATURE	WORTHINGTON, MINN.
↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED Reason <i>40</i>	

INSERT BALLOT SECRECY ENVELOPE AND SEAL


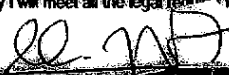
2 - 5

TO BE COMPLETED BY VOTER	
GRUNHARD ROSEMARY 2-5	
3204 4th St SE	
MINNEAPOLIS, MN 55414	
	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Rosemary Grunhard</i>	10/29/08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; andenclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Rubie H. Buck</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Rubie H. Buck</i>	10/29/08
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>Notary Public</i>	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<i>FA</i>
<input type="checkbox"/> REJECTED	Reason




INSERT BALLOT SECRECY ENVELOPE AND SEAL

13-3

VOTER		LYONS, MELISSA ANNE	13-3
		2700 44th St W	
		# 207	
VOTER		MINNEAPOLIS, MN 55410	
			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">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;• enclosed and sealed the ballots in the secrecy envelope;• registered to vote by filing out and enclosing a voter registration application in the ballot envelope; and• provided proof of residence as indicated below.			
NAME OF WITNESS (PLEASE PRINT)			
Valerie A. Clay			
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)			
MN			
SIGNATURE OF WITNESS		DATE	
Valerie A. Clay		10/29/08	
TITLE OF WITNESS (IF AN OFFICIAL)			
Notary Public			
PROOF OF RESIDENCE USED BY VOTER			
Witness: please check one.			
<input checked="" type="checkbox"/> MN Driver's License/Perm ID 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			
FOR OFFICE USE ONLY			
ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>			
Reason: _____			

LOT SECRECY
E AND SEAL

9-2

TO BE COMPLETED BY VOTER	
ARCHIBALD DALE 3336 35th Ave	9-2
MINNEAPOLIS, MN 55406	(PRINT)
	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
	11/1/08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; andenclosed and sealed the ballots in the secrecy envelope.	
(PLEASE PRINT)	
GREGG MARTIN SIMARD	
(PLEASE PRINT)	
13157 SANGUINETTI RD	
SONOMA CA 95370	
MN	
	
11-1-08	
TITLE OF WITNESS (IF AN OFFICIAL)	
NOTARY PUBLIC	



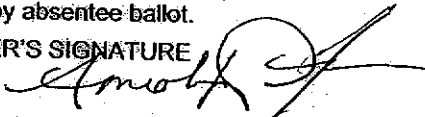
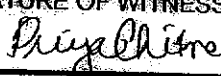

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason

EXHIBIT A-6

INSERT BALLOT SECRECY ENVELOPE AND SEAL



7-7

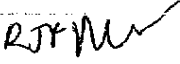
TO BE COMPLETED BY VOTER	
VOTER NAME DIXIT AMOL NIRANJAN 515 1st St N	7-7
VOTER ADDRESS MINNEAPOLIS, MN 55401	MN
	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE 	DATE 10/23/08
TO BE COMPLETED BY WITNESS	
I certify that the voter - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) PRIYA CHITRE	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 1075 WESTCROFT LANE ROSWELL, GA 30075	
MN	
SIGNATURE OF WITNESS 	DATE 10-23-08
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason

INSERT BALLOT SECRECY ENVELOPE AND SEAL

7-7

TO BE COMPLETED BY VOTER	
VOTER: DIXIT, PALLAVI-SHARMA 7-7 515 1st St N	
VOTER: MINNEAPOLIS, MN 55401	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE 	DATE 10/23/08
TO BE COMPLETED BY WITNESS	
I certify that the voter: - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) PRIYA CHITRE	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 1075 WESTCROFT LANE ROSWELL, GA 30075 MN	
SIGNATURE OF WITNESS 	DATE 10-23-08
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <u>Kirsten Dumke</u>	
VOTER'S ADDRESS (PLEASE PRINT) <u>1289 Wincrest Dr Winona, MN 55987</u>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <u>[Signature]</u>	DATE <u>10/28/08</u>
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter <ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; enclosed and sealed the ballots in the secrecy envelope; registered to vote by filling out and enclosing a voter registration card in the ballot envelope; and provided proof of residence as indicated below. 	
NAME OF WITNESS (PLEASE PRINT) <u>Kylie Stitt</u>	
ADDRESS OF WITNESS (PLEASE PRINT) <u>14571 W. Archer Ave Golden, CO 80401</u>	
SIGNATURE OF WITNESS <u>[Signature]</u>	DATE <u>23 Oct 2008</u>
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
<input type="checkbox"/> MN Driver's License/Permit/ID Card/Tribal ID or receipt with current address. Number <input type="checkbox"/> Utility bill plus a MN Driver's license/ID Card/Tribal ID, 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"/> Student ID Number. <input type="checkbox"/> Notice of Late Registration from county auditor or municipal clerk <input checked="" type="checkbox"/> Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the next three lines.)	
VOUCHER'S NAME (PLEASE PRINT) <u>Mark Dumke</u>	
VOUCHER'S ADDRESS (PLEASE PRINT) <u>1289 Wincrest Dr Winona, MN</u>	
VOUCHER'S SIGNATURE <u>[Signature]</u>	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED Non-Registered <u>OK</u> <u>PCD</u> Reason	

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <u>Kayte Chadbourne</u>	
VOTER'S ADDRESS (PLEASE PRINT) <u>140 Woodpark Road Winona, MN 55987</u>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <u>[Signature]</u>	DATE <u>10-13-08</u>
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter <ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; enclosed and sealed the ballots in the secrecy envelope; registered to vote by filling out and enclosing a voter registration card in the ballot envelope; and provided proof of residence as indicated below. 	
NAME OF WITNESS (PLEASE PRINT) <u>CHRISTOPHER R. DUNNINGTON</u>	
ADDRESS OF WITNESS (PLEASE PRINT) <u>GRANT COUNTY WINONA COMMUNITY CENTER 3-2-2010</u>	
SIGNATURE OF WITNESS <u>[Signature]</u>	DATE <u>10-13-09</u>
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
<input type="checkbox"/> MN Driver's License/Permit/ID Card/Tribal ID or receipt with current address. Number <input type="checkbox"/> Utility bill plus a MN Driver's license/ID Card/Tribal ID, 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"/> Student ID Number. <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 next three lines.)	
VOUCHER'S NAME (PLEASE PRINT) <u>CHRISTOPHER R. DUNNINGTON</u>	
VOUCHER'S ADDRESS (PLEASE PRINT) <u>GRANT COUNTY WINONA</u>	
VOUCHER'S SIGNATURE <u>[Signature]</u>	
▼ FOR OFFICE USE ONLY ▼	
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED Non-Registered <u>OK</u> <u>PCD</u> Reason	

**PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3**

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Thomas Morawiecki	
VOTER'S ADDRESS (PLEASE PRINT) 23 W. MADWAY ST. LINDEN, MN 55987	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Thomas Morawiecki</i>	DATE 10/26/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Nathan Ballos	
ADDRESS OF WITNESS (PLEASE PRINT) 110 Borlwood Ct, Shorewood, MN 55331	
NATURE OF WITNESS Nathan Ballos	DATE 10/26/08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
<p>Witness - please check one:</p> <p><input type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address. Number _____</p> <p><input type="checkbox"/> Tribal ID card with name, current address, signature, and picture. Number _____</p> <p><input type="checkbox"/> Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with a picture, US passport, US Military ID card with picture, or student ID card with picture. Number _____</p> <p><input type="checkbox"/> Previous registration in the same precinct.</p> <p><input type="checkbox"/> Notice of Late Registration from county auditor or municipal clerk.</p> <p><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).</p> <p><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).</p>	
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	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED Registered <i>17 gw</i>	<input type="checkbox"/> REJECTED Reason _____

**PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3**

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Thelma Wieser	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 213 Wilson St, Wilson, MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Thelma Wieser</i>	DATE 11-4-08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Scott A. Wieser	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) N9164 Hwy 53, Holmen, WI, 54636 MN	
SIGNATURE OF WITNESS <i>Scott A. Wieser</i>	DATE 11-4-08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
<p>Witness - please check one:</p> <p><input type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address. Number _____</p> <p><input type="checkbox"/> Tribal ID card with name, current address, signature, and picture. Number _____</p> <p><input type="checkbox"/> Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with a picture, US passport, US Military ID card with picture, or student ID card with picture. Number _____</p> <p><input type="checkbox"/> Previous registration in the same precinct.</p> <p><input type="checkbox"/> Notice of Late Registration from county auditor or municipal clerk.</p> <p><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).</p> <p><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).</p>	
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	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED Registered <i>17 gw</i>	<input type="checkbox"/> REJECTED Reason _____

RETURN
#3

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Karlan Johannes Jokela Poling	
VOTER'S ADDRESS (PLEASE PRINT) 5654 South Shore Dr. (current address; for perm. Chicago, IL 60637 address, see voter app.)	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Karlan Poling	DATE 10/22/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration card in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Matthew Migala	
ADDRESS OF WITNESS (PLEASE PRINT) 1 South Liberty Drive South Barrington, IL 60010	
SIGNATURE OF WITNESS Matthew Migala	DATE 10/22/08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
<input checked="" type="checkbox"/> MN Driver's License/Permit/ID Card/Tribal ID or receipt with current address. Number	
<input type="checkbox"/> Utility bill plus a MN Driver's license/ID Card/Minnesota 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"/> Student ID Number.	
<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 next three lines.)	
VOUCHER'S NAME (PLEASE PRINT)	
VOUCHER'S ADDRESS (PLEASE PRINT)	
VOUCHER'S SIGNATURE	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Non-Registered <i>in 2008</i> Reason	


▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Philip Andrew Cochran	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 1523 Gilmore Valley Road Winona MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Philip Andrew Cochran	DATE 10/19/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Michelle D. Cochran	
ADDRESS OF NON-MINNESOTA WITNESS IN MINNESOTA (PLEASE PRINT) 1523 Gilmore Valley Rd Winona MN	
SIGNATURE OF WITNESS Michelle D. Cochran	DATE 10/19/08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Registered	

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) PAUL WARNEKE	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 672 HARRIET ST. WINONA, MN 55987	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Paul Warneke</i>	DATE 10/27/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Jane Warneke	
ADDRESS OF NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 672 Harriet St. WINONA MN	
SIGNATURE OF WITNESS <i>Jane Warneke</i>	DATE 10/27/08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Sean Gregory Zabrowski	
VOTER'S ADDRESS (PLEASE PRINT) 315 W. Summa Winona, MN 55987	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Sean Zabrowski</i>	DATE 10/28/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration card in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Sean Zabrowski Stephanie Kettmann	
ADDRESS OF WITNESS (PLEASE PRINT) 1411 Somerset Field Dr. Chesterfield MO	
SIGNATURE OF WITNESS <i>Stephanie Kettmann</i>	DATE 10/28/08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
<input checked="" type="checkbox"/> MN Driver's License/Permit/ID Card/Tribal ID or receipt with current address. Number	
<input type="checkbox"/> Utility bill plus a MN Driver's license/ID Card/Tribal ID, 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"/> Student ID Number:	
<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 next three lines.)	
VOUCHER'S NAME (PLEASE PRINT)	
VOUCHER'S ADDRESS (PLEASE PRINT)	
VOUCHER'S SIGNATURE	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Non-Registered Reason	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME	
351967 STG 11/04/2008 ML PCT R B463343	
VOTER'S NAME	53 0170 518 WORTHINGTON W-2 P-1
ANGELINE R MIXNER	
1124 W LAKE AVE	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>A.R. Mixner</i>	10-27-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Darlene M. Murre</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
5004 W 31th	
Sioux Falls SD MN	
SIGNATURE OF WITNESS	DATE
<i>Darlene M. Murre</i>	10-27-08
TITLE OF WITNESS (IF AN OFFICIAL)	

RECEIVED AUDITOR-TREASURER'S OFFICE
OCT 28 2008
ROBERTS COUNTY WORTHINGTON, MINN.

↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>JP</i>
Reason	

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

Jennifer Reiman

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

16144 County Rd 6 / Utica

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

Jennifer Reiman

DATE

10/10/2008

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

MONICA HOWARD

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

2270 B Vet Med
Iowa State University College of Vet Med
Ames IA 50010 MN

SIGNATURE OF WITNESS

Monica Howard

DATE

10/10/08

TITLE OF WITNESS (IF AN OFFICIAL)

Director of Student Programs

▼ FOR OFFICE USE ONLY ▼

☐ ACCEPTED ☐ REJECTED



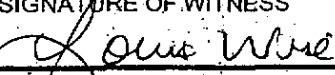
Reason

Registered

IMPORTANT!
Insert Ballot Secrecy Envelope, and then seal this flap.

RECEIVED
OCT 1 2008

RECEIVED
OCT 1 2008

TO BE COMPLETED BY VOTER	
VOTER	
	
342302 STG 11/04/2008 ML PCT R B453504	
VOTE	(PRINT)
19 1730 197 EAGAN P-03	
RACHELLE MARIE MADISON	
3153 CRANE CREEK PL	ENV#2
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	10/27/08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; andenclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
LOUIS WISE	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
2120 WEST ST ANNAPOLIS, MD 21401	
MN	
SIGNATURE OF WITNESS	DATE
	10-27-08
TITLE OF WITNESS (IF AN OFFICIAL)	
SENIOR PROGRAM MANAGER	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason

REGISTERED-2008

EXHIBIT A-7

IMPORTANT! Insert Ballot Secrecy Envelope and Voter Registration Application. Then Seal this flap first.

OCT 10 2008


OCT 10 2008

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) <u>Matthew Schmidt</u>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <u>3055 Engendale Place #130</u> <u>Eagan MN 55121</u> MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTER'S SIGNATURE <u>Matthew Schmidt</u> DATE <u>10-10-08</u>	
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <u>Maria Pierce</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS <u>Maria Pierce</u> DATE <u>10-10-08</u>	
TITLE OF WITNESS (IF AN OFFICIAL)	
↓ PROOF OF RESIDENCE USED BY VOTER ↓	
Witness—please check one: <input checked="" type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address Number <u>[REDACTED]</u> <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	
↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <u>[Signature]</u>	

NON-REGISTERED-2008

IMPORTANT!
Seal Secrecy Envelope, and then seal this flap.

RECEIVED
OCT 21 2008

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) 	
361272 STG 11/04/2008 ML PCT R B472821	
VC	SE PRINT)
19 1730 197 EAGAN P-03	
PATRICIA JO POPPLER	
1310 LONE OAK RD	ENV#2
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Patricia Jo Poppler</i>	<i>10/30/08</i>
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; andenclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>PETER P. POPPLER</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>P. Poppler</i>	<i>10-31-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

↓ FOR OFFICE USE ONLY ↓	
<input type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason


REGISTERED-2008

INSERT BALLOT SECRECY ENVELOPE AND SEAL

RECEIVED
AUDITOR-TREASURER'S OFFICE

OCT 24 2008

NORFOLK COUNTY
WORTHINGTON, MINN.

TO BE COMPLETED BY VOTER	
VOTER'S 	
333602 STG 11/04/2008 ML PCT NR B444674	
VOTER'S	53 0170 518 WORTHINGTON W-2 P-1
GRACE KATHRYN LANGENDORFER	
1790 COLLEGEWAY APT 111	
ENV#2	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Grace Langendorfer</i>	<i>Oct. 23, 2008</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter: <ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;enclosed and sealed the ballots in the secrecy envelope;registered to vote by filling out and enclosing a voter registration application in the ballot envelope; andprovided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Gerald Curtis Langendorfer</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>Gerald Curtis Langendorfer</i>	
MN	
SIGNATURE OF WITNESS	DATE
<i>Gerald Langendorfer</i>	<i>10-23-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input type="checkbox"/> MN Driver's License/Perm/ID 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 checked="" 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)	
<i>Golden Horizons</i>	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
<i>1790 Collegeway, Worthington MN 56187</i>	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
<i>507-376-3111</i>	
VOUCHER'S SIGNATURE	
<i>Michelle Murphy - floor mgr.</i>	
FOR OFFICE USE ONLY	
ACCEPTED	REJECTED
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reason	

INSERT BALLOT SECRECY ENVELOPE AND SEAL



338893 STG 11/04/2008 ML PCT R B450063

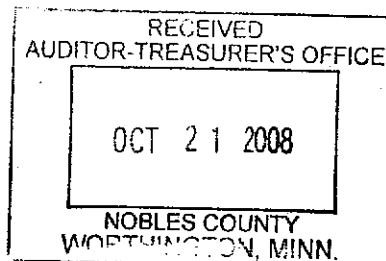
53 0186 518 WORTHINGTON W-2 P-5

DIANE THERESA OTERO

631 BRISTOL ST

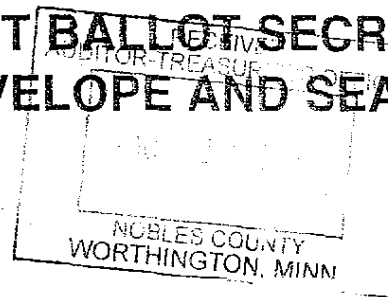
ENV#2

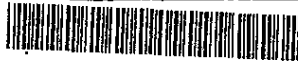
TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT)	
X	Diane T. Otero
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
X	631 Bristol St. Worthington MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
X	Diane T. Otero 10/19/08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
• showed me the blank ballots before voting;	
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and	
• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
X	Angel M. Otero
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
X	Angel M. Otero 10/19/08
TITLE OF WITNESS (IF AN OFFICIAL)	



FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	GB KR
Reason:	

