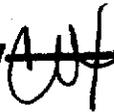


62CV0956

FILED
Court Administrator

FEB 25 2009

By  Deputy

137B

EXHIBIT A-1

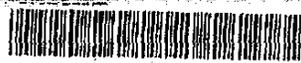
BALLOT SEC

RECEIVED
AUDITOR'S OFFICE

LOPE AND SE

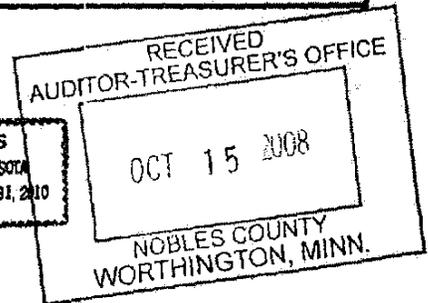
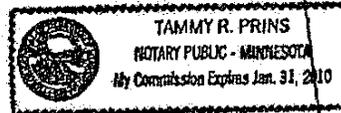
OCT 21 2008

NOBLES COUNTY
WORTHINGTON, M. INN.

TO BE COMPLETED BY VOTER	
VOTER	
	
332363 STG 11/04/2008 ML PCT NR B443408	
VOTER	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	
Bonita S. Bents	
DATE	
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"/>	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (P)	
VOTER'S MINNESOTA ADDRESS	260008 STG 11/04/2008 ML PCT R B370708 53 0180 518 WORTHINGTON W-2 P-3 DIANE OPAL HOLT 936 MCMILLAN ST APT 2 ENV#2 IN
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
	10-13-08
TITLE OF WITNESS (IF AN OFFICIAL)	



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

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

H Michael Henderson

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

55 W. 8th St

Minna MN 55487

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)

Bna Tran

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

3 Delaware St. 55414

Apartment 3008 Minneapolis MN

SIGNATURE OF WITNESS DATE

Bna Tran

TITLE OF WITNESS (IF AN OFFICIAL)

IA

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

PATRICIA A. MEIBRAUN

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1570 49th AVE

WOODVIEW 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 Meibraun 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)

DONALD L. MEIBRAUN

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

1570 49th AVE

WOODVIEW MN

SIGNATURE OF WITNESS DATE

Donald L. Meibraun 10/23/2008

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 () 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) <i>Michelle Krueger</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>29961 McCall Ave. Bigelow mn 55117MN</i>	
SIGNATURE OF WITNESS <i>Michelle Krueger</i>	DATE <i>10/29/08</i>
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) <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> RECEIVED COUNTY TREASURER'S OFFICE OCT 31 2008 </div>	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) NOBLES COUNTY WORTHINGTON, MINN.	
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

12-8

TO BE COMPLETED BY VOTER	
<input checked="" type="checkbox"/> NEILLIGAN CLAIRE K 3907 22nd Ave S	NEILLIGAN, CLAIRE K 12-8
<input checked="" type="checkbox"/> 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

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 Stary	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 4832 Xerxes Ave S. mpls 55410 MN	
SIGNATURE OF WITNESS Heidi Stary	DATE 10-22-08
TITLE OF WITNESS (IF AN OFFICIAL)	

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

INSERT BALLOT SECRECY ENVELOPE AND SEAL

RECEIVED
AUDITOR-TREASURER'S OFFICE
NOV - 3 2008
NOBLE COUNTY
WORTHINGTON 4, MINN.

TO BE COMPLETED BY VOTER	
VOTER ID:	
344774 STG 11/04/2008 AGT PCT NFB456042	
53 0170 518 WORTHINGTON W-2 P-1	
MAURINE E PERKINS	MN
1801 COLLEGEWAY APT 30	ENV#2
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> <small>(name of agent)</small>	
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><i>Maurine Perkins</i></u>	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) <u>Terese Perkins</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN <u>216 Lake St Worthington</u>	
SIGNATURE OF WITNESS	DATE
<u><i>Terese Perkins</i></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/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) <u>Judy Johnson</u>	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) <u>523 Noble St.</u>	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S SIGNATURE <u><i>Judy Johnson</i></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 (I	
260393 STG 11/04/2008 ML PCT R B371095	
VOTER'S MINNES	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	
• 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
OCT 10 2008
NOBLES COUNTY WORTHINGTON, MINN.