INSERT BALLOT SECRECY
ENVELOPE AND SEAL



↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S	
313973 STG 11/04/2008 ML PCT R B424840	
VOTER'S	53 0186 518 WORTHINGTON W-2 P-5
DEBRA MARIE WOLTJER	
820 HOMEWOOD AVE	ENV#2
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Debra Marie Woltjer</i>	10/17/08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Melissa Remme</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Melissa Remme</i>	10/17/08
TITLE OF WITNESS (IF AN OFFICIAL)	

↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	<i>SB KR</i>
<input type="checkbox"/> REJECTED	
Reason	

INSERT BALLOT SECRECY ENVELOPE AND SEAL



338872 STG 11/04/2008 ML PCT R B450041

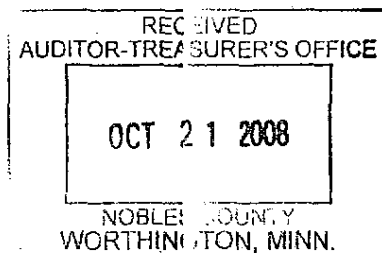
53 0186 518 WORTHINGTON W-2 P-5

ANGEL M OTERO

631 BRISTOL ST




ENV#2

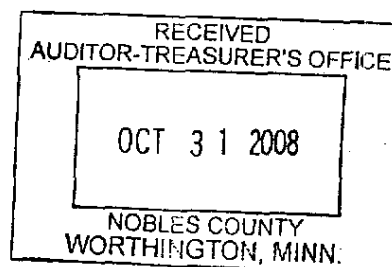
TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT)	
X <u>ANGEL M OTERO</u>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
X <u>631 BRISTOL ST, WORTHINGTON 56187 MN</u>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
X <u>[Signature]</u>	<u>10/19/08</u>
TO BE COMPLETED BY WITNESS	
I certify that the voter	
• showed me the blank ballots before voting;	
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and	
• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
X <u>Diane Y. Otero</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
X <u>[Signature]</u>	<u>10/19/08</u>
TITLE OF WITNESS (IF AN OFFICIAL)	

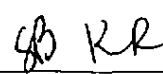


FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<u>SB KR</u>
Reason	





INSERT BALLOT SECRECY ENVELOPE AND SEAL

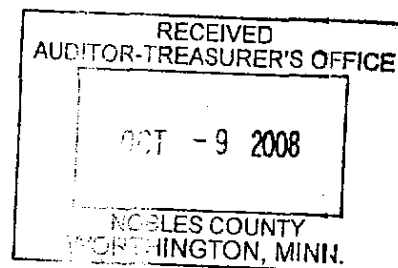
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S I 	
289094 STG 11/04/2008 ML PCT R B399878	
VOTER'S I	53 0160 518 WORTHINGTON W-1 P-3
MERLE A FREYBORG	
700 HUMISTON AVE	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	Oct 28/08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
MARV L BELL	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
	10/28/08
TITLE OF WITNESS (IF AN OFFICIAL)	




↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	
Reason	


INSERT BALLOT SECRECY ENVELOPE AND SEAL

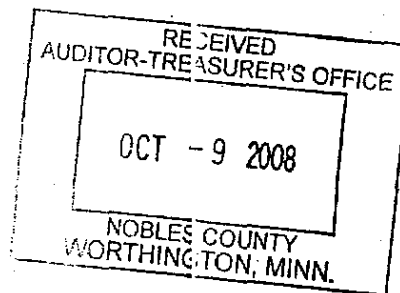
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S I	
274784 STG 11/04/2008 ML PCT R B385515	
VOTER'S I	53 0160 518 WORTHINGTON W-1 P-3
PETER GRONEWOLD	
212 12TH ST APT 402	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	10-7-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; andenclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
	
SIGNATURE OF WITNESS	DATE
	10-7-08 MN
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	
Reason	


INSERT BALLOT SECRECY ENVELOPE AND SEAL

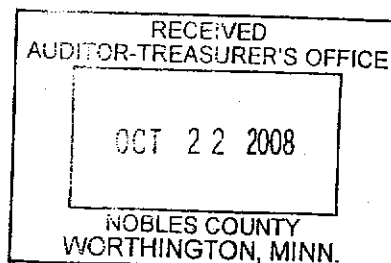
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S	
274785 STG 11/04/2008 ML PCT R B385516	
VOTER'S	53 0160 518 WORTHINGTON W-1 P-3
ROSIE MAE GRONEWOLD	
212 12TH ST APT 402	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Rosie Mae Gronewold</i>	10-7-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT)	
<i>Peter Gronewold</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>Peter Gronewold</i> MN	
SIGNATURE OF WITNESS	DATE
	10-9-08
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	<i>KB KR</i>
<input type="checkbox"/> REJECTED	Reason


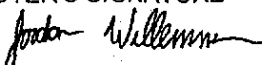
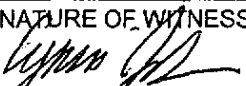
INSERT BALLOT SECRECY ENVELOPE AND SEAL

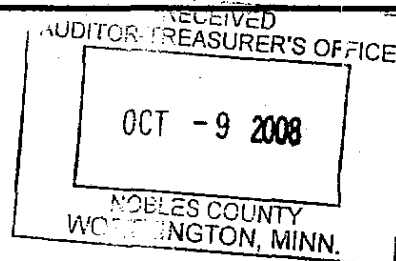
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S	
260395 STG 11/04/2008 ML PCT R B371097	
VOTER'S	53 0160 518 WORTHINGTON W-1 P-3
GRACE L ROSENBROOK	
212 12TH ST APT 306	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Grace Rosenbrook</i>	10/17/08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Gerald J. Zahorsky</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Gerald J. Zahorsky</i>	10/17/08
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>AB KR</i>
Reason	


INSERT BALLOT SECRECY ENVELOPE AND SEAL

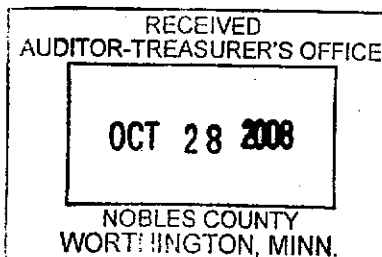
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S N/	 289160 STG 11/04/2008 ML PCT R B399944
VOTER'S M/	53 0150 518 WORTHINGTON W-1 P-1 JORDAN WAYNE WILLEMSEN 1015 SOUTH SHORE DR ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE 	DATE 10/07/08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Cynthia Johnson	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS 	DATE 10-7-08
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	SB KR
<input type="checkbox"/> REJECTED	Reason




INSERT BALLOT SECRECY ENVELOPE AND SEAL

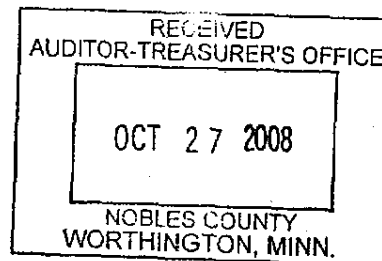
↓ TO BE COMPLETED BY VOTER ↓	
	
364685 STG 11/04/2008 ML PCT R B476285 53 0150 518 WORTHINGTON W-1 P-1 DEWEY E ANDERSON RINT) 1450 1ST AVE SW APT 1 ENV#2	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Dewey Anderson</i>	10-27
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Ethel Anderson</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>Ethel Anderson</i>	
MN	
SIGNATURE OF WITNESS	DATE
<i>Ethel Anderson</i>	10/27/08
TITLE OF WITNESS (IF AN OFFICIAL)	

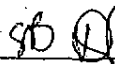


↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>SB W</i>
	Reason


INSERT BALLOT SECRECY ENVELOPE AND SEAL

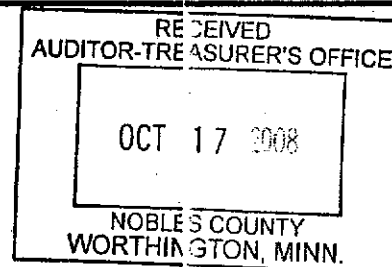
↓ TO BE COMPLETED BY VOTER ↓	
VOTER ID	
346741 STG 11/04/2008 ML PCT R B458023	
53 0165 518 WORTHINGTON W-1 P-4	
VOTER NAME	LOIS A OLSON
ADDRESS	1615 DOVER ST
ENVELOPE #	ENV#2
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	10/24/08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; andenclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
DON R OLSON	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
	10/21/08
TITLE OF WITNESS (IF AN OFFICIAL)	
Husband	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	
Reason	


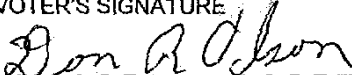

INSERT BALLOT SECRECY ENVELOPE AND SEAL

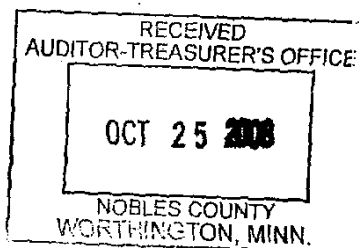
↓ TO BE COMPLETED BY VOTER ↓	
VOTE#	
326459 STG 11/04/2008 ML PCT R B437460	
53 0165 518 WORTHINGTON W-1 P-4	
VOTE#	NELMA C SLATER
1620 CLARY ST APT 303	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Nelma C Slater</i>	10-16-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>RAYMOND F SLATER</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>Raymond F Slater</i> 10-16-08 MN	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	

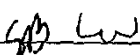


↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	<i>40 KR</i>
<input type="checkbox"/> REJECTED	
Reason	


INSERT BALLOT SECRECY ENVELOPE AND SEAL

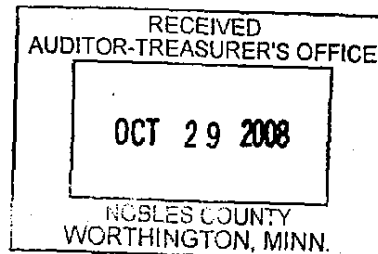
↓ TO BE COMPLETED BY VOTER ↓	
VOTER	
346749 STG 11/04/2008 ML PCT R B458031	
53 0165 518 WORTHINGTON W-1 P-4	
VOTER	DON R OLSON
1615 DOVER ST	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
• showed me the blank ballots before voting;	
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and	
• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
LOIS A. OLSON	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
	10-21-08
TITLE OF WITNESS (IF AN OFFICIAL)	
HOUSEWIFE	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	 Reason


INSERT BALLOT SECRECY ENVELOPE AND SEAL

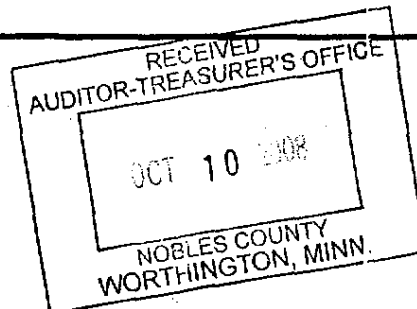
		TER
364584 STG 11/04/2008 ML PCT R B476183		
53 0045 514 ELLSWORTH		
HENRIETTA G DRENTH		ENV#2 (PRINT)
208 W 7TH AVE		MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.		
VOTER'S SIGNATURE <i>Henrietta Drenth</i>		DATE <i>10-29-08</i>
TO BE COMPLETED BY WITNESS		
I certify that the voter • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.		
NAME OF WITNESS (PLEASE PRINT) <i>Robert Dykema</i>		
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)		
MN		
SIGNATURE OF WITNESS <i>Robert Dykema</i>		DATE <i>10-29-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)		



FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>4B W</i>
Reason	


INSERT BALLOT SECRECY ENVELOPE AND SEAL

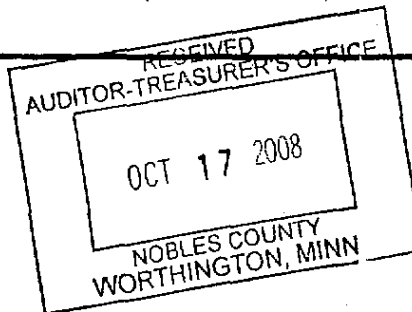
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S	
249823 STG 11/04/2008 ML PCT R B360025	
VOTER'S	53 0170 518 WORTHINGTON W-2 P-1
HENRIETTA V LAIS	
755 DUGDALE AVE	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Henrietta Laïs</i>	10-9-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Mary Lou Brake</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>Mary Lou Brake</i>	
SIGNATURE OF WITNESS	DATE
<i>Mary Lou Brake</i>	10-8-08 MN
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	<i>SB KR</i>
<input type="checkbox"/> REJECTED	Reason



INSERT BALLOT SECRECY ENVELOPE AND SEAL

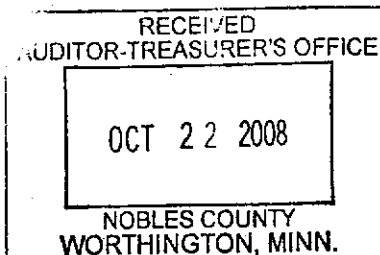
TO BE COMPLETED BY VOTER	
VOTER'S 	
303800 STG 11/04/2008 ML PCT R B414600	
53 0170 518 WORTHINGTON W-2 P-1	
VOTER'S	MARY KATHLEEN REGNIER
1801 COLLEGEWAY APT 103	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>M. Kathleen Regnier</i>	10-16-08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; andenclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Steven Regnier</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Steven Regnier</i>	10-16-08
TITLE OF WITNESS (IF AN OFFICIAL)	



FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<i>KB KCR</i>
<input type="checkbox"/> REJECTED	
Reason	


INSERT BALLOT SECRECY ENVELOPE AND SEAL

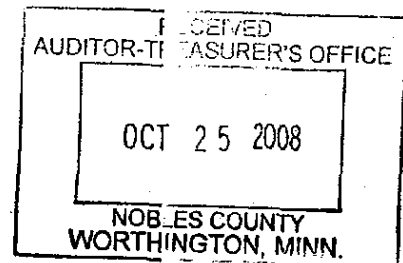
↓ TO BE COMPLETED BY VOTER ↓	
VOTE	
332478 STG 11/04/2008 ML PCT R B443523	
53 0170 518 WORTHINGTON W-2 P-1	
VOTE	STERLING A JOHNSON
1790 COLLEGEWAY APT 115	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
	<i>Sterling A. Johnson</i> DATE 10-17-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; andenclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
IRRENE JOHNSON	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Irene C. Johnson</i>	10-17-08
TITLE OF WITNESS (IF AN OFFICIAL)	
Wife	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>SB KR</i>
Reason	


INSERT BALLOT SECRECY ENVELOPE AND SEAL

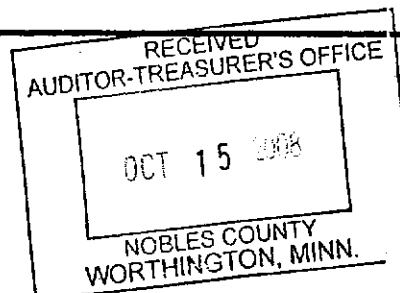
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S	
	313884 STG 11/04/2008 ML PCT R B424751
VOTER'S	53 0185 518 WORTHINGTON W-2 P-4
	MARJORIE JEAN JOHNSON
	1016 OSLO ST
	ENV#2
	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE 10-23-08
<i>Marjorie J. Johnson</i>	
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT)	
<i>George B. Johnson</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>George B. Johnson</i>	10-23-08
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>GB</i>
	Reason



INSERT BALLOT SECRECY ENVELOPE AND SEAL

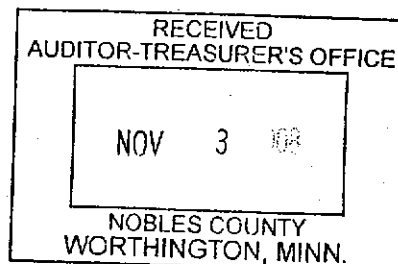
↓ TO BE COMPLETED BY VOTER ↓	
VOTER	
297512 STG 11/04/2008 ML PCT R 8408301	
VOTER	53 0180 518 WORTHINGTON W-2 P-3
JOAN EVONNE TOFTELAND	
819 10TH ST APT 605	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Joan E Tofteland</i>	10-10-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
- showed me the blank ballots before voting;	
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and	
- enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>PAUL E SCHARLEPP</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Paul E Scharlepp</i>	10-10-08
TITLE OF WITNESS (IF AN OFFICIAL)	

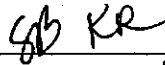


↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>CR KR</i>
Reason	


INSERT BALLOT SECRECY ENVELOPE AND SEAL

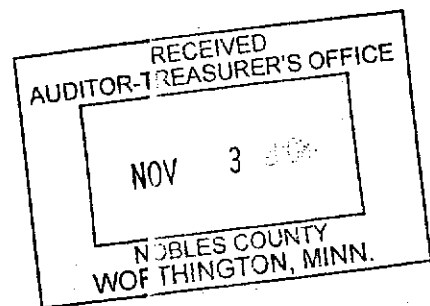
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S I	
260523 STG 11/04/2008 ML PCT R B371226	
VOTER'S	53 0165 518 WORTHINGTON W-1 P-4
BRADLEY JON WITZEL	
1222 GRAND AVE	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	10-31-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
Norma Witzel	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
Norma Witzel	10/22/08
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	 Reason

INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S	
260530 STG 11/04/2008 ML PCT R B371233	
VOTER'S	53 0165 518 WORTHINGTON W-1 P-4
NORMA J WITZEL	
1222 GRAND AVE	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Norma J. Witzel</i>	10-31-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Bradley Witzel</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Bradley Witzel</i>	10/22/08
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>CB KR</i>
Reason	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

RECEIVED
AUDITOR-TREASURER'S OFFICE

NOV 3 2008

NOBLES COUNTY
WORTHINGTON, MINN.

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Bharat K. Patel

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

2545 Buchanan Ct. Worthington MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

Bharat K. Patel 11-3-08

TO BE COMPLETED BY WITNESS

I certify that the voter

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
(PLEASE PRINT)

Shaion A. Balster 11-3-08 MN

SIGNATURE OF WITNESS

DATE

TITLE OF WITNESS (IF AN OFFICIAL)

RECEIVED
AUDITOR-TREASURER'S OFFICE

NOBLES COUNTY
WORTHINGTON, MINN.

FOR OFFICE USE ONLY

☒ ACCEPTED

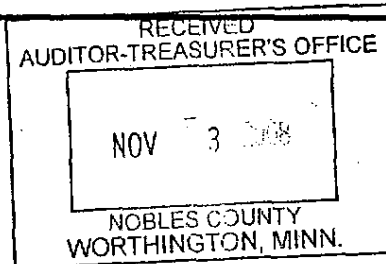
☐ REJECTED

SPB

Reason


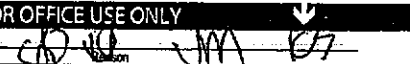
INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) <i>Gita Bharat Patel</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>2545 Buchanan Ct. Worthington MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Gita B Patel</i>	DATE
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS <i>Sharon A. Balster</i>	DATE <i>11-3-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	





↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>SPS</i> Reason


INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S 	
318162 STG 11/04/2008 ML PCT NR B429086	
VOTER'S	53 0090 2184 LISMORE TWP.
KATHRYN SCHNEIDERMAN	
11298 220TH	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Kathryn Schneiderman</i>	10-28-08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; enclosed and sealed the ballots in the secrecy envelope; registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and provided proof of residence as indicated below. 	
NAME OF WITNESS (PLEASE PRINT)	
<i>Deborah Schneiderman</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>1234 5th Ave</i>	
SIGNATURE OF WITNESS	DATE
<i>Deborah Schneiderman</i>	10-28-08 MN
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input checked="" type="checkbox"/> MN Driver's License/Permit/ID 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.)	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUDITOR-TREASURER'S OFFICE NOV - 1 2008 </div>	
VOUCHER'S NAME AND NAME OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
WORTHINGTON, MINN.	
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	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

7-7

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Leanne Holcomb	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 1600 N. 2nd St #110 Mpls, MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE 	DATE 10/30/08
TO BE COMPLETED BY WITNESS	
I certify that the voter - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS 	DATE 10-30-08
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason


INSERT BALLOT SECRECY ENVELOPE AND SEAL

7-7

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT)	
OCHSNER KATHARINE	7-7
VOTER'S ADDRESS	
500 2nd St N	
# 404	
MINNEAPOLIS, MN 55413	MN
I certify that I am the voter.	
VOTER'S SIGNATURE	absentee ballot
<i>Katharine R. Ochsner</i>	10/21/2008
TO BE COMPLETED BY WITNESS	
I certify that the voter:	
<ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;enclosed and sealed the ballots in the secrecy envelope;registered to vote by filling out and enclosing a voter registration application in the ballot envelope; andprovided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT)	
Kyle R. Durns	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Kyle R. Durns</i>	10/21/08
TITLE OF WITNESS (IF AN OFFICIAL)	
Bank Branch Manager	
PROOF OF RESIDENCE USED BY VOTER	
Witness, please check one:	
<input checked="" type="checkbox"/> MN Driver's License, ID Card, or passport with current address	
<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.	
<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)	
Katharine R. Ochsner	
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	
<i>See inside</i>	
FOR OFFICE USE ONLY	
ACCEPTED	REJECTED
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reason	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

13-3

TO BE COMPLETED BY VOTER	
PEDRAZA DRU GRONEWOLD 13-3 4525 Vincent Ave S MINNEAPOLIS, MN 55410	
	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
Dr. Gruneel Pedraza 10/31/08	
TO BE COMPLETED BY WITNESS	
I certify that the voter: <ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; enclosed and sealed the ballots in the secrecy envelope; registered to vote by filing out and enclosing a voter registration application in the ballot envelope; and provided proof of residence as indicated below. 	
NAME OF WITNESS (PLEASE PRINT) Kristine K Smith	
ADDRESS OF WITNESS (PLEASE PRINT) Kristine K Smith 10/31/08	
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
<input checked="" type="checkbox"/> MN Driver's License (must be current 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	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED Reason	

INSERT BALLOT SECRECY ENVELOPE AND SEAL



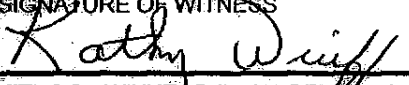
7-6


TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) RONALD L. DORSEY	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 314 HENNEPIN AVE. APT 411 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Ronald L. Dorsey	DATE 10-24-08
TO BE COMPLETED BY WITNESS	
I certify that the voter - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS Miriam J. Anderson	DATE 10/24/08
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	MAN, lgh
<input type="checkbox"/> REJECTED	Reason:

INSERT BALLOT SECRECY ENVELOPE AND SEAL

7-6

TO BE COMPLETED BY VOTER	
VOTE	LARSON RANDY R 7-6 121 Washington Ave S # 1105
VOTE	MINNEAPOLIS, MN 55401 MN
	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	10/20/08
TO BE COMPLETED BY WITNESS	
I certify that the voter - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
	10/20/08
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason

TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <u>Michael Lidtke</u>	
VOTER'S ADDRESS (PLEASE PRINT) <u>North Main St. Altura Mn.</u>	
that on election day I will meet all the legal requirements for an absentee ballot.	
VOTER'S SIGNATURE <u>Michael Lidtke</u>	DATE <u>10-10-08</u>
TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • used and sealed the ballots in the secrecy envelope; • voted to vote by filling out and enclosing a voter registration in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <u>Glodie Zimmerman</u>	
ADDRESS OF WITNESS (PLEASE PRINT) <u>N. Main St. Altura, MN 55009</u>	
SIGNATURE OF WITNESS <u>Glodie Zimmerman</u>	DATE <u>10-10-08</u>
NAME OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER ▼	
Driver's License/Permit/ID Card/Tribal ID or receipt with current address. Number _____	
Utility bill plus a MN Driver's License/ID Card/Tribal ID, U.S. Passport, U.S. Military ID card with picture, or Student ID Card with address. Number _____	
Voter registration in the same precinct. ID Number: _____	
Certificate of Late Registration from county auditor or municipal clerk of registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the next three lines.)	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF WITNESS (PLEASE PRINT)	
SIGNATURE OF WITNESS	
FOR OFFICE USE ONLY ▼	
ACCEPTED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>
Reason Registered	

TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <u>Gene Schumacher</u>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <u>P.O. Box 132 Altura MN</u>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <u>Gene Schumacher</u>	DATE <u>10-17-08</u>
TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <u>MARCELLA E. Schumacher</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <u>P.O. Box 132 Altura MN</u>	
SIGNATURE OF WITNESS <u>Marcella E. Schumacher</u>	DATE <u>10-17-08</u>
TITLE OF WITNESS (IF AN OFFICIAL) <u>P.O.A.</u>	
FOR OFFICE USE ONLY ▼	
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason Registered	

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

~~Linda Oddy-Whyte~~

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

~~315 Valley Oaks Dr
Winona MN 55987 MN~~

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE

~~Linda Oddy-Whyte 10/8/08~~

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

~~Brett Whyte~~

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

~~315 Valley Oaks Dr
Winona MN 55987 MN~~

SIGNATURE OF WITNESS DATE

~~Brett Whyte 10/8/08~~

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

ACCEPTED ☒ REJECTED ☐ *Jmm*

Reason

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

Max W. Fletcher

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1005 Glen Echo Lane
Winona, MN 55987 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE

Max W. Fletcher 11/02/08

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Fredrick R. Fletcher

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

Fredrick R. Fletcher 11/3/08 MN

SIGNATURE OF WITNESS DATE

Fredrick R. Fletcher 11/3/08 MN

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

ACCEPTED ☐ REJECTED ☐ *BW Jmm*

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Laurie B. Wlosinski	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 30544 Valleyview Rd Duluth MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Laurie B. Wlosinski</i>	DATE 10/23/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Joseph Wlosinski	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 30544 Valleyview Rd Duluth MN	
SIGNATURE OF WITNESS <i>Joseph Wlosinski</i>	DATE 10-23-08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Eric Van Arx	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 43727 Spring Lane LaCrescent MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Eric Van Arx</i>	DATE 10-31-08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Jamie Van Arx Jamie Van Arx	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS <i>Jamie Van Arx</i>	DATE 10/31/08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) JEAN KALMES	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 21119 Co. Rd 27 Rollingstone, MN 55969 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Jean Kalmes	DATE Oct. 25, 2008
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) DONALD KALMES	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
SIGNATURE OF WITNESS	DATE MN
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Signature DK	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) DONALD KALMES	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 21119 Co. Rd. 27 Rollingstone, MN 55969 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Donald Kalmes	DATE Oct. 25, 2008
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) JEAN KALMES	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
SIGNATURE OF WITNESS	DATE MN
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Signature DK	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <u>Mr. Jeffrey Cavanaugh</u>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <u>8920 Kollin Sunset Dr.</u>	
MIN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <u>Jeffrey Cavanaugh</u>	DATE <u>10/3/08</u>
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: <ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;• enclosed and sealed the ballots in the secrecy envelope;• registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and• provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <u>S. Denise Gurnell</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <u>24000 Hennepin</u>	
SIGNATURE OF WITNESS <u>S. Denise Gurnell</u>	
DATE <u>10-31-08</u> MN	
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
Witness - please check one: <input type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address. Number _____	
<input type="checkbox"/> Tribal ID card with name, current address, signature, and picture. Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with a picture, US passport, US Military ID card with picture, or student ID card with picture. Number _____	
<input checked="" type="checkbox"/> Previous registration in the same precinct. 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	
▼ FOR OFFICE USE ONLY ▼	

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Charles McCarthy

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1001 Idso Ct
St Charles MN 55972

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE

 10/18/08**TO BE COMPLETED BY WITNESS**I certify that the voter:
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Judy McCarthy

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

1001 Idso Ct
St Charles MN 55972

SIGNATURE OF WITNESS DATE

 10/18/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY☒ ACCEPTED ☐ REJECTED

Reason

red

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

JUDITH A. Mc CARTHY

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1001 IDSO COURT
ST. CHARLES, 55972 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE

 10/18/08**TO BE COMPLETED BY WITNESS**

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Charles McCarthy

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

 10/18/08

SIGNATURE OF WITNESS DATE

 10/18/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY☒ ACCEPTED ☐ REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>George PARKER III</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>1500 69th Ave NW 55942 MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>[Signature]</i>	DATE <i>10/22/08</i>
TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>Aura Seaton</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>77 E HOWARD (10th) 55987 (zip)</i>	
<i>WINONA MN</i>	
SIGNATURE OF WITNESS <i>[Signature]</i>	DATE <i>10/22/08</i>
TITLE OF WITNESS (IF AN OFFICIAL) <i>NOTARY PUBLIC - MINNESOTA</i> <i>My Commission Expires Jan. 31, 2010</i>	
FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>KS</i> <i>CS</i>	
Reason	
Registered	

TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>IRENE M. BRANDT</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>34876 Old Homer Rd. MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Irene M Brandt</i>	DATE <i>Oct. 29, 2008</i>
TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>THOMAS ROBERT BRANDT</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>MN</i>	
SIGNATURE OF WITNESS <i>Thomas R Brandt</i>	DATE <i>10-29-2008</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>KS</i> <i>CS</i>	
Reason	
Registered	

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

THOMAS ROBERT BRANDT

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

+876
7876 Old Homer Rd Winona MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE

Thomas Brandt 10-29-2008

TO BE COMPLETED BY WITNESS

I certify that the voter:
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

RENE Marie BRANDT

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

Winona, MN

SIGNATURE OF WITNESS DATE

Rene Marie Brandt 10-29-2008

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED ☐ REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Keelie Ritter

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

23778 Homer Valley Rd
Winona, MN 55987 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE

Keelie Ritter 10/21/08

TO BE COMPLETED BY WITNESS

I certify that the voter:
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Kayla Ritter

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

23778 Homer Valley Rd
Winona, MN 55987 MN

SIGNATURE OF WITNESS DATE

Kayla Ritter 10/21/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

☒ ACCEPTED ☐ REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

KEITH G. Prieur

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

25 S. BAKER

5487

WINONA

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

Keith G. Prieur 07.14.08

TO BE COMPLETED BY WITNESS

I certify that the voter:

showed me the blank ballots before voting;

marked the ballots in private or, if physically unable to

mark the ballots, the ballots were marked as directed by

voter; and

enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

FRED A. PRIEUR

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

MN

SIGNATURE OF WITNESS

DATE

F. A. Prieur 14 Oct 08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED ☐ REJECTED

bm

kbw

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

ORAN G. Featherstone

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

525 ECKHART ST

WINONA

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

Oran G. Featherstone

TO BE COMPLETED BY WITNESS

I certify that the voter:

showed me the blank ballots before voting;

marked the ballots in private or, if physically unable to

mark the ballots, the ballots were marked as directed by

the voter; and

enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

JOAN C. Featherstone

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

525 ECKHART ST

WINONA

MN

SIGNATURE OF WITNESS

DATE 10-9-08

Joan C. Featherstone

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED ☐ REJECTED

RMH

Reason

Registered

Rec'd
11/2/08
DP

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT)	
BRIAN HAGER	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
206 River View Dr. Minneapolis, MN 55410 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
Brian Hager	10-30-08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
DAVID HAGER	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
David J. Hager MN	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED DP not	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Barbara A Grossell	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 0 Grand St Winona, MN 55987 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Barbara A Grossell	DATE 11/03/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Coreen H. Schulte	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 177 Main St Winona, MN 55987 MN	
SIGNATURE OF WITNESS Coreen H. Schulte	DATE 11-3-08
TITLE OF WITNESS (IF AN OFFICIAL) Deputy Auditor	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>MS</i> Reason:	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Jean-A. Cunnie	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 362 W. 10 th ST. Winona, MN. MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Jean A. Cunnie	DATE 10/29/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) JEAN A. Lubinski	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS Jean A. Lubinski JEAN	DATE 10-29-08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>MS</i> Reason:	
Registered	

PLACE WITHIN LARGE F
MAILING ENVELOPE

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
MARJORIE M. WHITE

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
105 W. Wabasha St
Winona, MN 55987
MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE
Marjorie M. White Oct 21-2008

TO BE COMPLETED BY WITNESS

I certify that the voter:
showed me the blank ballots before voting;
marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)
David J. White

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

SIGNATURE OF WITNESS DATE
David J. White 10/21/08
MN

TITLE OF WITNESS (IF AN OFFICIAL)
/

FOR OFFICE USE ONLY

ACCEPTED ☐ REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Lindsay McClead

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
933 W Wabasha St
Winona, MN 55987
MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE DATE
Lindsay McClead 10/27/08

TO BE COMPLETED BY WITNESS

I certify that the voter:
showed me the blank ballots before voting;
marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;
enclosed and sealed the ballots in the secrecy envelope;
registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and
provided proof of residence as indicated below.

NAME OF WITNESS (PLEASE PRINT)
Coreen Horschulte

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
177 Main St
Winona, MN 55987
MN

SIGNATURE OF WITNESS DATE
Coreen Horschulte 10-27-08

TITLE OF WITNESS (IF AN OFFICIAL)
Deputy Auditor

PROOF OF RESIDENCE USED BY VOTER

- Witness - please check one:
- ☒ MN Driver's License/Permit/ID Card (receipt with current address). Number
 - ☐ Tribal ID card with name, current address, signature, and picture.
 - ☐ Utility bill or student fee statement (plus a MN Driver's License/ID Card, Tribal ID card with a picture, US passport, US Military ID card with picture, or student ID card with picture. Number
 - ☐ Previous registration in the same precinct.
 - ☐ Notice of Last Registration from county auditor or municipal clerk.
 - ☐ Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below).
 - ☐ 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 NAME AND NAME OF RESIDENTIAL FACILITY, IF APPLICABLE. (PLEASE PRINT)
Coreen Horschulte

VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE. (PLEASE PRINT)
177 Main St. Winona, MN



VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE. (PLEASE PRINT)

VOUCHER'S SIGNATURE
Coreen Horschulte

FOR OFFICE USE ONLY

ACCEPTED ☒ REJECTED

Non-Registered

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) ROBERT BRUNO	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 2352 CR 7 WINONA MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE 	DATE 10-8-08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Patrice Yaselt	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 23452 CR 7 WINONA MN MN	
SIGNATURE OF WITNESS 	DATE 10-8-08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Registered	


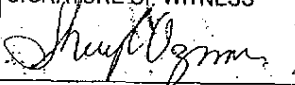
▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) CHARLES E. CUMMINGS	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 24328 GREEN TERRACE WAY WINONA, MN 55987 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE 	DATE
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Sheryl Orman	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
SIGNATURE OF WITNESS 	
DATE 10-19-08	
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Registered	

EXHIBIT A-8

IMPORTANT! Insert Ballot Secrecy Envelope and Voter Registration Application. Then Seal this flap first.