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

Audrey Snyder 10-15-08

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 Snyder

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

1401 Terry Dr.
St. Charles, MN

SIGNATURE OF WITNESS DATE

Donald Snyder 10-15-08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Donald L. Snyder

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1401 Terry Dr.
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

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

Audrey Snyder 10-15-08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

Regina Szysekiewicz

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 LaCasa 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)

NATHAN WOUTAT

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

20467 Co Rd. 2 Lewiston 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

Nathan 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 Liker

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

20467 Co Rd 2 Lewiston MN

SIGNATURE OF WITNESS DATE

Sarah Liker 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

V	
V	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 <i>Henry Wallace</i> DATE 11/3/08	
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. 	
Asana Henry Hennepin County 300 S 6 th St Minneapolis MN 55487	
	(PLEASE PRINT) MN
SIGNATURE OF WITNESS	DATE
<i>Asana Henry</i>	11/3/08
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 plus a utility bill or other document 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)	
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 <i>[Signature]</i>	REJECTED Reason: _____

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 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"/> Primary only	<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	
<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>			
Name (please print) <u>HENRY WALLACE</u>			
Date of birth <u>[REDACTED]</u>		Phone number <u>[REDACTED]</u>	
My legal residence address is:			
Street Address	Apt. No.	City	State Zip Code
<u>422 N. NEWTON</u>	<u>1</u>	<u>MNPLS</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>[Signature]</u>	Ballots Issued Date			<u>[Signature]</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) MN	
SIGNATURE OF WITNESS Samuel Raley	DATE 11/3/08
TITLE OF WITNESS (IF AN OFFICIAL) DEPUTY REGISTRAR	

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

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

ANDERSON 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 ONLY

ACCEPTED 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.

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 Stiefel

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

207 Lafayette

MN

SIGNATURE OF WITNESS

DATE

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	227826 STG 11/04/2008 UOC FED B431187
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)	
<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
<i>David C. Mauk</i>	<i>Oct 24, 2008</i>
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED _____ <small>Reason</small>	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

RECEIVED
FOR OFFICE USE

OCT 24 2008

NOBLES COUNTY
WORTHINGTON, MINN.

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME 	
259631 STG 11/04/2008 UOC 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):	
<i>Deloris Veltman</i> <i>Oct 25/2008</i>	
VOTER'S SIGNATURE	DATE
↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED <i>GB W</i>	
Reason _____	

EXHIBIT A-5

INSERT BALLOT SECRECY ENVELOPE AND SEAL

10 - 10

TO BE COMPLETED BY VOTER	
VOTER'S NAME MAITRA RAJ 2644 Humboldt Ave S	10-10
VOTER'S ADDRESS 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 <i>Raj Ma</i>	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)	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL) <i>Notary Public</i>	

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

INSERT BALLOT SECRECY ENVELOPE AND SEAL

11-7

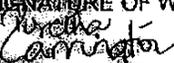
TO BE COMPLETED BY VOTER	
LARSEN CORY 4605 13th Ave S	11-7
MINNEAPOLIS, MN 55407	(PRINT)
	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE 	DATE 11/07/08
TO BE COMPLETED BY WITNESS	
I certify that the voter showed me the blank ballots 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	

WES

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 4621 3rd Ave S	3-10
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 CARRIN GTON	
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
REASON 
Reason

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>Richard P Kramer</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>211 Chestnut St. 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>Richard P Kramer</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) <i>Karen A Waters</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>1012 E Wabasha Winona, MN 5598</i>	
SIGNATURE OF WITNESS <i>Karen A Waters</i>	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>ML</i>	
Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>GREGORY SHERWOOD Kowles</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>250 CENTER ST. 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>Greg A. Kowles</i>	DATE <i>10/17/08</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>CHARLES W. NELSON, JR.</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
SIGNATURE OF WITNESS <i>Charles W. Nelson, Jr.</i>	DATE <i>10/17/08</i>
TITLE OF WITNESS (IF AN OFFICIAL) <i>NOTARY PUBLIC (LOUISIANA)</i>	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>ML</i>	
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 Non-Registered 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 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 <i>Sarah Breyer</i>	
Non-Registered <i>Mary Ann Meyer</i>	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) Saron Lorna Unnasch	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 3226 County Rd 11 HOUSTON MN 55443	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Saron 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 Breyer</i>	
Non-Registered <i>Mary Ann Meyer</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 Mandlik</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>3378 Rolling Hills Dr. 55121 Eagan 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 Mandlik</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. Fetzman</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>3505 Anderson St. Madison WI 53704 MN</i>	
SIGNATURE OF WITNESS <i>Roxanne Fetzman</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/Perm 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. Fetzman, 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 Fetzman</i>	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

NON-REGISTERED-2008 *[Signature]*

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

A.A. Littrell 10/11/08

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)

3273 Blackberry Road Winona, MN

SIGNATURE OF WITNESS DATE

M. Littrell 10/11/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

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

M. 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 10/13/08
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 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 St...	
ADDRESS OF WITNESS (PLEASE PRINT) 14571 W. Archer Ave Golden, CO 80401	
SIGNATURE OF WITNESS <i>Kylie St...</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) Mark Dumke	
VOUCHER'S ADDRESS (PLEASE PRINT) 1219 Wincrest Dr Winona, MN	
VOUCHER'S SIGNATURE <i>Mark Dumke</i>	
FOR OFFICE USE ONLY	
ACCEPTED Non-Registered <i>OK</i>	REJECTED Reason <i>POD</i>