RECEIVED
NOV 03 2008

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Leah J. Jaraman</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>351 Crane Creek Pl. Ancker</i> MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Leah J. Jaraman</i>	DATE <i>11/3/08</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter: <ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;enclosed and sealed the ballots in the secrecy envelope;registered to vote by filling out and enclosing a voter registration application in the ballot envelope; andprovided proof of residence as indicated below.	
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)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input checked="" type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address Number <i>123456789</i>	
<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) <i>Carole Kreck</i>	
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 <i>Carole Kreck</i> <i>11/3/08</i>	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

NON-REGISTERED-2008

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

mes R. Stephens

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

7 E. King St, Winona MN 55987
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

SIGNATURE

DATE

*mes R. Stephens***TO BE COMPLETED BY WITNESS**

I certify that the voter:

• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

WITNESS (PLEASE PRINT)

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

MN

SIGNATURE OF WITNESS

DATE

WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Kevin Schneider

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

*20 E 9th St
Winona, MN 55987*

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

*Kevin Schneider**11/1/08***TO BE COMPLETED BY WITNESS**

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Coreen Hofschulte

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

*177 Main St
Winona, MN 55987*

MN

SIGNATURE OF WITNESS

DATE

*Coreen Hofschulte**11-1-08*

TITLE OF WITNESS (IF AN OFFICIAL)

Deputy Auditor

FOR OFFICE USE ONLY☒ ACCEPTED ☐ REJECTED

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>Paul B. Doube</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>104 Glen Mary Road</i> <i>Winona,</i>	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>[Signature]</i>	DATE <i>10-21-08</i>
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>Norma M. Doube</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>104 Glen Mary Road</i> <i>Winona, MN 55987</i>	
MN	
SIGNATURE OF WITNESS <i>Norma M. Doube</i>	DATE <i>10-21-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>JMM</i>	
Reason	

Registered

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>Ruth DALLEKA</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>841 W. Burns Valley Rd</i> <i>Winona</i>	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Ruth DALLEKA</i>	DATE <i>10/23/08</i>
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
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 <i>JMM</i>	
Reason	

Registered

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Larry A Persons	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 2067 County Rd 39 Charles, MN 55972 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Larry A Persons</i>	DATE 10/28/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Coreen Hopschulte	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 177 Main St Winona, MN 55987 MN	
SIGNATURE OF WITNESS <i>Coreen Hopschulte</i>	DATE 10-28-08
TITLE OF WITNESS (IF AN OFFICIAL) Deputy Auditor	
▼ FOR OFFICE USE ONLY ▼	
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) EDGAR N HANSEN	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 18158 Co RD 39 St Charles, MN 55972 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Edgar N Hansen</i>	DATE Oct 6, 08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
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	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>Andrew Vogel</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>700 Terrace Heights Winona MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Andrew Vogel</i>	DATE <i>11/2/2008</i>
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>JASON KE</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>500 HAZEL AVE OWATONNA, MN 55060</i>	
SIGNATURE OF WITNESS <i>Jason Ke</i>	DATE <i>11/2/2008</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>OK cu</i>	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>GALE PEDERSON</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>11823 W. State HWY 97 1141 Gilmore Valley Rd Winona, MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Gale Pederson</i>	DATE <i>10-24-08</i>
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>OK cu</i>	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT)	
MARGIE MUNDT	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
132 HYW 14 W P.O. Box 21710 55979 395 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
Margie Mundt	10-10-08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter:	
<ul style="list-style-type: none"> • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope. 	
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 checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT)	
James McGuire	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
409 Knapp Valley Dr. Winona 55987 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>[Signature]</i>	10/27/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter:	
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>[Signature]</i>	
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<i>cw</i> <i>[Signature]</i> Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT)	
Jessica O'Loughlin	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
3414 Sdole Ct Winona MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>[Signature]</i>	10/6/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter:	
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT)	
Nicole R. B. [Signature]	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
12 Island Hts. NE Pine Island, MN	
SIGNATURE OF WITNESS	DATE
<i>[Signature]</i>	10/6/2008
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<i>cw</i> Reason	
Registered	

PLACE WITHIN LARGE RETURN MAILING ENVELOPE #3

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Barbara Mae Schossow

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

5 Tewes Ave Lewiston MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

Barbara M Schossow

DATE

10/31/08

TO BE COMPLETED BY WITNESS

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;
- enclosed and sealed the ballots in the secrecy envelope;
- registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and
- provided proof of residence as indicated below.

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)

PROOF OF RESIDENCE USED BY VOTER

Witness - please check one:

☒ Driver's License/Permit/ID Card or receipt with current address.

☐ ID card with name, current address, signature, and picture.

☐ Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with a picture, US passport, US Military ID card with picture, or student ID card with picture. Number

Previous registration in the same precinct.

☐ Notice of Late Registration from county auditor or municipal clerk.

☐ Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below).

☐ 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)

Evelyn Janzow

VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE. (PLEASE PRINT)

604 Ben San Dr Lewiston

VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE. (PLEASE PRINT)

VOUCHER'S SIGNATURE

Evelyn Janzow

FOR OFFICE USE ONLY

ACCEPTED ☐ REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

LARRY SCHOSSOW

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

65 Tewes Ave Lewiston 55952 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

Larry Schossow

DATE

11-1-08

TO BE COMPLETED BY WITNESS

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;
- enclosed and sealed the ballots in the secrecy envelope;
- registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and
- provided proof of residence as indicated below.

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)

PROOF OF RESIDENCE USED BY VOTER

Witness - please check one:

☒ MN Driver's License/Permit/ID Card or receipt with current address.

☐ Tribal ID card with name, current address, signature, and picture.

☐ Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with a picture, US passport, US Military ID card with picture, or student ID card with picture. Number

☐ Previous registration in the same precinct.

☐ Notice of Late Registration from county auditor or municipal clerk.

☐ Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below).

☐ 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)

Evelyn Janzow

VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE. (PLEASE PRINT)

604 Ben San Dr Lewiston

VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE. (PLEASE PRINT)

Evelyn Janzow

VOUCHER'S SIGNATURE

FOR OFFICE USE ONLY

☒ ACCEPTED ☐ REJECTED

Reason

Non-Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Terence F. Ebertowski

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

8 Franklin St., Wabona 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:
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Wen M. Malacchio

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

8 Franklin St., Wabona MN

SIGNATURE OF WITNESS

DATE

10/07/2008

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLYACCEPTED ☐ REJECTED ☐**TO BE COMPLETED BY VOTER**

VOTER'S NAME (PLEASE PRINT)

Alvin D Engler

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

4761 Bellview St.
Winona MN 55897 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

Alvin D Engler 07/27/2008

TO BE COMPLETED BY WITNESS

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

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 ONLYACCEPTED ☒ REJECTED ☐

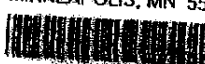
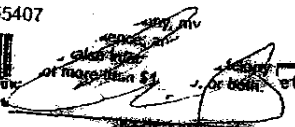

Reason

Registered

EXHIBIT A-9

INSERT BALLOT SECRECY ENVELOPE AND SEAL

11-7

TO BE COMPLETED BY VOTER	
VOTER'S	OSBERG CRAIG 4731 14th Ave S
VOTER'S	MINNEAPOLIS, MN 55407
	
I certify that on election day I will meet all of the following requirements: VOTER'S SIGNATURE 	
TO BE COMPLETED BY WITNESS	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT)	
Alina M. Osberg	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
4731 14th Ave S Minneapolis MN	
SIGNATURE OF WITNESS	DATE
	10-29-08
TITLE OF WITNESS (PRINT OR OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
<input checked="" type="checkbox"/> MN Driver's License or MN ID 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 or ID Card, Tribal ID card with picture, U.S. Passport, U.S. military ID card with picture, or student ID card with picture. <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	
FOR OFFICE USE ONLY	
ACCEPTED	REJECTED




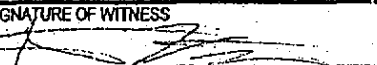
PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <u>Allen Bruggen</u>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <u>662 E. 3RD</u> <u>Winona</u> 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: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <u>Lora Fratzke</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <u>662 E. 3RD</u> <u>Winona</u> MN	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
Witness - please check one: <input type="checkbox"/> MN Driver's License/Permit/ID 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 a picture, US passport, US 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	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Non-Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <u>GRACE M. BROKAW</u>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <u>729 E. MARK ST,</u> <u>Winona</u> MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
10-7-08	
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <u>Rita Hornberg Fredemann</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <u>1282 Sherry Dr</u> <u>Minnesota City</u> MN	
SIGNATURE OF WITNESS	DATE
10-7-08	
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Registered	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

3-1 ✓

VOTE		OLSON JENNIFER		3-1
		425 13th Ave SE		
		# 507		
VOTE		MINNEAPOLIS, MN 55414		MN
				
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTE  DATE 				
I declare that the voter: <ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; enclosed and sealed the ballots in the secrecy envelope; registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and provided proof of residence as indicated below. 				
NAME OF WITNESS (PLEASE PRINT)				
Anthony Kicno				
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)				
5540 Girard Ave S Minneapolis MN				
SIGNATURE OF WITNESS				
				
DATE				
10/26/08				
TITLE OF WITNESS (IF AN OFFICIAL)				
PROOF OF RESIDENCE USED BY VOTER Witness—please check one: <ul style="list-style-type: none"> <input type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address Number <input type="checkbox"/> Tribal ID card with name, current address, signature, and picture <input checked="" 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				
FOR OFFICE USE ONLY ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> Reason				


INSERT BALLOT SECRECY ENVELOPE AND SEAL

11-9

TO BE COMPLETED BY VOTER			
VOTER'S NAME (PLEASE PRINT)			
VOTER'S MI	COLE DOROTHY A 5556 25th Ave S	11-9 ..	MN
MINNEAPOLIS, MN 55417			enlee ballot.
I certify that I am the voter who has signed the ballot envelope.			
VOTER'S SIGNATURE			
[Barcode]			
TO BE COMPLETED BY WITNESS			
I certify that the voter:			
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; enclosed and sealed the ballots in the secrecy envelope; registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and provided proof of residence as indicated below. 			
NAME OF WITNESS (PLEASE PRINT)			
William A. Cole			
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)			
5556-25th Ave S. Mpls MN			
SIGNATURE OF WITNESS			DATE
[Signature]			
TITLE OF WITNESS (IF AN OFFICIAL)			
PROOF OF RESIDENCE USED BY VOTER			
Witness—please check one:			
<input checked="" type="checkbox"/> MN Driver's License/Perm ID 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 checked="" 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			
FOR OFFICE USE ONLY			
<input type="checkbox"/> ACCEPTED <input checked="" type="checkbox"/> REJECTED No. Sign on Big End			

EXHIBIT B-1

INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) BETTE L. CARVEY	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 821 35 ST. S. MOORHEAD 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 showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) JAMES McGough	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 20010 City Rd 13/ DETROIT LAKES MN	
SIGNATURE	DATE
	10-7-08
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	
<input checked="" type="checkbox"/> REJECTED No REGISTRATION	

REGISTERED REVISED 2008 SYNERGY GRAPHICS PPS/8

EXHIBIT B-2

Pile #5

Application is not
signed - technical
error on Auditor's
part

▼ TO BE COMPLETED BY VOTER ▼



324384 STG 11/04/2008 ML PCT R B435377
40 0140 2143 WATERVILLE TWP.
GABRIEL G GEHRKE
17794 482ND LN ENV#2

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

[Handwritten Signature]

10-24-08

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Amanda Johnson

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
(PLEASE PRINT)

289 Summer Lane PO Box 151
Lakefield

MN

SIGNATURE OF WITNESS

DATE

Amanda Johnson

10-24-08

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

☐ ACCEPTED ☒ REJECTED

Not (Applicable)
Signed

Reason

Absentee Ballot Application

Read instructions on back before completing.



Office of the Minnesota Secretary of State

Return this application as soon as possible, ballots must be returned by Election Day to be counted.

I hereby apply for an absentee ballot for: (check one)		I will need an absentee ballot for the following reason: (check one)	
<input type="checkbox"/> Both primary and general elections		<input checked="" type="checkbox"/> Absence from the precinct	
<input checked="" type="checkbox"/> Primary only		<input type="checkbox"/> Illness or disability	
<input checked="" type="checkbox"/> General election only		<input type="checkbox"/> Religious discipline or observance of religious holiday	
<input type="checkbox"/> Special election (date) <u> / / </u>		<input type="checkbox"/> Service as election judge in another precinct	
<input type="checkbox"/> Special general (date) <u> / / </u>		<input type="checkbox"/> Eligible emergency declared by the governor or quarantine declared by federal or state government	
<input type="checkbox"/> Other (date) <u> / / </u>			
Name (please print) Gabriel Gustav Gehrke			
Date of birth 5/18/1983		Phone number 1-507-382-5093	
My legal residence address is:			
Street Address 1794 482 Lane	Apt. No.	City Waterville	State Zip Code MN 56096
Mail my absentee ballot to me at the following address:			
Street Address 11 East 69th St.	Apt. No. 322	Rural/Box No. 	City/Township State Zip Code Sioux Falls SD 57108
Date 1/9/08	Signature X		

Regist Wat-TWP #2143

Office Use Only			
3	<input type="checkbox"/> Receive	Date Rec'd	Type
NREG	<input type="checkbox"/> Initials		M C HCF
324384 STG ML PCT R 10/14 10/14		325960	
40 0140 2143 WATERVILLE TWP.			
GABRIEL G GEHRKE			
17794 482ND LN			


Application combined with application to automatically receive absentee ballot applications

APP

Le Sueur County
88 South Park Ave.
Le Center, MN 56057

Pile #5

Application not
Signed - ballot
technical
Error on Auditor's
part

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT)	
	
277664 STG 11/04/2008 ML PCT R B388418 40 0090 394 MONTGOMERY MARCELLA MARGARET THORSEN 115 5TH ST SE ENV#2 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Marcella M. Thorsen</i>	<i>12/15/08</i>
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>LYND G THORSEN</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>115 5TH ST SE Le Center MN</i>	
SIGNATURE OF WITNESS	DATE
<i>Lynd G. Thorsen</i>	<i>12/15/08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>HUSBAND</i>	
▼ FOR OFFICE USE ONLY ▼	
<input type="checkbox"/> ACCEPTED <input checked="" type="checkbox"/> REJECTED	
Reason	
<i>No sign on app.</i>	
Registered	

Absentee Ballot Application

Office of the Minnesota
Secretary of State

Return this application as soon as possible; ballots must be returned by Election Day to be counted.

I hereby apply for an absentee ballot for: (check one)		I will need an absentee ballot for the following reasons: (check one)	
<input type="checkbox"/> Both primary and general elections	<input type="checkbox"/> Absence from the precinct	<input type="checkbox"/> Illness or disability	<input type="checkbox"/> Religious discipline or observance of religious holiday
<input type="checkbox"/> Primary only	<input type="checkbox"/> Service as election judge in another precinct	<input type="checkbox"/> Religious discipline or observance of religious holiday	<input type="checkbox"/> Eligible emergency declared by the governor or quarantine declared by federal or state government
<input type="checkbox"/> General election only			
<input type="checkbox"/> Special election (date)			
<input type="checkbox"/> Other (date)			
Name (please print) <u>Marcella Thorsen</u>			
Date of birth <u>11-3-21</u>		Phone number <u>567-364-9797</u>	
My legal residence address is:			
Street Address <u>115-5th St SE</u>	Apt. No. <u>9</u>	City <u>Montgomery</u>	State <u>MN</u> Zip Code <u>56069</u>
Mail my absentee ballot to me at the following address:			
Street Address <u>115-5th St SE</u>	Apt. No. <u>9</u>	City <u>Montgomery</u>	State <u>MN</u> Zip Code <u>56069</u>
Date _____ Signature X _____			
Office Use Only			
YES <input type="checkbox"/> NO <input type="checkbox"/>	Received Date _____	Ballot received Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
NO <input type="checkbox"/> YES <input type="checkbox"/>	Ballot received Date _____	Ballot received Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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. 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 false reason for needing an absentee ballot, or to violate an agreement to help anyone to cast a ballot.
2. Be sure to fill out the application correctly.
3. Be sure to give your ballot to the election judge on Election Day.
4. Be sure to sign the application.
5. Return the completed application to the election judge.

Remember:

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

Please go to the following link for more information on the Minnesota absentee ballot:
<http://www.sos.state.mn.us/home/absentee.asp?page=211#generalabsenteeinfo>

Last Name Van Krevlen First Name: Asha
(Please print)

My legal residence address is: 4741 Winnetka Ave N
Street or Route No. Apt. No. Rural Box No.

New Hope Hennepin 55428
☒ City ☐ Township County Zip
(Check whichever is applicable)

Telephone number _____

Date of birth _____

Mail my absentee ballot to me at the following address:

Street or Route No. Apt. No. Rural Box No.

City State Zip

Date _____ X
Signature _____

All applicants City and Publication

Official Mail

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <u>Asha Van Krevlen</u>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <u>4741 Winnetka Ave N</u> <u>New Hope</u> <u>MN</u>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <u>Asha Van Krevlen</u> DATE <u>11/1/06</u>	
TO BE COMPLETED BY WITNESS	
I certify that the voter showed me the blank ballot before voting; marked the ballot in private or, if physically unable to mark the ballot, the ballot was marked as directed by the voter; and enclosed and sealed the ballot in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <u>[Signature]</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <u>MN</u>	
SIGNATURE OF WITNESS <u>[Signature]</u> DATE <u>11-1-06</u>	
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICIAL USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<u>[Signature]</u>
<input type="checkbox"/> REJECTED	<u>[Signature]</u>
RECEIVED NOV 20 2006	

EXHIBIT B-3

IMPORTANT!
Insert Ballot Secrecy Envelope, and then Seal this flap.

TO BE		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
<i>Roe E. D.</i>		10/24/08
TO BE COMPLETED BY WITNESS		
I certify that the voter		
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.		
NAME OF WITNESS (PLEASE PRINT)		
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)		
<i>Carl Scheider</i>		10/24/08 MN
SIGNATURE OF WITNESS		DATE
Carl Scheider Washington County Election Judge		

10/24/08

*Rejected
11/4/08 - talked
to Pat @ WA
County*

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	Reason

REGISTERED-2008

EXHIBIT B-4

INSERT BALLOT SECRETLY ENVELOPE AND SEAL

RECEIVED
OCT 16 2008
CITY OF RICHFIELD

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
MICHAEL CHRISTENSEN

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
6901 BLAISDELL AVE #203
MINN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE
Michael Christensen

DATE
10-15-08

TO BE COMPLETED BY WITNESS

I certify that the voter showed me the blank ballot before voting, marked the ballot in private or, if physically unable to mark the ballot, the ballot was marked as directed by the voter, and enclosed and sealed the ballot in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)
Elizabeth Lawson

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
14200 Portland Ave
Richfield MN

SIGNATURE OF WITNESS
Elizabeth Lawson

DATE
10/15/08

TITLE OF WITNESS (IF AN OFFICIAL)
Notary

FOR OFFICE USE ONLY

☒ ACCEPTED

☐ REJECTED

REASON FOR REJECTION (PLEASE PRINT)

INSERT BALLOT SECRETLY ENVELOPE AND SEAL

RECEIVED
NOV - 1 2008
CITY OF RICHFIELD

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Jennifer Collins

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
3200 Clinton Ave S, Richfield MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE
Jennifer Collins

DATE
10-15-08

TO BE COMPLETED BY WITNESS

I certify that the voter showed me the blank ballot before voting, marked the ballot in private or, if physically unable to mark the ballot, the ballot was marked as directed by the voter, and enclosed and sealed the ballot in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)
Emma Marsh

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
Richfield MN

SIGNATURE OF WITNESS
Emma Marsh

DATE
10-10-08

TITLE OF WITNESS (IF AN OFFICIAL)
EMMA MARSH, LIBRARIAN

FOR OFFICE USE ONLY

☐ ACCEPTED

☒ REJECTED

REASON FOR REJECTION (PLEASE PRINT)

INSERT BALLOT SECRETLY ENVELOPE AND SEAL

RECEIVED
NOV - 1 2008
CITY OF RICHFIELD

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Richard A. Gold

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
6920 Stevens Ave
Richfield MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE
Richard A. Gold

DATE
11-2-08

TO BE COMPLETED BY WITNESS

I certify that the voter showed me the blank ballot before voting, marked the ballot in private or, if physically unable to mark the ballot, the ballot was marked as directed by the voter, and enclosed and sealed the ballot in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)
BERNIE L. COLE

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
6920 Stevens Ave, Richfield MN

SIGNATURE OF WITNESS
Bernie L. Cole

DATE
11-2-08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

☐ ACCEPTED

☐ REJECTED

REASON FOR REJECTION (PLEASE PRINT)

IMPORTANT! Insert ballot secrecy envelope and voter registration application. Then seal this flap first.


TO BE COMPLETED BY VOTER	
VOTER'S NAME	
338835 STG 11/04/2008 ML PCT NR B450004	
VOTER'S ADDRESS	
02 4440 013 FRIDLEY W-1 P-4	
FAISA TYREE HUSSEIN	
1331 SKYWOOD LN NE	
ENV#2	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Faiza T. Hussein</i>	10-29-08
TO BE COMPLETED BY WITNESS	
I certify that the voter:	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;• enclosed and sealed the ballots in the secrecy envelope;• registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and• provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Barbara E. Klawetter</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Barbara E. Klawetter</i>	10/29/08
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>Notary Public</i>	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input checked="" type="checkbox"/> MN Driver's License/Perm/ID Card or receipt with current address. Number: <i>253456789</i>	
<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	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>10 Notary Stamp</i>	

NON-REGISTERED 2008

B 430725

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) JUDITH J. REBEL	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 11139 STEAMBOAT LANE N.W. WALKER MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Judith J. Rebel	DATE 10/9/08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) NINA S GRAY	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS Nina S. Gray	DATE 10-9-08
TITLE OF WITNESS (IF AN OFFICIAL) NOTARY	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED JKJ	
Reason	

IMPORTANT!
Insert ballot secrecy envelope, and then seal this flap.

↓ TO BE COMPLETED BY VOTER ↓	
VC	
339597 STG 11/04/2008 ML PCT R B450780	
VC	02 4220 0015 EAST BETHEL P-2 GWEN MARY THOMAS 1098 212TH AVE NE
SE PRINT)	ENW#2
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Gwen M Thomas</i>	10-31-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Julie K Johnson</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Julie K. Johnson</i>	10/31/08
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>20196119 Notary</i>	

RECEIVED ANOKA
COUNTY
NOV 01 2008

↓ FOR OFFICE USE ONLY ↓	
ACCEPTED	<i>[Signature]</i>
REJECTED	<i>No Registration Form</i>
<i>[Signature]</i>	


INSERT BALLOT SECRECY
ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
SUANN VAN NORSTRAND 402 MARSHALL ST. DULUTH, MN 55803	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE X <i>Suann Van Norstrand</i>	DATE X 11/3/08
TO BE COMPLETED BY WITNESS	
I certify that the voter showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) X	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) X	
MN	
SIGNATURE OF WITNESS X <i>Jane Marie Primo</i>	DATE X 11/3/08
TITLE OF WITNESS (IF AN OFFICIAL) X <i>Notary</i>	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	

EXHIBIT B-5

▼ TO BE COMPLETED BY VOTER ▼

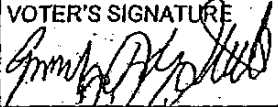
VOTER 

378430 STG 11/04/2008 ML PCT R B490241
30 0020 911 CAMBRIDGE WEST - P1

VOTER EMILY JEAN EXSTED NT)
326 CYPRESS ST S ENV#2

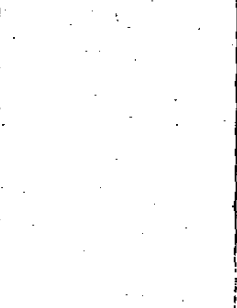
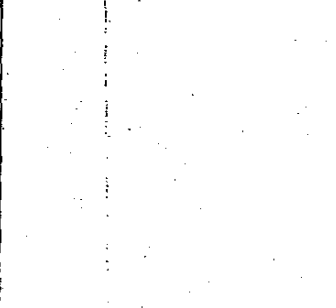
MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE  DATE 10/27/08

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:
• showed me the blank ballots before voting:

	
-------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------


SIGNATURE OF WITNESS DATE

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

☐ ACCEPTED ☒ REJECTED Witness *Witness did not sign*

Reason 11/3



212 N. Russell Ave
Ames, IA 50010

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)



288508 STG 11/04/2008 ML PCT R B399292

V

71 0140 0728-01 ELK RIVER W3 P38

ERIC DAVID JOHNSON

11751 193RD AVE NW

ENV#2

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

Eric D Johnson 10/26/08

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Norbert Pattermann

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

Norbert Pattermann

10-26-08 MN

SIGNATURE OF WITNESS

DATE

1010 N 19 Street Superior WI

TITLE OF WITNESS (IF AN OFFICIAL)

59890

▼ FOR OFFICE USE ONLY ▼

☐ ACCEPTED ☒ REJECTED

Signatures
Not Notarized

Reason

Registered

EXHIBIT B-6

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

already Registered - used wrong
envelope

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) EARL M. HYBERG	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 2480 ST PAUL RD OWATONNA MN 55060 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Earl M. Hyberg	DATE
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) SYLVIA E. DALL	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS Sylvia E. Dall	DATE PD-14-08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
Witness - please check one:	
<input type="checkbox"/> MN Driver's License/Permit/ID 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 a picture, US passport, US 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) Sara Jean Flack The Brooks on St Paul Rd	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE. (PLEASE PRINT) 2480 St Paul Rd Owatonna, MN 55060	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY (PLEASE PRINT)	
VOUCHER'S SIGNATURE Sara Jean Flack	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> NO REGISTRATION Reason: Non-Registered	

**INSERT BALLOT SECRECY
ENVELOPE AND SEAL**

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Roshael Jacobsen	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 80 Third St. Suite 102 Carlton MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Roshael Jacobsen	DATE 11/03/08
I certify that the voter: <ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;• enclosed and sealed the ballots in the secrecy envelope;• registered to vote by filing out and enclosing a voter registration application in the ballot envelope; and• provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Sally Menzel	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) Concordia MN	
SIGNATURE OF WITNESS Sally Menzel	DATE 11-3-08
TITLE OF WITNESS (IF AN OFFICIAL)	
WITNESS—please check one: <ul style="list-style-type: none"><input type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address: Number _____<input type="checkbox"/> Tribal ID card with name, current address, signature, and photo<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 checked="" 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 checked="" 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) Patti Melhail	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) 259 Riverside Rd. Elkton	
VOUCHER'S SIGNATURE Patti Melhail	
FOR OFFICE USE ONLY	
ACCEPTED: <input checked="" type="checkbox"/> REJECTED: <input type="checkbox"/> Registration form filled out in correct manner	

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

*Reg
no witness sign*

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Johnson Dorothy L.</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i># 320</i> <i>700 Commonwealth Ave</i> MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Dorothy Johnson</i>	DATE <i>10/31/08</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter, and enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>SUSAN SARTY</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>[Signature]</i> MN	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	
<input checked="" type="checkbox"/> REJECTED	<i>No witness sig</i>
<i>PA</i>	

REPRODUCED REVISED 2008 SYNERGY GRAPHICS, INC.

Duluth

INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Joseph Michael Killian</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>4400-36th Ave. N. #307</i> MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>J. M. Killian</i>	DATE <i>10/04/08</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter <ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT) <i>Delores Killian</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>Delores C. Killian</i> <i>10/04/08</i> MN	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
ACCEPTED	
<input checked="" type="checkbox"/> REJECTED	<i>No address for witness</i> <i>MS</i> <i>MT</i> Reason


INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>JANICE A. Mickelson</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>27215 OAK Point Rd. Ellsworth Lake MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>JANICE A. Mickelson</i>	DATE <i>10-18-08</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter, and enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>Debra Hendrie</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>Debra Hendrie</i> <i>10/17/08 MN</i>	
SIGNATURE OF WITNESS <i>Debra Hendrie</i>	DATE <i>10/17/08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
ACCEPTED <i>JS</i>	
REJECTED <i>Wrong Present</i>	


INSERT BALLOT SECRECY ENVELOPE AND SEAL

Raid 10/10/08

TO BE COMPLETED BY VOTER	
	
256437 STG 11/04/2008 ML PCT R 8367107	
31 0155 318 GRAND RAPIDS P-4	RINT)
NICOLETTE RONAYE ROBERTS	MN
920 7TH AVE SW	ENV#2
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Nicolette Roberts</i>	10-07-2008
TO BE COMPLETED BY WITNESS	
I certify that the voter • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Frank Perovsky</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Frank Perovsky</i>	10-7-08
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	DS JM
<input checked="" type="checkbox"/> REJECTED	no witness <i>Perovsky</i>

CF *Chadler* LARGE RETURN
MA: *Boat* VELOPE #3

TO BE COMPLETED BY VOTER	
	
415040 STG 11/04/2008 IP PCT NR B527318 <i>10NS</i>	
80 0105 2155 WADENA P-2 <i>1)</i>	
DAJUAN SIMMONS	
220 BIRCH AVE NW	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Dajuan Simmons</i>	DATE <i>11-3-08</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <i>DENNIS MARTIN</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS <i>Dennis Martin</i>	DATE <i>11-03-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness - please check one: <input type="checkbox"/> MN Driver's License/Perm ID 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 a picture, US passport, US Military ID card with picture, or student ID card with picture. Number _____ <input type="checkbox"/> Previous registration in the same precinct. <input checked="" 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	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<input type="checkbox"/> REJECTED <i>Not Registered</i> Reason



382899 STG 11/04/2008 IP PCT NR B494912
62 1260 625 ST. PAUL W-5 P-13
KRISTA SMITH
380 WHEELLOCK PKWY E
ENV#2

PE
B

FOR OFFICE USE ONLY

☒ ACCEPTED ☐ REJECTED

Reason

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

10/28/08

TO BE COMPLETED BY WITNESS

I certify that the voter

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;
- enclosed and sealed the ballots in the secrecy envelope;
- registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and
- provided proof of residence as indicated below.

NAME OF WITNESS (PLEASE PRINT)

S NESSETH

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

MN

SIGNATURE OF WITNESS

DATE

10/28/08

TITLE OF WITNESS (IF AN OFFICIAL)

PROOF OF RESIDENCE USED BY VOTER

Witness - please check one:

- ☐ MN Driver's License/Permit/ID Card or receipt with current address.
Number:
- ☐ Tribal ID card with name, address, signature, and current address.
- ☐ 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:
- ☐ Previous registration in the same precinct.
- ☒ Notice of Late Registration from county auditor or municipal clerk.
- ☒ Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below.)
- ☐ 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)

Kurtiss D Kemmet

VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)

380 E. Wheelock Pkwy # 1416 Saint Paul, MN

VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY (PLEASE PRINT)

VOUCHER'S SIGNATURE

Kurtiss D Kemmet

FORM 204 NON-REGISTERED VOTER 5/08

IMPORTANT! Insert Ballot Secrecy Envelope and Voter Registration Application. Then Seal this flap first.

TO BE COMPLETED BY VOTER

RECEIVED OCT 10 2008

VOTER'S NAME (PLEASE PRINT)
Mark Thompson

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
**2005 E. 125th St.,
Burnsville** MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.
VOTER'S SIGNATURE **[Signature]** DATE **10/10/2008**

TO BE COMPLETED BY WITNESS

I certify that the voter

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;
- enclosed and sealed the ballots in the secrecy envelope;
- registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and
- provided proof of residence as indicated below.

NAME OF WITNESS (PLEASE PRINT)
Dorothy Anderson

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
MN

SIGNATURE OF WITNESS **[Signature]** DATE **10-10-08**

TITLE OF WITNESS (IF AN OFFICIAL)

PROOF OF RESIDENCE USED BY VOTER

Witness—please check one:

☒ MN Driver's License/Perm/ID Card or receipt with current address Number _____

☐ Tribal ID card with name, current address, signature, and picture

☐ 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 _____

☐ Previous registration in the same precinct.

☐ Notice of late registration from county auditor or municipal clerk.

☐ Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below.)

☐ 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

FOR OFFICE USE ONLY

ACCEPTED ☒ REJECTED ☐ **THOMPSON MARK D.L. JR.**

NON-REGISTERED-2008 **[Signature]**

Last Name Van Krevlen First Name: Asha
(Please print)

My legal residence address is: 4741 Winnetka Ave N
Street or Route No. Apt. No. Rural Box No.

New Hope Hennepin 55428
☒ City ☐ Township County Zip
(Check whichever is applicable)

Telephone number _____

Date of birth _____

Mail my absentee ballot to me at the following address:

Street or Route No. Apt. No. Rural Box No.

City State Zip

Date _____
Signature _____

All applicable City and Precinct

11/10/08

INSERT BALLOT SECRETLY
ENVELOPE AND SEAL

FOR OFFICIAL USE ONLY
<input type="checkbox"/> ACCEPTED
<input checked="" type="checkbox"/> REJECTED
RECEIVED BY: <u>[Signature]</u> DATE: <u>11/10/08</u>

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT)	
<u>Asha Van Krevlen</u>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
<u>4741 Winnetka Ave N</u> <u>New Hope</u> <u>MN</u>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	
<u>Asha Van Krevlen</u>	
DATE	
<u>11/10/08</u>	
I certify that the voter showed me the blank ballot before voting, marked the ballot in private or, if physically unable to mark the ballot, the ballot was marked as directed by the voter and enclosed and sealed the ballot in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<u>[Signature]</u>	
ADDRESS OF NONNOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<u>[Signature]</u>	
DATE	
<u>11/10/08</u>	
TITLE OF WITNESS (IF AN OFFICIAL)	
<u>MN</u>	

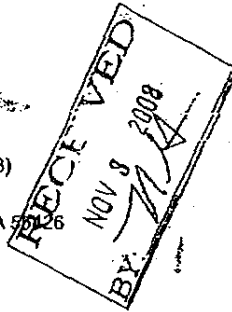
**INSERT BALLOT SECRECY
ENVELOPE AND SEAL**

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) <u>Florence Mac Weldon</u>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <u>1012 Westbrooke Way #7, Hopkins MN</u>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <u>Florence Mac Weldon</u>	DATE <u>10/30/08</u>
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter - showed me the blank ballots before voting; - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and - enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <u>Talitha Benson</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <div style="text-align: right;">MN</div>	
SIGNATURE OF WITNESS <u>Talitha Benson</u>	DATE <u>10-30-08</u>
TITLE OF WITNESS (IF AN OFFICIAL) <u>Receptionist</u>	

↓ FOR OFFICE USE ONLY ↓	
<input type="checkbox"/> ACCEPTED	
<input checked="" type="checkbox"/> REJECTED <u>not registered</u>	

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

JESSICA M WALZ (13-283)
3200 VIRGINIA AVE S-202
ST. LOUIS PARK, MINNESOTA 55426



I certify that on election day I will meet all the legal requirements to
vote by absentee ballot.

VOTER'S SIGNATURE

DATE

[Signature]

10/31/08

TO BE COMPLETED BY WITNESS

I certify that the voter

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the
ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Shane Allen Claiborne

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
(PLEASE PRINT)

MN

SIGNATURE OF WITNESS

DATE

[Signature]

10/31/08

TITLE OF WITNESS (IF AN OFFICIAL)

President, The Simple Way (pastor)

FOR OFFICE USE ONLY

☐ ACCEPTED

☒ REJECTED *No address for Witness and out of state*

MD JJ

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

CT 27 2008

TO BE COMPLETED BY VOTER	
VOTE	
244887 STG ML PCT R 08/29 10/20 248140	
VOTE	
18 0125 2174 FIFTY LAKES CITY	
CARL CHESTER WICKSTROM	
MINN 03 SECRET VIEW I N ADD MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>CCW</i>	<i>10-24-08</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter, and enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Eva Jean Wickstrom</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Eva Jean Wickstrom</i>	<i>10-24-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>Wife</i>	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	
<input checked="" type="checkbox"/> REJECTED <i>no signature</i>	
<i>10-28-08</i> <i>mm</i> <i>W</i>	
REGISTERED REVISED 2004 SYNERGY GRAPHICS VERB	

EXHIBIT B-7

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

JAMES LANGLAND

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1014 OAKLAND PARK RD
THREE RIVER FALLS MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

DATE

James J. Langland 10/16/8

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
- enclosed and sealed the ballots in the secrecy envelope.