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 <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) CHRISTOPHER R COVINGTON	
ADDRESS OF WITNESS (PLEASE PRINT) NOTHING GRANT COUNTY INDIANA Commission expires 3-2-2010	
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 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) CHRISTOPHER R COVINGTON	
VOUCHER'S ADDRESS (PLEASE PRINT) GRANT COUNTY INDIANA	
VOUCHER'S SIGNATURE <i>Christopher R Covington</i>	
FOR OFFICE USE ONLY	
ACCEPTED Non-Registered <i>OK</i>	REJECTED Reason <i>POD</i>

▼ 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 DATE
B.J. Corcoran 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)
~~8111 A.S. Lewis~~ MN

SIGNATURE OF WITNESS DATE
Cathy Foster 10-11-08
MC: 8.16.08
#101011203

TITLE OF WITNESS (IF AN OFFICIAL)
NOTARY PUBLIC

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED
MS PCO
Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)
Melinda Anderson

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
1323 Corred 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
Melinda Anderson 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)
STATE OF WASHINGTON
NOTARY PUBLIC
MN

SIGNATURE OF WITNESS DATE
Robyn Nordby 10/20/08

TITLE OF WITNESS (IF AN OFFICIAL)
Executive Assistant

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED
MS 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)

Becca Hoodcheck

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

115 E Garvin Hts. 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)

ROBERT A HOODCHECK

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

115 E Garvin Hts 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	
VOTER'S MINNE	274948 STG 11/04/2008 ML PCT NR B385680
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 Marie 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 Gosselt</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>2408 Casswell Ave. Bull City, MN 55125</i>	
SIGNATURE OF WITNESS	DATE
<i>Deborah B Gosselt</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)	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center; margin: 0;">RECEIVED</p> <p style="text-align: center; margin: 0;">AUDITOR-TREASURER'S OFFICE</p> <p style="text-align: center; margin: 0;">OCT 31 2008</p> <p style="text-align: center; margin: 0;">NOBLES COUNTY</p> <p style="text-align: center; margin: 0;">WORTHINGTON, MINN.</p> </div>	
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

2 - 5

TO BE COMPLETED BY VOTER	
GRUNHARD ROSEMARY 25	
VI 3204 4th St SE	
MINNEAPOLIS, MN 55414	
VI 	(INT) 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	
- 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>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 2700 44th St W # 207 MINNEAPOLIS, MN 55410	13-3	
VOTER			MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.		DATE	
VOTER'S SIGNATURE <i>Melissa Lyons</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>Valerie K. Clay</i>			
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)			
MN			
SIGNATURE OF WITNESS <i>Valerie K. Clay</i>		DATE <i>10/29/08</i>	
TITLE OF WITNESS (IF AN OFFICIAL) <i>Notary Public</i>			
PROOF OF RESIDENCE USED BY VOTER			
Witness, please check one: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> MN Driver's License or MN ID Card (or most U.S. 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.	
<i>Archibald Dale</i>	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.	
(PRINT NAME AND ADDRESS)	
GREGG MARTIN SIMARD	
(PRINT NAME AND ADDRESS)	
LEWIS B. QUINNETTI RD 65370	
MN	
11-1-08	
(PRINT NAME AND ADDRESS)	
RETIRED PUBLIC	

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

EXHIBIT A-6

INSERT BALLOT SECRECY ENVELOPE AND SEAL

7-7

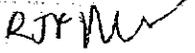
TO BE COMPLETED BY VOTER		
VOTER NAME DIXIT AMOL NIRANJAN 515 1st St N	7-7	
VOTER ADDRESS MINNEAPOLIS, MN 55401	MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.		
VOTER'S SIGNATURE <i>Amol Dixit</i>	DATE 10/28/08	
TO BE COMPLETED BY WITNESS		
I certify 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) PRIYA CHITRE		
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 1075 WESTCROFT LANE ROSWELL, GA 30075		MN
SIGNATURE OF WITNESS <i>Priya Chitre</i>	DATE 10-28-08	
TITLE OF WITNESS (IF AN OFFICIAL)		

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<i>KP</i>
<input type="checkbox"/> REJECTED	<i>hw</i>
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 the 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) Kirsten Dumke	
VOTER'S ADDRESS (PLEASE PRINT) 1289 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 10/13/08
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 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 80101	
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 checked="" 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) Mark Dumke	
VOUCHER'S ADDRESS (PLEASE PRINT) 1289 Wincrest Dr Winona, MN	
VOUCHER'S SIGNATURE <i>Mark Dumke</i>	
FOR OFFICE USE ONLY	
ACCEPTED	REJECTED
Non-Registered <i>OK</i>	<i>PCO</i> 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) 140 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 <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) CHRISTOPHER R. JOHNSON	
ADDRESS OF WITNESS (PLEASE PRINT) GRANT COUNTY JOHNSON Commissioner of Elections 3-2-2010	
SIGNATURE OF WITNESS <i>Christopher R. Johnson</i>	DATE 10-13-08
TITLE OF WITNESS (IF AN OFFICIAL) NOTARY	
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) CHRISTOPHER R. JOHNSON	
VOUCHER'S ADDRESS (PLEASE PRINT) GRANT COUNTY JOHNSON	
VOUCHER'S SIGNATURE <i>Christopher R. Johnson</i>	
FOR OFFICE USE ONLY	
ACCEPTED	REJECTED
Non-Registered <i>OK</i>	<i>PCO</i> Reason