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 ▼

☐ ACCEPTED ☒ REJECTED

Reason


No Witness

Registered

EXHIBIT B-8

INSERT BALLOT SECRECY ENVELOPE AND SEAL

Badger 56714

	
238880 STG 11/04/2008 ML PCT NR B342585 68 0110 878 MOOSE TOWNSHIP KATHY BELANUS-HAMANN 29408 COUNTY ROAD 27	
ENV#2	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTER'S SIGNATURE: <u>Kathy M. Belanus-Hamann</u> DATE: <u>10-28-2008</u>	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in this secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <u>CHRIST HAMANN</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <u>29408 CTY 27 BADGER 56714 MN</u>	
SIGNATURE OF WITNESS: <u>Christ G Hamann</u> DATE: <u>10-28-2008</u>	
TITLE OF WITNESS (IF AN OFFICIAL)	
VOUCHER OF RESIDENCE (SEE INSTRUCTIONS)	
Witness—Please check one: <input type="checkbox"/> MN Driver's License/Photo ID 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/Photo ID Card, Tribal ID card with picture, U.S. Passport, U.S. military ID card with picture, or student ID card with picture. Name: _____ <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	
FOR OFFICE USE ONLY: ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> NO PROOF OF RESIDENCE <input checked="" type="checkbox"/>	

PHS-1M

Rev. 2008

Non-Registered Return Envelope

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

RECEIVED

OCT 28 2008

299302 STG 11/04/2008 ML PCT NR B410102	
07 0035 075 DECORIA TWP	
EDWARD ARNOLD FREDERICK	
57582 178TH LN	ENV#2
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Edward Frederick</i>	DATE 10-24-08
▼ TO BE COMPLETED BY WITNESS ▼	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <i>Monica Frederick</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 57582 178th Ln. Good Thunder MN	
SIGNATURE OF WITNESS <i>Monica Frederick</i>	DATE 10-24-08
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
Witness - please check one: <input type="checkbox"/> MN Driver's License/Permit/ID 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 a picture, US passport, US 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	
▼ FOR OFFICE USE ONLY ▼	
RECEIVED <i>[Signature]</i>	REJECTED <i>[Signature]</i>
NO PROOF <i>[Signature]</i>	Reason

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3
RECEIVED

OCT 20 2008



299345 STG 11/04/2008 ML PCT NR B410145
07 0035 075 DECORIA TWP
MONICA DIANNE FREDERICK
57582 178TH LN

ENV#2

MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

Monica Frederick

DATE
10-22-08

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;
- enclosed and sealed the ballots in the secrecy envelope;
- registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and
- provided proof of residence as indicated below.

NAME OF WITNESS (PLEASE PRINT)

Edward Frederick

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)

7701 Thacker

MN

SIGNATURE OF WITNESS

Edward Frederick

DATE

10-22-08

TITLE OF WITNESS (IF AN OFFICIAL)

▼ PROOF OF RESIDENCE USED BY VOTER ▼

Witness - please check one:

- ☐ MN Driver's License/Permit/ID Card or receipt with current address. Number
- ☐ Tribal ID card with name, current address, signature, and picture.
- ☐ Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with a picture, US passport, US Military ID card with picture, or student ID card with picture. Number
- ☐ Previous registration in the same precinct.
- ☐ Notice of Late Registration from county auditor or municipal clerk.
- ☐ Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below).
- ☐ 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

▼ FOR OFFICE USE ONLY ▼

☒ ACCEPTED


☒ REJECTED

NO PROOF OF RES

Non-Registered

Reason

INSERT BALLOT SECRECY ENVELOPE AND SEAL

 377173 STG 11/04/2008 ML PCT NR 8488967 31 0010 318 ARBO TWP ANNE BRITTANY HAUGEN 31775 WABANA RD ENV#2. MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTER'S SIGNATURE <i>Anne Brittany Haugen</i> DATE 10/31/08	
TO BE COMPLETED BY WITNESS	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filing out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Thomas Philip Kennedy	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 1594 Long Bridge Rd. Detroit Lakes. MN	
SIGNATURE OF WITNESS <i>Tom Kennedy</i> DATE 10/31/08	
TITLE OF WITNESS (IF AN OFFICIAL)	
PROVE OF RESIDENCE USED BY VOTER Witness—please check one: <input type="checkbox"/> MN Driver's License/Pass/ID 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	
FOR OFFICE USE ONLY ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> <i>Michelle L. Reger</i> Nov. 2008 <i>no application for registration</i>	

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

RECEIVED

287397 STG 11/04/2008 ML PCT NR B398181
07 0106 077 MANKATO W-02 P-03
DARLENE C HOMAN
100 DUBLIN RD APT 2207 ENV#2 N

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE Darlene Homan DATE 10-28-08

▼ TO BE COMPLETED BY WITNESS ▼

I certify that the voter:

- showed me the blank ballots before voting;
- marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;
- enclosed and sealed the ballots in the secrecy envelope;
- registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and
- provided proof of residence as indicated below.

NAME OF WITNESS (PLEASE PRINT)
Marvin Homan

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
100 Dublin Rd. #2207 Mankato MN

SIGNATURE OF WITNESS X Homan DATE 10-28-08

TITLE OF WITNESS (IF AN OFFICIAL)

▼ PROOF OF RESIDENCE USED BY VOTER ▼

Witness - please check one:

- ☐ MN Driver's License/Permit/ID Card or receipt with current address. Number _____
- ☐ Tribal ID card with name, current address, signature, and picture.
- ☐ Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with a picture, US passport, US Military ID card with picture, or student ID card with picture. Number _____
- ☐ Previous registration in the same precinct.
- ☐ Notice of Late Registration from county auditor or municipal clerk.
- ☐ Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below).
- ☐ 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

▼ FOR OFFICE USE ONLY ▼

☐ ACCEPTED ☒ REJECTED NO proof of res Reason dy

Non-Registered

INSERT BALLOT SECRECY ENVELOPE AND SEAL

ENCLOSE REGISTRATION CARD WITH BALLOT

VOTER'S NAME (PLEASE PRINT)	
ALISON MEYER	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
808 E 10th St MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
Alison Meyer	10/21/2008
I certify that the voter:	
<ul style="list-style-type: none"> showed me the blank ballots before voting marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; enrolled and sealed the ballots in the secrecy envelope; registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and provided proof of residence as indicated below. 	
NAME OF WITNESS (PLEASE PRINT)	
Catherine Armstrong	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
Catherine Armstrong	10/21/08
TITLE OF WITNESS (IF AN OFFICIAL)	
Deputy County Clerk	
Witness—please check one:	
<input type="checkbox"/> MN Driver's License/Minnesota ID Card or receipt with current address <input type="checkbox"/> Valid 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, Valid ID card with picture, U.S. Passport, U.S. military ID card with picture, or student ID card with picture <input type="checkbox"/> Previous registration in the same precinct <input type="checkbox"/> Notice of this registration from county auditor or municipal clerk <input type="checkbox"/> Registered voter in the precinct who reached the absentee voter's residence in the precinct. (Please complete the three notices from below.) <input type="checkbox"/> Employee of a residential facility in the precinct. (Please complete the three notices from below.)	
VOUCHER'S NAME AND HOME OR RESIDENTIAL FACILITY ADDRESS (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	
ACCEPTED FOR OFFICE USE ONLY ACCEPTED FOR OFFICE USE ONLY ACCEPTED FOR OFFICE USE ONLY	

PRECED

Non-weighted Picture Envelope

11/25/2008 TUE 13:03 FAX 218 745 5089 Marshall Co. Aud Treas

0009/020

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3


TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Tanner Morrissey	
VOTER'S ADDRESS (PLEASE PRINT) 38101 St Hwy 89 NE	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Tanner Morrissey	DATE 11-24-08
TO BE COMPLETED BY WITNESS	
I certify that the voter: • showed me the blank ballots before voting; • marked the ballots in secrecy or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration card in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) Joseph J. Maurstad	
ADDRESS OF WITNESS (PLEASE PRINT) Waver MN 56262	
SIGNATURE OF WITNESS Joseph J. Maurstad	DATE 11-24-08
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
<input type="checkbox"/> MN Driver's License/Permit/ID Card/Tribal ID or receipt with current address. Number _____	
<input type="checkbox"/> Utility bill plus a MN Driver's license/ID Card/Tribal ID, 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"/> Student ID Number: _____	
<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 next three lines.)	
VOUCHER'S NAME (PLEASE PRINT)	
VOUCHER'S ADDRESS (PLEASE PRINT)	
VOUCHER'S SIGNATURE	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<input type="checkbox"/> REJECTED
Non-Registered REV. 7/2005	Reason Not Proof of Residence
EMERGENCY GROUP BOX	CPREU

IMPORTANT! Insert Ballot Secrecy Envelope and Voter Registration Application. Then Seal this flap first.

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>BRACE John Deane</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>6645 WEST 175TH ST, FARMINGTON</i> MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTER'S SIGNATURE <i>John Deane</i> DATE <i>11-3-08</i>	
TO BE COMPLETED BY WITNESS	
I certify that the voter: <ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;• enclosed and sealed the ballots in the secrecy envelope;• registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and• provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <i>Barb Deese</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS <i>Barb Deese</i> DATE <i>11/3/08</i>	
TITLE OF WITNESS (IF AN OFFICIAL) <i>election judge</i>	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one: <ul style="list-style-type: none"><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	
FOR OFFICE USE ONLY	
ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> <i>11/3/08</i>	
NON-REGISTERED-2008	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

Rowd 10/21/08

TO BE COMPLETED BY VOTER	
VOTERS 	
VOTERS 338458 STG 11/04/2008 ML PCT NR B447596 31 0140 318 GRAND RAPIDS P-1 ANGELA MARIE STATSMAN 355 RIVER RD APT 208 ENV#2 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTER'S SIGNATURE <i>Angela Statsman</i> DATE <i>10-30-08</i>	
TO BE COMPLETED BY WITNESS	
I certify that the voter • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT) <i>Carol Statsman</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>2328 Diane Lane; Grand Rapids</i> MN	
SIGNATURE OF WITNESS <i>Carol Statsman</i> DATE <i>10-30-08</i>	
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one: <input type="checkbox"/> MN Driver's License/Perm/ID 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	
FOR OFFICE USE ONLY	
ACCEPTED/REJECTED <i>no proof of residency</i> <i>ce</i>	

BD

EXHIBIT C

IMPORTANT!

Insert Ballot Secrecy Envelope, and then seal this flap

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) <i>Kim Falde</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>12926 Euclid Ave, Apple Valley, MN</i>	
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 • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>Karla Gorden</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>Election Official City of Apple Valley 7100 - 147th Street W Apple Valley, MN 55124</i> MN	
SIGNATURE OF WITNESS <i>Karla Gorden</i>	DATE <i>10-28-08</i>
TITLE OF WITNESS (IF ANY) <i>No Signature</i>	



*Witnessed by
Election Official*

↓
☐ ACCEPTED

EXHIBIT 12-A

AFFIDAVIT/DECLARATION OF KIM FALDE

1. My name is Kim Falde. On November 4, 2008, I was eighteen years of age or older, a citizen of the United States, and had maintained a residence in Minnesota for at least thirty days immediately preceding the general election held November 4, 2008. I am providing this declaration because I believe that my November 2008 absentee ballot for that election was improperly rejected because someone determined that the certification on my absentee ballot return envelope was not signed.
2. As of November 4, 2008, I was fully entitled to vote. I was not under court-ordered guardianship in which the court order revoked my right to vote; had not been found by a court to be legally incompetent to vote; and had not been convicted of treason or any other felony that might disqualify me from voting.
3. I was registered to vote for the November 2008 general election. At the time, my permanent residence was 12926 Euclid Avenue, Apple Valley, MN in Dakota County. I was a resident at this address when I requested, received and voted an absentee ballot in the November 2008 general election.
4. On October 28, 2008, I signed and submitted an application for an absentee ballot at the Apple Valley City Hall. I applied under my correct name and address and used my genuine signature. I displayed my identification to the city election official who accepted my application.
5. I received an absentee ballot and marked the ballot in the manner prescribed by the directions included with the ballot. In addition to marking the ballot, I completed the eligibility certificate printed on the back of the envelope. I returned my completed ballot, enclosed in the secrecy envelope and the return envelope, to the city election official who had provided the ballot to me. The city election official completed the witness section on the return envelope. The city election official did not inform me that I was required to sign the certification on the absentee ballot return envelope. I relied upon the city election official to bring any errors or omissions on the certificate to my attention.
6. This ballot is the only ballot I submitted in the November 2008 general election. I did not vote in person on November 4, 2008 or submit any other absentee ballot.
7. If notarized below, this is my Affidavit. If not notarized, it is my declaration under 28 U.S.C. § 1746. I declare under the penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2009.

Sworn and Subscribed before me
on this ___ day of January 2009.

Signature: Kim Falde
Kim Falde

Notary Public

ABSENTEE BALLOT APPLICATION

Dakota County Treasurer-Auditor's Office - Elections
1590 Highway 55 Hastings, MN 55033-2392
Phone: (651) 438-4380 • Fax (651) 438-4391
www.co.dakota.mn.us

- PLEASE:
- ◆ Press hard. You're making three copies.
 - ◆ Do not separate.
 - ◆ Use ballpoint pen, NOT pencil.
 - ◆ Return all copies to the person from whom you received this form.
 - ◆ Complete ALL sections.

Please print or type the following information. One person per request form, please.

Absentee Ballot Application Falder Kim Lori
Last First Middle

Date of Birth: [REDACTED] [REDACTED] [REDACTED] Daytime Phone: [REDACTED]
Month Day Year

I request an Absentee Ballot for: (Check one)

☐ Primary Election

☒ General Election

☐ Primary and General Elections

☐ Special Election: Primary and/or General

☐ School District Election

I request an Absentee Ballot because of:
(Check one)

☒ absence from precinct

☐ illness or disability

☐ religious discipline or observance of religious holiday

☐ service as election judge in other precinct

My legal Dakota County residence is:
13926 Euclid Avenue
Street Address Apt. No./Box No.
Apple Valley MN 55124 Zip

Mail my Absentee Ballot(s) to me at: (Your ballot will be mailed when application is received, but not sooner than 60 days prior to the election.)
Street Address/P.O. Box No. Apt. No./Box No.

City: _____ State: _____ Zip: _____

Date of application: 10/18/08 SIGNATURE: (Required) X Kim Falder
Month Day Year

FOR OFFICE USE ONLY

INSTRUCTIONS

1. In order to vote by absentee ballot, you must be an eligible voter, you must be a resident of the election precinct indicated by your legal address on this application, and you must not intend to abandon this residence prior to election day. Please note that Minnesota law provides that it is a felony to make a false or untrue 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 exhibit a ballot marked by a person, or to violate an absentee ballot provision for the purpose of casting an illegal vote in a precinct or to assist anyone to cast an illegal vote.
2. Be sure to check the appropriate box indicating why you are unable to go to your polling place on election day; these are the only reasons that entitle you to vote by absentee ballot.
3. Be sure to give your contact legal residence address as completely as possible, since this is used to verify your precinct number.
4. Be sure to sign the application.
5. Return the completed application as soon as possible to the person from whom you received this form - either the County Treasurer-Auditor or the Municipal or School District Clerk.

Remember:

1. You must indicate whether you are requesting ballots for the Primary, General, both, Special or School District Election.
2. Do not submit more than one application for each election.
3. Ballots will be mailed to you as soon as they are available. Your ballot must be received by mail (not just postmarked) at the polling place by election day.

IMPORTANT!
Insert Ballot Secrecy Envelope, and then seal this flap.

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) CHARLES P. QUINN	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 7970 Upper 146th St. W Apple Valley MN 55124 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 • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Karla Gorden	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) Election Official City of Apple Valley 7100 - 147th Street NW Apple Valley, MN 55124 MN	
SIGNATURE OF WITNESS	DATE
Karla Gorden	10-28-08
TITLE OF WITNESS No Signature, Witnessed by City election official	

AFFIDAVIT/DECLARATION OF CHARLES P. QUINN

1. My name is Charles P. Quinn. On November 4, 2008, I was eighteen years of age or older, a citizen of the United States, and had maintained a residence in Minnesota for at least thirty days immediately preceding the general election held November 4, 2008. I am providing this declaration because I believe that my November 2008 absentee ballot for that election was improperly rejected because someone determined that the certification on my absentee ballot return envelope was not signed.
2. As of November 4, 2008, I was fully entitled to vote. I was not under court-ordered guardianship in which the court order revoked my right to vote; had not been found by a court to be legally incompetent to vote; and had not been convicted of treason or any other felony that might disqualify me from voting.
3. I was registered to vote for the November 2008 general election. At the time, my permanent residence was 7970 Upper 146th Street, Apple Valley, MN 55124, in Dakota County. I was a resident at this address when I requested, received and voted an absentee ballot in the November 2008 general election.
4. On October 28, 2008, I signed and submitted an application for an absentee ballot at the Apple Valley City Hall because I was going to be serving as an at-large election judge for the November 2008 general election. I applied under my correct name and address and used my genuine signature. I displayed my identification to the city election official who accepted my application.
5. I received an absentee ballot and marked the ballot in the manner prescribed by the directions included with the ballot. In addition to marking the ballot, I completed the eligibility certificate printed on the back of the envelope, however I did not sign the certification. I returned my completed ballot, enclosed in the secrecy envelope and the return envelope, to the city election official who had provided the ballot to me. The city election official completed the witness section on the return envelope. The city election official did not inform me that I was required to sign the certification on the absentee ballot return envelope. I relied upon the city election official to bring any errors or omissions on the certificate to my attention.
6. This ballot is the only ballot I submitted in the November 2008 general election. I did not vote in person on November 4, 2008 or submit any other absentee ballot.
7. If notarized below, this is my Affidavit. If not notarized, it is my declaration under 28 U.S.C. § 1746. I declare under the penalty of perjury that the foregoing is true and correct.