PLACE WITHIN LARGE RETURN MAILING ENVELOPE #3

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
 Charles Morawiecki

VOTER'S ADDRESS (PLEASE PRINT)
 23 W. RADWAY 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
 [Signature] 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)
 10 Borlwood Ct Shorewood, MN 55331

SIGNATURE OF WITNESS
 [Signature] DATE 10/26/08

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 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 Reason _____
 Registered [Signature]

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, Wadena, MN

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

VOTER'S SIGNATURE
 [Signature] 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)
 29164 Hwy 53 Holden, WI 54026 MN

SIGNATURE OF WITNESS
 [Signature] DATE 11-4-08

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 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 Reason _____
 Registered [Signature]

RETURN

#3

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Karlan Johannes Jokela Poling	
VOTER'S ADDRESS (PLEASE PRINT) 5454 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 <i>Karlan Poling</i>	DATE 10/22/08
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 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) <i>Matthew Migala</i>	
ADDRESS OF WITNESS (PLEASE PRINT) 1 South Liberty Drive South Barrington, IL 60010	
SIGNATURE OF WITNESS <i>Matthew Migala</i>	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/Passport, 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 Reason	
Non-Registered <i>CM</i> <i>DOX</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 <i>Philip Andrew Cochran</i>	DATE 10/19/08
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 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) <i>Michelle D. Cochran</i>	
ADDRESS OF NON-RESIDENT WITNESS IN MINNESOTA (PLEASE PRINT) 1523 Gilmore Valley Rd Winona MN	
SIGNATURE OF WITNESS <i>Michelle D. Cochran</i>	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	

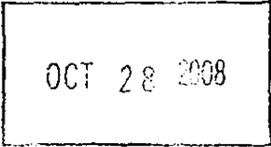
PLACE WITHIN LARGE RETURN MAILING ENVELOPE #3

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) PAUL WARNEKE	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 672 HARRIET ST. WENONA, 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. WENONA 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 Zaborowski	
VOTER'S ADDRESS (PLEASE PRINT) 315 W. Sayona Winona, MN 55417	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Sean Zaborowski</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 Zaborowski Stephanie Kettmann	
ADDRESS OF WITNESS (PLEASE PRINT) 1111 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 (Perm ID Card) or ID or receipt with current address. Number: [REDACTED]	
<input type="checkbox"/> Utility bill plus a MN Driver's license, ID card, Global 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	
Reason	
Non-Registered	

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 ADDRESS	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	
• 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)	
<i>5004 W 31th</i>	
<i>Sioux Falls SD</i>	
MN	
SIGNATURE OF WITNESS	DATE
<i>Darlene M. Murre</i>	10-27-08
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	<i>gB w</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 DATE

Jennifer Reiman

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 DATE

Monica Howard

10/10/08

TITLE OF WITNESS (IF AN OFFICIAL)

Director of Student Programs

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED

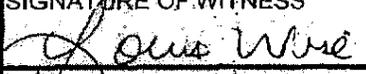
Reason

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'S SIGNATURE	
	
342302 STG 11/04/2008 ML PCT R 8453504	
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)	
2100 WEST ST ANNAPOLIS, MD 21401	
MN	
SIGNATURE OF WITNESS	DATE
	10-27-08
TITLE OF WITNESS (IF AN OFFICIAL)	
SENIOR PERSONAL BANKER	

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

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)
Matthew Schmidt

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
3055 Eagandale Place #130
Eagan MN 55121 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.
VOTER'S SIGNATURE *Matthew Schmidt* DATE *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;
• 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)
Maria Pierce

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

SIGNATURE OF WITNESS *Maria Pierce* 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

IMPORTANT!

Place in Secrecy Envelope, and then seal this flap.

RECEIVED
OCT 31 2008

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) 	
361272 STG 11/04/2008 ML PCT R B472821	
VC 19 1730 197 EAGAN P-03	SE PRINT)
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>	10/30/08
↓ 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 P. POPPLER</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>P. Poppler</i>	10-31-08
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

MORIS COUNTY
WORTHINGTON, MN.

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 MN
	1790 COLLEGEWAY APT 111 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>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; and• provided 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 MN</i>	
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/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 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 56137</i>	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
[REDACTED]	
VOUCHER'S SIGNATURE	
<i>Michelle Mundy - Floor mgr.</i>	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<input type="checkbox"/> REJECTED

INSERT BALLOT SECRECY ENVELOPE AND SEAL



338893 STG 11/04/2008 ML PCT R B450063

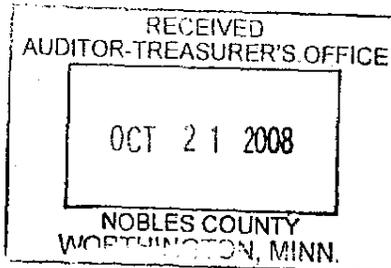
53 0186 518 WORTHINGTON W-2 P-5

DIANE THERESA OTERO

631 BRISTOL ST

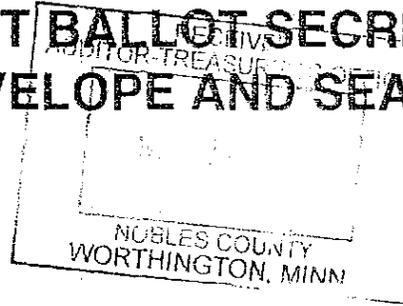
ENV#2

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	KB 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>	<i>10/17/08</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>Melissa Kemme</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Melissa Kemme</i>	<i>10/17/08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>SB KR</i>
	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 ↓	
X	VOTER'S NAME (PLEASE PRINT) <i>ANGEL M OTERO</i>
X	VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>631 BRISTOLS WORTHINGTON 56187 MN</i>
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
X	VOTER'S SIGNATURE DATE <i>Angel M Otero</i> <i>10/19/08</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.	
X	NAME OF WITNESS (PLEASE PRINT) <i>Diane Y. Otero</i>
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
X	SIGNATURE OF WITNESS DATE <i>Diane Y. Otero</i> <i>10/19/08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

RECEIVED
AUDITOR-TREASURER'S OFFICE

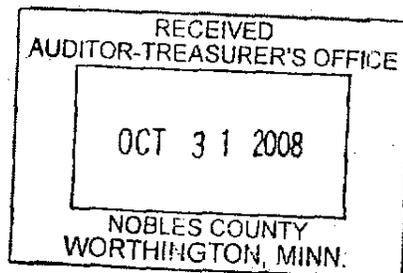
OCT 21 2008

NOBLE COUNTY
WORTHINGTON, MINN.

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

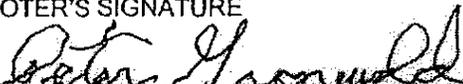
INSERT BALLOT SECRECY ENVELOPE AND SEAL

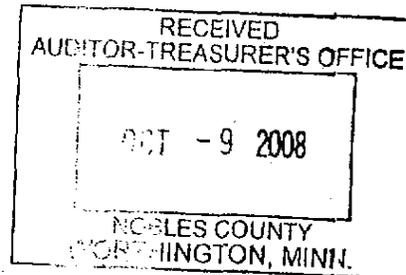
TO BE COMPLETED BY VOTER	
VOTER'S I	
	289094 STG 11/04/2008 ML PCT R B399878
VOTER'S I	53 0160 518 WORTHINGTON W-1 P-3
	MERLE A FREYBORG
	700 HUMISTON AVE
	ENV#2
	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Merle Freyborg</i>	<i>Oct 28/08</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>MARION BELL</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
	MN
SIGNATURE OF WITNESS	DATE
<i>Marion Bell</i>	<i>10/28/08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	



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

INSERT BALLOT SECRECY ENVELOPE AND SEAL

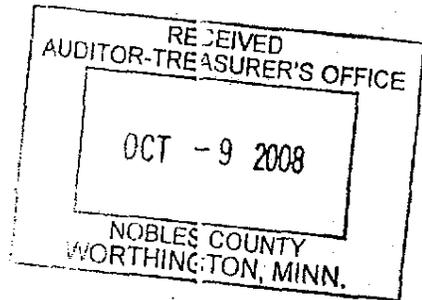
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S I	 274784 STG 11/04/2008 ML PCT R B385515
VOTER'S I	53 0160 518 WORTHINGTON W-1 P-3 PETER GRONEWOLD 212 12TH ST APT 402 ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	10-7-08
↓ TO 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; and • enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT)	
Rosie Gronewold Rosie Gronewold	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
 10-7-08 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 _____

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 GRONWOLD	
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 Gronowold</i>	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)	
<i>Peter Gronowold</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>Peter Gronowold</i>	
SIGNATURE OF WITNESS	DATE
<i>Peter Gronowold</i>	10-9-08 MN
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	<i>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-T 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)	

RECEIVED
AUDITOR-TREASURER'S OFFICE
OCT 22 2008
NOBLES COUNTY
WORTHINGTON, MINN.

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

INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NI	 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
<i>Jordan Willemssen</i>	10/07/08
↓ 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>Cynthia Johnson</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<div style="text-align: right; font-size: 1.2em;">MN</div>	
SIGNATURE OF WITNESS	DATE
<i>Cynthia Johnson</i>	10-7-08
TITLE OF WITNESS (IF AN OFFICIAL)	

RECEIVED
AUDITOR-TREASURER'S OFFICE

OCT - 9 2008

NOBLES COUNTY
WORTHINGTON, MINN.