Executed on January __, 2009.

Sworn and Subscribed before me
on this __ day of January 2009.

Signature: Charles P. Quinn 1/20/2009
Charles P. Quinn

Notary Public

ABSENTEE BALLOT APPLICATION

Dakota County Treasurer-Auditor's Office - Elections
1390 Highway 55, Hastings, MN 55033-2392
Phone: (651) 438-4380 • Fax: (651) 438-4391
www.co.dakota.mn.us

PLEASE: ♦ Press hard. You're making three copies. ♦ Do not separate.
♦ Use ballpoint pen, NOT pencil. ♦ Return all copies to the person
♦ Complete ALL sections. from whom you received this form.

Please print or type the following information. One person per request form, please.

Absentee Ballot Application CHARLES P. McGee	
Date of Birth: [REDACTED]	Daytime Phone: [REDACTED]
<p>I request an Absentee Ballot for: (Check one)</p> <p><input type="checkbox"/> Primary Election</p> <p><input checked="" type="checkbox"/> General Election</p> <p><input type="checkbox"/> Primary and General Elections</p> <p><input type="checkbox"/> Special Election Primary and/or General</p> <p><input type="checkbox"/> School District Election</p>	
<p>I request an Absentee Ballot because of:</p> <p>(Check one)</p> <p><input type="checkbox"/> absence from precinct</p> <p><input type="checkbox"/> illness or disability</p> <p><input type="checkbox"/> religious discipline or observance of religious holiday</p> <p><input type="checkbox"/> service as election judge in other precinct</p>	
My legal Dakota County residence is:	
7470 UPPER 146 th ST. W.	Apt. No./Box No. 5524
Apple Valley	Zip 55124
Mail my Absentee Ballot(s) to me at: (Your ballot will be mailed when application is received, but not sooner than 30 days prior to the election.)	
Street Address/P.O. Box No.	Apt. No./Box No.
City	State
Zip	Zip
Date of application: SIGNATURE: (Required)	
10/12/03	X <i>Charles P. McGee</i>
Month Day Year	

FOR OFFICE USE ONLY

INSTRUCTIONS

- In order to vote by absentee ballot, you must be an eligible voter; you must be a resident of the election precinct indicated by your legal address on this application, and you must not intend to abandon this residence prior to election day. Please note that Minnesota law provides that it is a felony to make a false or untrue 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 exhibit a ballot marked by a person, or to violate an absentee ballot provision for the purpose of casting an illegal vote in a precinct or to assist anyone to cast an illegal vote.
- Be sure to check the appropriate box indicating why you are unable to go to your polling place on election day; these are the only reasons that entitle you to vote by absentee ballot.
- Be sure to give your correct legal residence address as completely as possible, since this is used to verify your precinct number.
- Be sure to sign the application.
- Return the completed application as soon as possible to the person from whom you received this form - either the County Treasurer-Auditor or the Municipal or School District Clerk.

Remember.

- You must indicate whether you are requesting ballots for the Primary, General, both, Special or School District Election.
- Do not submit more than one application for each election.
- Ballots will be mailed to you as soon as they are available. Your ballot must be received by mail (not just postmarked) at the polling place by election day.

GENERAL ELECTION

Insert Ballot Secrecy Envelope, and then seal this flap.

TO BE COMPLETED BY VOTER	
VOTER	
347772 STG 11/04/2008 1P PCT R B459070	
VOTER 19 2780 199 INVER GROVE HTS P-08	
LEONA JEAN QUINLAN	
6730 BUCKLEY CIR	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
Thomas R. Quinlan	10-20-08
TO BE COMPLETED BY WITNESS	
I certify that the voter:	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
Jayna Campbell	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
70626 DAKOTA COUNTY MN	
SIGNATURE OF WITNESS	
DATE	
Jayna Campbell	10/20/08
TITLE OF WITNESS (IF AN OFFICIAL)	
Deputy	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	
<input checked="" type="checkbox"/> REJECTED	light match as
	Reason

REGISTERED-2008

EXHIBIT 17-A

AFFIDAVIT/DECLARATION OF LEONA QUINLAN

1. My name is Leona Quinlan. On November 4, 2008, I was eighteen years of age or older, a citizen of the United States, and had maintained residence in Minnesota for at least thirty days immediately preceding the general election held November 4, 2008. I am providing this affidavit because I believe that my November 2008 general election ballot was improperly rejected, and I am hopeful that, by providing this affidavit, my ballot can be verified and counted.

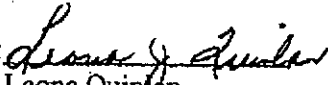
2. As of November 4, 2008, I was fully entitled to vote. I was not under court-ordered guardianship in which a court order revoked my right to vote; had not been found by a court to be legally incompetent to vote; and had not been convicted of treason or any other felony.

3. I was registered to vote in the State of Minnesota for the November 4, 2008 general election. My address at the time I submitted my application for an absentee ballot and when I voted was 6730 Buckley Circle, Inver Grove Heights, MN 55076 in Dakota County. Prior to November 4, I submitted my request to vote by absentee ballot for the November general election. My husband, Thomas Quinlan, and I went into the Northern Dakota County Government Center to vote in person. The city official handed us our ballots. We filled in the ballots in another room. When we came back, the city official must have given us the wrong return envelopes to sign. The same city official witnessed both my husband's and my genuine signatures.

4. In the U.S. Senate race, I voted for Al Franken. I did not submit any other ballots in the November 4, 2008 election.

5. If notarized below, this is my Affidavit. If not notarized, it is my declaration under 28 U.S.C. § 1746. I declare under penalty of perjury that the foregoing is true and correct.


Executed on December 17, 2008.

Signature: 

Leona Quinlan

Sworn and subscribed to before me
on this ____ day of December, 2008.

Notary Public

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT)	
	
VOTER	347782 STG 11/04/2008 IP PCT R 8459080 19 2780 199 INVER GROVE HTS P-08 THOMAS RUSSELL QUINLAN 6730 BUCKLEY CIR ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Thomas R. Quinlan</i>	10-20-08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none"> showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT)	
<i>Sayna Campbell</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
70828 DAKOTA COUNTY W ST PAUL MN MN	
SIGNATURE OF WITNESS	DATE
<i>Sayna Campbell</i>	10/20/08
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>Secretary</i>	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>Wrong sig. A3</i> Reason

REGISTERED-2008

ABSENTEE BALLOT APPLICATION

Dakota County Treasurer-Auditor - Elections
1590 Highway 55, Suite 2300, Hastings, MN 55033-2392
Phone: (651) 438-4380 • Fax (651) 438-4391
www.co.dakota.mn.us or email: elections@co.dakota.mn.us

- PLEASE:**
- Read Instructions Before Completing
 - Return the Application As Soon As Possible
 - Use a Ballpoint Pen
 - Complete All Sections
 - Ballots Received After Election Day Cannot Be Counted

FOR OFFICE USE ONLY

347782 STG IP PCT R 10/20 10/20 349422
19 2780 199 INVER GROVE HTS P-08
THOMAS RUSSELL QUINLAN
6730 BUCKLEY CIR
APP

Please print or type the following information. One person per request form, please.

Name: Quinlan heena John
Last First Middle
Date of Birth: Month Day Year Daytime Phone: (Optional)
Email Address (Optional)

I hereby apply for absentee ballot(s) for:
(Check One)
☐ Both Primary and General Elections
☐ Primary Only
☒ General Election Only
I will need an absentee ballot for the following reason: (Check One)
☐ absence from precinct
☒ illness or disability
☐ religious discipline or observance of religious holiday
☐ service as election judge in another precinct

My legal Dakota County residence address is:
6730 Buckley Circle
Street Address Apt. No. Box No.
Inver Grove Heights MN 55076
City State Zip

Mail my absentee ballot(s) to me at the following address:
Your ballot(s) will be mailed when application is received, but not sooner than 30 days prior to the election.

Street Address Apt. No. Box No.
City State Zip

Date of application: 10/20/08
Month Day Year
LEGAL SIGNATURE: Thomas Russell Quinlan (Required)

INSTRUCTIONS

- 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. 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.
 - 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.
 - Be sure to give your correct legal residence address as completely as possible, since this is used to verify your precinct number.
 - Be sure to sign the application.
 - Return the completed application as soon as possible to the election official from whom you received this form - either the County Treasurer-Auditor or the Municipal or School District Clerk.
- 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 ballots will be mailed or delivered to you as soon as they are available.
 - Ballots received by election officials after Election Day will not be counted. Your ballot must be received by mail (not just postmarked) at the polling place by Election Day.

SECRETARY OF STATE RECORDS AUTHENTICATION
DECLARATION

I, Amber Schmugge, declare as follows:

I am over 18 years of age, competent to testify, and make this Declaration based upon personal knowledge of the facts set forth below.

The document attached to this declaration is a true copy of a Minnesota Secretary of State Voter Lookup form regarding Leona Jean Quinlan that I obtained from the official Minnesota Secretary of State Voter File FTP Server on December 3, 2008.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed this 11th day of December 2008, at St. Paul, Minnesota.

Amber D. Schmugge
Amber Schmugge


Minnesota SOS Voter Lookup

SOS Voter ID	51378	Registration Date:	8/21/1996
First Name	LEONA	Middle Name	JEAN
House Number	6730	Address 2	
Street Name	BUCKLEY CIR	City	INVER GROVE HEIGHTS
Unit Type		State	MN
Unit Number		Zip Code	55076
		Last Name	QUINLAN

SOS Voter Election History

VoterId	ElectionDate	ElectionDescription	VotingMethod
51378	9/14/2004	09-14-2004 - STATE PRIMARY	P
51378	11/6/2001	2001 SCHOOL DISTRICT ELECTION	P
51378	11/5/2002	11-05-02 STATE GENERAL ELECTION	P
51378	11/2/2004	11/02/2004 - STATE GENERAL	A
51378	9/10/2002	09-10-02 STATE PRIMARY	P
51378	11/4/2003	11/04/2003 GENERAL ELECTION	P
51378	11/7/2000	STATE GENERAL	P
51378	11/2/1999	SCHOOL BOARD ELECTION	P
51378	9/15/1998	STATE PRIMARY ELECTION	P
51378	11/3/1998	STATE GENERAL	P
51378	9/10/1996	STATE PRIMARY ELECTION	P
51378	11/5/1996	STATE GENERAL	P
51378	9/12/1995	MUNICIPAL PRIMARY	A
51378	11/7/1995	MUNICIPAL GENERAL	A
51378	9/13/1994	STATE PRIMARY ELECTION	P
51378	11/8/1994	STATE GENERAL	A
51378	9/14/1993	MUNICIPAL PRIMARY	P
51378	11/2/1993	MUNICIPAL GENERAL	P
51378	5/17/2005	05/17/2005 - SD SPEC ELECT ISD 199 - I	P
51378	11/8/2005	11/08/2005 - SCHOOL DISTRICT GENERA	P
51378	9/12/2006	09/12/2006 - STATE PRIMARY	P
51378	11/7/2006	11/07/2006 - STATE GENERAL	A
51378	11/8/2007	11/08/2007 - SCHOOL DISTRICT GENERA	P
51378	9/9/2008	09/09/2008 - STATE PRIMARY	P

NOT ORIGINAL:
Insert Ballot Secrecy Envelope, and then seal this flap.

↓ TO BE COMPLETED BY VOTER ↓	
VOTER	
	347772 STG 11/04/2008 1P PCT R B459070
VOTER	19 2780 199 INVER GROVE HTS P-08
	LEONA JEAN QUINLAN
	6730 BUCKLEY CIR ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Thomas R. Devallen</i>	10-20-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter:	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Jayna Campbell</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
70826 DAKOTA COUNTY MN	
W ST PAUL MN	
SIGNATURE OF WITNESS	DATE
<i>Jayna Campbell</i>	10/20/08
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>Deputy</i>	

↓ FOR OFFICE USE ONLY ↓	
<input type="checkbox"/> ACCEPTED	
<input checked="" type="checkbox"/> REJECTED	<i>highly int match</i>
	<i>Reason</i>

REGISTERED-2008

EXHIBIT 18-C

ABSENTEE BALLOT APPLICATION

Dakota County Treasurer-Auditor - Elections
1590 Highway 55, Suite 2300, Hastings, MN 55033-2392

Phone: (651) 438-4380 • Fax (651) 438-4391

www.co.dakota.mn.us or email: elections@co.dakota.mn.us

PLEASE:

- Read Instructions Before Completing
- Return the Application As Soon As Possible
- Use a Ballpoint Pen
- Complete All Sections
- Ballots Received After Election Day Cannot Be Counted

FOR OFFICE USE ONLY

34772 STG IP PCT R 1020 1020 349412
19 2780 199 INVER GROVE HTS P-08
LEONA JEAN QUINLAN
6730 BUCKLEY CIR
APP

INSTRUCTIONS

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. 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. Be sure to give your correct legal residence address as completely as possible, since this is used to verify your precinct number.
4. Be sure to sign the application.
5. Return the completed application as soon as possible to the election official from whom you received this form - either the County Treasurer-Auditor or the Municipal or School District Clerk.

Remember:

1. You must indicate whether you are requesting ballots for the primary or general election, or both.
2. Do not submit more than one application for each election.
3. Your absentee ballots will be mailed or delivered to you as soon as they are available.
4. Ballots received by election officials after Election Day will not be counted. Your ballot must be received by mail (not just postmarked) at the polling place by Election Day.

EXHIBIT 18-D

Please print or type the following information. One person per request form, please.

Name: QUINLAN THOMAS RUSSELL (Optional)

Date of Birth: [REDACTED] Daytime Phone: [REDACTED] (Optional)

Month Day Year Email Address

I hereby apply for absentee ballot(s) for the following reason: (Check One)

- ☐ Both Primary and General Elections
☐ Primary Only
☒ General Election Only
- ☐ I will need an absentee ballot for the following reason: (Check One)
☐ absence from precinct
☒ illness or disability
☐ religious discipline or observance of religious holiday
☐ service as election judge in another precinct

My legal Dakota County residence address is:

6730 BUCKLEY CIR Apt. No. 55076
INVER GROVE HTS. City MN Zip

Mail my absentee ballot(s) to me at the following address:
Your ballot(s) will be mailed when application is received, but not sooner than 30 days prior to the election.

Street Address Apt. No. Box No.

City State Zip

LEGAL SIGNATURE: (Required)

Thomas R. Quinlan

Date of application: 10/30/08
Month Day Year

SECRETARY OF STATE RECORDS AUTHENTICATION
DECLARATION

I, Amber Schmugge, declare as follows:

I am over 18 years of age, competent to testify, and make this Declaration based upon personal knowledge of the facts set forth below.

The document attached to this declaration is a true copy of a Minnesota Secretary of State Voter Lookup form regarding Thomas Russell Quenlan that I obtained from the official Minnesota Secretary of State Voter File FTP Server on December 4, 2008.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed this 11th day of December 2008, at St. Paul, Minnesota.

Amber D. Schmugge
Amber Schmugge

SOS Voter ID	225056	Registration Date:	8/21/1996
First Name	THOMAS	Middle Name	RUSSELL
House Number	8730	Address 2	
Street Name	BUCKLEY CIR	City	INVER GROVE HEIGHTS
Unit Type		State	MN
Unit Number		Zip Code	55076
Last Name	QUINLAN		

SOS Voter Election History

Voter Id	Election Date	Election Description	Voting Method
225056	9/14/2004	09/14/2004 - STATE PRIMARY	P
225056	11/6/2001	2001 SCHOOL DISTRICT ELECTION	P
225056	11/5/2002	11-05-02 STATE GENERAL ELECTION	P
225056	11/2/2004	11/02/2004 - STATE GENERAL	A
225056	9/10/2002	09-10-02 STATE PRIMARY	P
225056	11/4/2003	11/04/2003 GENERAL ELECTION	P
225056	9/12/2000	STATE PRIMARY ELECTION	P
225056	11/7/2000	STATE GENERAL	P
225056	11/2/1999	SCHOOL BOARD ELECTION	P
225056	9/15/1998	STATE PRIMARY ELECTION	P
225056	11/3/1998	STATE GENERAL	P
225056	9/10/1996	STATE PRIMARY ELECTION	P
225056	11/5/1986	STATE GENERAL	P
225056	9/12/1985	MUNICIPAL PRIMARY	A
225056	11/7/1985	MUNICIPAL GENERAL	A
225056	9/13/1984	STATE PRIMARY ELECTION	P
225056	11/8/1984	STATE GENERAL	A
225056	9/14/1983	MUNICIPAL PRIMARY	P
225056	11/2/1983	MUNICIPAL GENERAL	P
225056	5/17/2005	05/17/2005 - SD SPEC ELECT ISD 199 - I	P
225056	11/8/2005	11/08/2005 - SCHOOL DISTRICT GENERA	P
225056	9/12/2006	09/12/2006 - STATE PRIMARY	P
225056	11/7/2006	11/07/2006 - STATE GENERAL	A
225056	11/6/2007	11/06/2007 - SCHOOL DISTRICT GENERA	P
225056	9/9/2008	09/09/2008 - STATE PRIMARY	P

AFFIDAVIT/DECLARATION OF THOMAS QUINLAN

1. My name is Thomas Quinlan. On November 4, 2008, I was eighteen years of age or older, a citizen of the United States, and had maintained residence in Minnesota for at least thirty days immediately preceding the general election held November 4, 2008. I am providing this affidavit because I believe that my November 2008 general election ballot was improperly rejected, and I am hopeful that, by providing this affidavit, my ballot can be verified and counted.