↓ 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 ↓	
	
364685 STG 11/04/2008 ML PCT R B476285	
53 0150 518 WORTHINGTON W-1 P-1	
DEWEY E ANDERSON	(PRINT)
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 <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>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)	

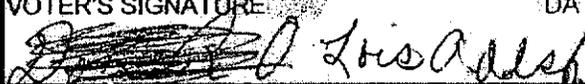
RECEIVED
AUDITOR-TREASURER'S OFFICE

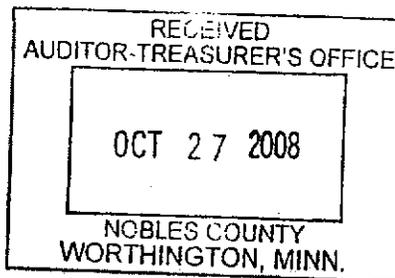
OCT 28 2008

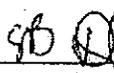
NOBLES COUNTY
WORTHINGTON, MINN.

↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<div style="text-align: center;"><i>SB W</i></div> <p style="font-size: 0.8em;">Reason _____</p>

INSERT BALLOT SECRECY ENVELOPE AND SEAL

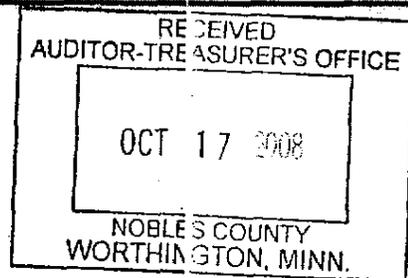
TO BE COMPLETED BY VOTER	
VOTER ID	
346741 STG 11/04/2008 ML PCT R 8458023	
VOTER NAME	53 0165 518 WORTHINGTON W-1 P-4
LOIS A OLSON	
1615 DOVER ST	ENV#2
	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	10/24/08
TO BE COMPLETED 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 8TG 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 10-16-08 MN</i>	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	



↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	<i>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-T P-4
VOTER	DON R OLSON 1615 DOVER ST <div style="text-align: right;">ENV#2 MN</div>
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Don R Olson</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>Lois A. Olson</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
<i>Lois A. Olson</i>	<i>10-21-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>HOUSEWIFE</i>	

RECEIVED
AUDITOR-TREASURER'S OFFICE

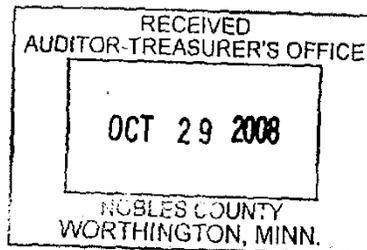
OCT 25 2008

NOBLES COUNTY
WORTHINGTON, MINN.

↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<div style="text-align: right;"> <i>LB LW</i> <small>Reason</small> </div>

INSERT BALLOT SECRECY ENVELOPE AND SEAL

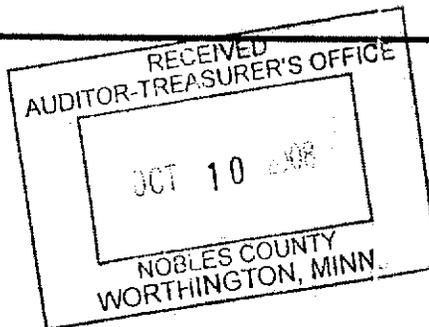
Voter ID		TER
364584 STG 11/04/2008 ML PCT R B476183		
53 0045 514 ELLSWORTH		
V HENRIETTA G DRENTH		
208 W 7TH AVE		ENV#2 RINT)
		MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.		
VOTER'S SIGNATURE		DATE
<i>Henrietta Drenth</i>		<i>10-29-08</i>
TO 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		DATE
<i>Robert Dykema</i>		<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>43 W</i>
	Reason

INSERT BALLOT SECRECY ENVELOPE AND SEAL

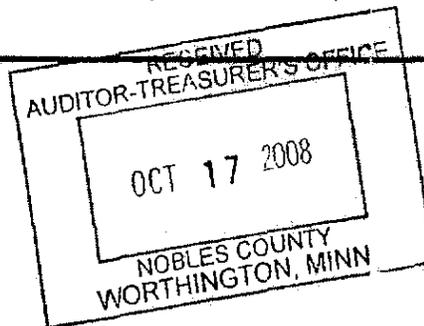
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S	
249823 STG 11/04/2008 ML PCT R B360025	
VOTER'S	53 0170 518 WORTHINGTON W-2 P-1
HENRIETTA V LAIS	
755 DUGDALE AVE	ENV#2
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Henrietta Laiss</i>	<i>10-9-08</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>Mary Lou Brake</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>Mary Lou Brake 10-8-08 MN</i>	
SIGNATURE OF WITNESS	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	



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

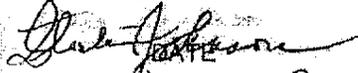
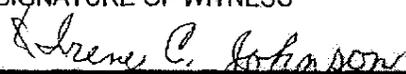
INSERT BALLOT SECRECY ENVELOPE AND SEAL

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; and- enclosed 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>Steve Regnier</i>	10-16-08
TITLE OF WITNESS (IF AN OFFICIAL)	



FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>KB KR</i>
	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.	
	 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) <div style="text-align: center; font-family: cursive;">IRRENE JOHNSON</div>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <div style="text-align: right;">MN</div>	
SIGNATURE OF WITNESS	DATE
	<div style="font-family: cursive;">10-17-08</div>
TITLE OF WITNESS (IF AN OFFICIAL) <div style="text-align: center; font-family: cursive;">Wife</div>	

RECEIVED
AUDITOR-TREASURER'S OFFICE

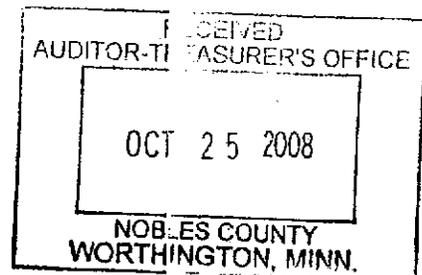
OCT 22 2008

NOBLES COUNTY
WORTHINGTON, MINN.

↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<div style="font-family: cursive; font-size: 1.2em;">SB KR</div>
<small>Reason</small>	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

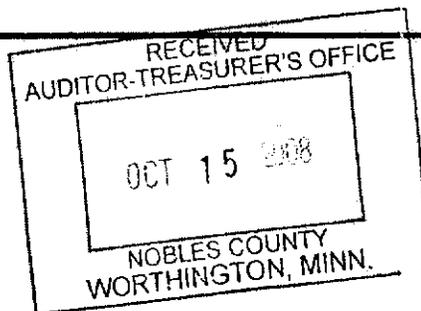
↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S	
	313884 STG 11/04/2008 ML PCT R B424751
VOTER'S	53 0185 518 WORTHINGTON W-2 P-4
	MARJORIE JEAN JOHNSON
	1016 OSLO ST
	ENV#2
	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE 10-23-08
	<i>Marjorie J. Johnson</i>
↓ TO BE COMPLETED BY WITNESS ↓	
I certify that the voter	
• 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>SB LW</i>
	Reason

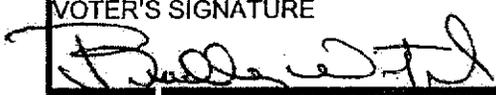
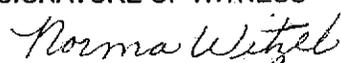
INSERT BALLOT SECRECY ENVELOPE AND SEAL

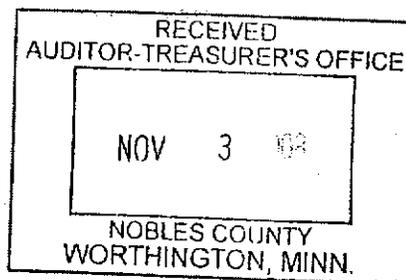
TO BE COMPLETED BY VOTER	
VOTER	
297512 STG 11/04/2008 ML PCT R B408301	
VOTER	53 0180 518 WORTHINGTON W-2 P-3
JOAN EVONNE TOFTELAND	
819 10TH ST APT 605	ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Joan E Tofteland</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)	

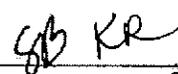


FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	
<input type="checkbox"/> REJECTED	<i>KR</i>
	Reason

INSERT BALLOT SECRECY ENVELOPE AND SEAL

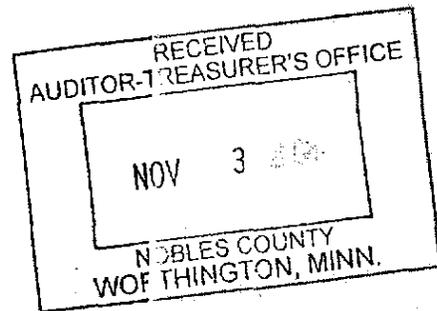
TO BE COMPLETED BY VOTER	
VOTER'S I	
260523 STG 11/04/2008 ML PCT R B371226	
VOTER'S	53 0165 518 WORTHINGTON W-1 P-4
BRADLEY JON WITZEL	
1222 GRAND AVE	ENV#2
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
	10-31-08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
• 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
	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	
• 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

Bharat K. Patel

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)

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

SB

Reason

INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Gita Bharat 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

Gita B Patel

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

Sharon A. Balster 11-3-08

TITLE OF WITNESS (IF AN OFFICIAL)

RECEIVED
AUDITOR-TREASURER'S OFFICE

NOV 3 2008

NOBLES COUNTY
WORTHINGTON, MINN.