2. As of November 4, 2008, I was fully entitled to vote. I was not under court-ordered guardianship in which a court order revoked my right to vote; had not been found by a court to be legally incompetent to vote; and had not been convicted of treason or any other felony.

3. I was registered to vote in the State of Minnesota for the November 4, 2008 general election. My address at the time I submitted my application for an absentee ballot and when I voted was 6730 Buckley Circle, Inver Grove Heights, MN 55076 in Dakota County. Prior to November 4, I submitted my request to vote by absentee ballot for the November general election. My wife, Leona Quinlan, and I went into Northern Dakota County Government Center to vote in person. The city official handed us our ballots. We filled in the ballots in another room. When we came back, the city official must have given us the wrong return envelopes to sign. The same city official witnessed both my wife's and my genuine signatures.

4. In the U.S. Senate race, I voted for Al Franken. I did not submit any other ballots in the November 4, 2008 election.

5. If notarized below, this is my Affidavit. If not notarized, it is my declaration under 28 U.S.C. § 1746. I declare under penalty of perjury that the foregoing is true and correct.


Executed on December 17, 2008.

Signature: Thomas R. Quinlan
Thomas Quinlan

Sworn and subscribed to before me
on this ___ day of December, 2008.

Notary Public

Insert ballot securely envelope, and then seal this flap.

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) 	
VOTER	347782 STG 11/04/2008 IP PCT R B459080 19 2780 199 INVER GROVE HTS P-08 THOMAS RUSSELL QUINLAN 6730-BUCKLEY CIR ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Thomas R. Quinlan</i>	DATE 10-20-08
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>Sayna Campbell</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 70828 DAKOTA COUNTY W ST PAUL MN MN	
SIGNATURE OF WITNESS <i>Sayna Campbell</i>	DATE 10/20/08
TITLE OF WITNESS (IF AN OFFICIAL) <i>Deputy</i>	

↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	<i>AB</i>
<input type="checkbox"/> REJECTED <i>Wrong sig.</i>	

REGISTERED-2008

EXHIBIT 18-A

INSERT BALLOT SECRECY ENVELOPE AND SEAL

GREG MC CURL
9374 ROSEWOOD LN N
MAPLE GROVE, MN 55369
(R)



I certify that on election day I will meet all the legal requirements to vote by absentee ballot.

VOTER'S SIGNATURE

Greg Mc Curl

DATE

10/28/08

TO BE COMPLETED BY WITNESS

I certify that the voter
• showed me the blank ballots before voting;
• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Michael Sullivan

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
(PLEASE PRINT)

4512 Hibiscus Ave.

Edina, MN 55435

MN

SIGNATURE OF WITNESS

Michael Sullivan

DATE

10/28/08

TITLE OF WITNESS (IF AN OFFICIAL)

*Respected
No Voter regis.
cmf
Rog*

FOR OFFICE USE ONLY

☒ ACCEPTED *adm mfm*

☐ REJECTED

Reason

EXHIBIT 34-A

SECRETARY OF STATE RECORDS AUTHENTICATION
DECLARATION

I, Amber Schmugge, declare as follows:

I am over 18 years of age, competent to testify, and make this Declaration based upon personal knowledge of the facts set forth below.

The document attached to this declaration is a true copy of a Minnesota Secretary of State Voter Lookup form regarding Gregory Edward McCool that I obtained from the official Minnesota Secretary of State Voter File FTP Server on December 10, 2008.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed this 15th day of December 2008, at St. Paul, Minnesota.

Amber D. Schmugge
Amber Schmugge

Minnesota SOS Voter Lookup

SOS Voter ID	4072576	Registration Date:	9/13/2005
First Name	GREGORY	Middle Name	EDWARD
House Number	9374	Address 2	
Street Name	ROSEWOOD LN N	City	MAPLE GROVE
Unit Type		State	MIN
Unit Number		Zip Code	55389
		Last Name	MCCOOL

SOS Voter Election History		
VoterId	ElectionDate	ElectionDescription
4072576	9/13/2005	09/13/2005 - SCHOOL DISTRICT PRIMAR P
4072576	11/8/2005	11/08/2005 - SCHOOL DISTRICT GENERA A
4072576	9/12/2006	09/12/2006 - STATE PRIMARY A
4072576	11/7/2008	11/07/2008 - STATE GENERAL A


AFFIDAVIT/DECLARATION OF GREG McCOOL

1. My name is Greg McCool. On November 4, 2008, I was eighteen years of age or older, a citizen of the United States, and had maintained a residence in Minnesota for at least thirty days immediately preceding the general election held November 4, 2008. I am providing this declaration because I believe that my November 2008 absentee ballot for that election was improperly rejected because someone determined that I was registered or eligible to vote.
2. As of November 4, 2008, I was fully entitled to vote. I was not under court-ordered guardianship in which the court order revoked my right to vote; had not been found by a court to be legally incompetent to vote; and had not been convicted of treason or any other felony that might disqualify me from voting.
3. I was registered to vote for the November 2008 general election. At the time, my permanent residence was 9374 Rosewood Lane North, Maple Grove, MN in Hennepin County. I was a resident at this address when I requested, received and voted an absentee ballot in the November 2008 general election.
4. Prior to the November 2008 general election, I signed and submitted an application for an absentee ballot. I applied under my correct name and address and used my genuine signature.
5. I received an absentee ballot and marked the ballot in the manner prescribed by the directions sent to me with the ballot. In addition to marking the ballot, I completed the eligibility certificate printed on the back of the envelope and had it witnessed, all as explained in the directions I received with the absentee ballot. The eligibility certificate on the envelope reflected my correct name and address, and it contained my genuine signature.
6. I have been informed that the label affixed to my absentee ballot return envelope misspelled my last name as "Mc Curl." I did not notice this error at the time that I completed my absentee ballot. If I had noticed this error, I would have corrected it by providing the correct spelling of my name on the return envelope.
7. There is no one by the name of Greg McCurl who resides at 9374 Rosewood Lane North, Maple Grove, MN.
6. This ballot is the only ballot I submitted in the November 2008 general election. I did not vote in person on November 4, 2008 or submit any other absentee ballot.
7. If notarized below, this is my Affidavit. If not notarized, it is my declaration under 28 U.S.C. § 1746. I declare under the penalty of perjury that the foregoing is true and correct.

Executed on January __, 2009.

Sworn and Subscribed before me
on this __ day of January 2009.

Signature: _____


Greg McCool

Notary Public

Absentee Ballot Application

City of New Hope
4401 N. Hwy. 10
New Hope, MN 55428
(Fax: 763.531.5135)

Office Use Only			
Reg.	Not Recd.	Post	
Date App Recd.	10/21	7:00 AM	
Print Ballot Issued on:			
City Ballot Issued on:	10/21	2:00 PM	

Read Instructions before completing.
Return the application directly to your city as soon as possible.
Ballots received after Election Day cannot be counted.

I hereby apply for absentee ballots for: (Check one)

- ☐ both primary and general elections
- ☐ primary only
- ☒ general election only

I will need an absentee ballot for the following reason: (Check one)

- ☐ absence from precinct
- ☐ religious discipline or observance of religious holiday
- ☒ illness or disability
- ☐ service as election judge in another precinct

Last Name: Verlo First Name: Amy

My legal residence address is: 8008 Pass 1st Rd #123
Street or Route No. Apt. No. Rural Box No.

New Hope Hennepin 55428
City Township County Zip

Telephone number: _____

Date of birth: _____

Mail my absentee ballot to me at the following address:

8008 Pass 1st Rd #123
Street or Route No. Apt. No. Rural Box No.
New Hope MN 55428
City State Zip

Date: 10/17/08 Signature: X Carolyn A. Verlo

INSERT BALLOT SECRECY ENVELOPE AND SEAL

Voter's Name (Print Name)		<u>Andrew Verlo</u>	
Voter's Address (Print Name)		<u>8008 Pass 1st Rd #123</u>	
City		<u>New Hope, MN</u>	
County		<u>Hennepin</u>	
Zip		<u>55428</u>	
Voter's Signature (Print Name)			
<u>Carolyn A. Verlo</u>			
Date of Signature (Print Name)			
<u>10-23-08</u>			
Witness's Name (Print Name)			
<u>Mona Lindner</u>			
Witness's Address (Print Name)			
<u>10709 9th Ave NW</u>			
City			
<u>Minneapolis</u>			
County			
<u>Hennepin</u>			
Zip			
<u>55412</u>			
Witness's Signature (Print Name)			
<u>Mona Lindner</u>			
Witness's Address (Print Name)			
<u>10709 9th Ave NW</u>			
City			
<u>Minneapolis</u>			
County			
<u>Hennepin</u>			
Zip			
<u>55412</u>			

2043
494
713 in
5043

Minnesota SOS Voter Lookup

SOS Voter ID	990826	Registration Date:	11/7/2006
First Name	AUDREY	Middle Name	RIEL
House Number	8008	Address 2	
Street Name	BASS LAKE RD	City	NEW HOPE
Unit Type	APT	Unit Number	712
		State	MN
		Zip Code	55428
		Last Name	VERLO

SOS Voter Election History

Voter Id	Election Date	Election Description	Voting Method
990826	11/2/2004	11/02/2004 - STATE GENERAL	P
990826	11/5/2002	11-05-02 STATE GENERAL ELECTION	P
990826	11/8/2001	2001 CITY/SCHOOL DISTRICT	P
990826	9/12/2000	STATE PRIMARY ELECTION	P
990826	11/7/2000	STATE GENERAL	P
990826	11/2/1999	MUNICIPAL GENERAL	P
990826	9/15/1998	STATE PRIMARY ELECTION	P
990826	11/3/1998	STATE GENERAL	P
990826	11/4/1997	MUNICIPAL GENERAL	P
990826	9/10/1996	STATE PRIMARY ELECTION	P
990826	11/5/1996	STATE GENERAL	P
990826	11/8/1994	STATE GENERAL	P
990826	11/7/2006	11/07/2006 - STATE GENERAL	P

AFFIDAVIT/DECLARATION OF AUDREY RIEL VERLO

1. My name is Audrey Riel Verlo. On November 4, 2008, I was eighteen years of age or older, a citizen of the United States, and had maintained residence in Minnesota for at least thirty days immediately preceding the general election held November 4, 2008. I am providing this affidavit because I believe that my November 2008 absentee ballot for that election was improperly rejected, and I am hopeful that, by providing this affidavit, my ballot can be verified and counted.

2. As of November 4, 2008, I was fully entitled to vote. I was not under court-ordered guardianship in which the court order revoked my right to vote; had not been found by a court to be legally incompetent to vote; and had not been convicted of treason or any other felony that might disqualify me from voting.

3. I was registered to vote for the November 2008 general election. At the time I registered to vote for that election, I resided at 8008 Bass Lake Road, Apartment No. 123, New Hope, MN, 55428. I was a resident at that address when I requested, received and voted an absentee ballot for the November 2008 general election.

4. Prior to the November 2008 general election, I signed and submitted an application for an absentee ballot. I applied under my correct name and address (8008 Bass Lake Road, Apartment No. 123, New Hope, MN, 55428) and signed the application.

5. I received the absentee ballot and marked the ballot in the manner prescribed by the directions sent to me with the ballot. In the U.S. Senate race, I voted for Al Franken. In addition to marking the ballot, I completed the eligibility certificate printed on the back of the envelope and had a registered Minnesota voter sign the envelope as a witness, all as explained in directions I received with the absentee ballot. The eligibility certificate reflected my correct name and address, and it contained my genuine signature. I did not receive any notification before the election that my ballot had been rejected.

6. I understand that an election official rejected my ballot because my voter registration information indicated that I lived at the same address that I listed on my absentee ballot application and absentee ballot, but in a different apartment

number. In January 2007 I switched apartment units from number 712 to number 123. Both units are in the same apartment complex and have the same street address. It is my understanding that both apartment numbers are within the same precinct.

7. This ballot is the only ballot I submitted in the November 2008 general election. I did not vote in person on November 4, 2008 or submit any other absentee ballot.

8. If notarized below, this is my Affidavit. If not notarized, it is my declaration under 28 U.S.C. § 1746. I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 14, 2008.

Signature: Audrey Verlo
Audrey Riel Verlo

Sworn and subscribed to before me
on this ____ day of December, 2008.

Notary Public

INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT)	
Donna Mortenson	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
501 5 th St Apt 34 Glendale MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
Donna Mortenson	
TO BE COMPLETED BY WITNESS	
I certify that the voter • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below.	
NAME OF WITNESS (PLEASE PRINT)	
Dawn Erickson	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
10 3 rd Ave SW Glenwood MN 56337	
SIGNATURE OF WITNESS	DATE
Dawn Erickson	
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input type="checkbox"/> MN Driver's License/Patient ID 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.	
<input checked="" 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	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<input type="checkbox"/> REJECTED
NO REGISTRATION FORM	

PNE/8

Rev. 7/2000

Non-registered Return Envelope

EXHIBIT 47-A

**SECRETARY OF STATE RECORDS AUTHENTICATION
DECLARATION**

I, Amber Schmugge, declare as follows:

I am over 18 years of age, competent to testify, and make this Declaration based upon personal knowledge of the facts set forth below.

The document attached to this declaration is a true copy of a Minnesota Secretary of State Voter Lookup form regarding Donna Mae Mortenson that I obtained from the official Minnesota Secretary of State Voter File FTP Server on December 2, 2008.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed this 3rd day of December 2008, at St. Paul, Minnesota.

Amber D. Schmugge
Amber Schmugge

Minnesota SOS Voter Lookup

SOS Voter ID		2109698		Registration Date:		11/5/1996	
FirstName	DONNA	MiddleName	MAE	LastName	MORTENSON		
HouseNumber	705			Address2			
StreetName	5TH ST SE			City	GLENWOOD		
UnitType	APT			State	MN		
UnitNumber	53			ZipCode	56334		

SOS Voter Election History

VoterId	ElectionDate	ElectionDescription	VotingMethod
2109698	11/7/2000	STATE GENERAL	P
2109698	11/3/1998	STATE GENERAL	P
2109698	11/5/1996	STATE GENERAL	P
2109698	11/2/2004	11/02/2004 - STATE GENERAL	A
2109698	11/7/2006	11/07/2006 - STATE GENERAL	P

AFFIDAVIT/DECLARATION OF DONNA MAE MORTENSON

1. My name is Donna Mae Mortenson. On November 4, 2008, I was eighteen years of age or older, a citizen of the United States, and had maintained residence in Minnesota for at least thirty days immediately preceding the general election held November 4, 2008. I am providing this affidavit because I believe that my November 2008 absentee ballot for that election was improperly rejected, and I am hopeful that, by providing this affidavit, my ballot can be verified and counted.

2. As of November 4, 2008, I was fully entitled to vote. I was not under court-ordered guardianship in which the court order revoked my right to vote; had not been found by a court to be legally incompetent to vote; and had not been convicted of treason or any other felony that might disqualify me from voting.

3. I was registered to vote for the November 2008 general election. At the time I registered to vote, I resided at 705 5th Street SE, Apartment 53, Glenwood, MN, 56334.

4. Prior to the November 2008 general election, I signed and submitted an application for an absentee ballot. I applied for the absentee ballot under my correct name and my correct address, which was 705 5th Street SE, Apartment 34, Glenwood, MN, 56334. This is the same address that I used when I registered to vote, except that I had changed apartment units within the same complex, moving from unit number 53 to 34. I changed apartment units because I needed to move to a handicap accessible apartment. I signed the application and returned it in a timely manner.

5. I received the absentee ballot and marked the ballot in the manner prescribed by the directions sent to me with the ballot. In the U.S. Senate race, I voted for Al Franken. In addition to marking the ballot, I completed the eligibility certificate printed on the back of the envelope and had a registered Minnesota voter sign the envelope as a witness, all as explained in directions I received with the absentee ballot. The eligibility certificate reflected my correct name and address (the same address that I used when I applied for an absentee ballot), and it contained my genuine signature. I did not receive any notification before the election that my ballot had been rejected.

6. This ballot is the only ballot I submitted in the November 2008 general election. I did not vote in person on November 4, 2008 or submit any other absentee ballot.

7. If notarized below, this is my Affidavit. If not notarized, it is my declaration under 28 U.S.C. § 1746. I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 18, 2008.

Signature: Donna Mae Mortenson
Donna Mae Mortenson

Sworn and subscribed to before me
on this ____ day of December, 2008.

Notary Public

Polling Place Finder

If your house number is between:

2 and 727

and your street address is:

5TH ST SE

and your Zip Code is:

56334

and your City/Township is:

GLENWOOD

You vote at:

GLENWOOD CITY HALL-P1

137 MINNESOTA AVE E

GLENWOOD MN 56334

Your School District Polling Place may differ.

Contact your County or School District

Office for more information.

[Click Here For Maps to Polling Place](#) 

Precinct Name: **GLENWOOD P-1**

Precinct Code: **0045**

Districts for this address:

Congressional: **07**

Judicial: **08**

MN Senate: **13**

School: **MINNEWASKA**

MN House: **13A**

(2149)

County Commissioner: **02**

County: **Pope**