FOR OFFICE USE ONLY

ACCEPTED

REJECTED

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 St</i>	
SIGNATURE OF WITNESS	DATE
<i>Deborah Schneiderman</i>	10-28-08
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 resident 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;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">AUDITOR-TREASURER'S OFFICE</p> <p style="margin: 0;">NOV - 1 - 2008</p> </div>	
VOUCHER'S NAME AND NAME OF RESIDENTIAL FACILITY (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
<i>[Handwritten initials]</i>	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

7-7

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Leanne Holcomb</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>1600 N. 2nd St #110 Mpls, MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Leanne Holcomb</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; 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>James J. Hanen</i>	DATE <i>10-30-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<i>[Signature]</i>
<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 the voter is the voter's signature	
	
absentee ballot	
10/21/08	
<p>I certify that the voter:</p> <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)	
Kyle R Dumons	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS	DATE
	10/21/08
TITLE OF WITNESS (IF AN OFFICIAL)	
Bank Branch Manager	
PROOF OF RESIDENCE (SEE VOTER)	
Witness, please check one:	
<input checked="" type="checkbox"/> MN Driver's License/ID Card or passport 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)	
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	
See inside	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED 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	
MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
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. 	
Kristine K Smith	
MN	
Kristine K Smith 10/31/08	
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
<input checked="" type="checkbox"/> Minnesota Driver's License (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/D 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 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 <i>Ronald L. Dorsey</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; 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>Miriam J. Anderson</i>	DATE 10/24/08
TITLE OF WITNESS (IF AN OFFICIAL)	

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

INSERT BALLOT SECRECY ENVELOPE AND SEAL

7-6

TO BE COMPLETED BY VOTER	
VOTER'S NAME	LARSON RANDY R
ADDRESS	121 Washington Ave S
CITY	MINNEAPOLIS, MN 55401
STATE	MN
I certify that on this day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Randy Larson</i>	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)	
STATE	
MN	
SIGNATURE OF WITNESS	DATE
<i>Kathy W. [unclear]</i>	10/20/08
TITLE OF WITNESS (IF AN OFFICIAL)	

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

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Michael Lidtke

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
North Main St. Altura Mn

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

VOTER'S SIGNATURE
Michael Lidtke DATE 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;
enclosed and sealed the ballots in the secrecy envelope;
attempted 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)
Gladie Zimmerman

ADDRESS OF WITNESS (PLEASE PRINT)
N. Main St. Altura, Mn 55910

VOTER'S SIGNATURE
Gladie Zimmerman DATE 10/30/08

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. Military ID card with picture, or student ID Card with picture. Number
Voter registration in the same precinct.
Voter ID Number.
Certificate of Late Registration from county auditor or municipal clerk of a registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the next three lines.)
VOTER'S NAME (PLEASE PRINT)

VOTER'S ADDRESS (PLEASE PRINT)

VOTER'S SIGNATURE

FOR OFFICE USE ONLY

ACCEPTED REJECTED Reason
Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Gene Schumacher

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
P.O. Box 132 Altura MN

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

VOTER'S SIGNATURE
Gene Schumacher DATE 10-17-08

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)
Marcella E. Schumacher

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

SIGNATURE OF WITNESS
Marcella E. Schumacher DATE 10-17-08

TITLE OF WITNESS (IF AN OFFICIAL)
C.O.A.

FOR OFFICE USE ONLY

ACCEPTED REJECTED Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Ronda 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
Ronda 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 *gmm*
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)

SIGNATURE OF WITNESS DATE
Fredrick R. Fletcher *11/3/08* MN

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED *DW gmm*
Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Maurie B. Wlosinski

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

*30544 Valleyview Rd
Dakota MN*

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

VOTER'S SIGNATURE DATE

[Signature] *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
Dakota MN*

SIGNATURE OF WITNESS DATE

[Signature] *10-23-08*

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Eric Von Ark

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 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)

~~*[Signature]*~~ *Jamie Von Ark*

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

[Blank] MN

SIGNATURE OF WITNESS DATE

[Signature] *10/31/08*

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>JEAN KALMES</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>2119 Co. Rd 27 Rollingstone, MN 55969</i>	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Jean Kalmes</i>	DATE <i>Oct. 25 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; and • enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT) <i>Donald Kalmes</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
SIGNATURE OF WITNESS <i>Donald Kalmes</i>	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	Reason
<i>DK</i>	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>DONALD KALMES</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>2119 Co. Rd. 27 Rollingstone, MN 55969</i>	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Donald Kalmes</i>	DATE <i>Oct. 25 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; and • enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT) <i>JEAN KALMES</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
SIGNATURE OF WITNESS <i>Jean Kalmes</i>	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	Reason
<i>DK</i>	

Registered

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Tracy Jeffrey Gward</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>8920 Rollin Sunset Dr.</i>	
MINNAPOLIS, MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Tracy Jeffrey Gward</i>	DATE <i>10/31/08</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>S. Denise Gward</i>	ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>34544 1st Avenue S</i>
SIGNATURE OF WITNESS <i>S. Denise Gward</i>	DATE <i>10-31-08</i>
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 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 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	

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Charles McCarthy

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1001 Edso Ct
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

Charles McCarthy 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)

101 Edso Ct
St Charles MN 55972 MN

SIGNATURE OF WITNESS DATE

Judy McCarthy 10/18/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

JUDITH A. Mc CARTHY

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1001 EDSON 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

Judith A. McCarthy 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)

101 Edso Ct
St Charles MN 55972 MN

SIGNATURE OF WITNESS DATE

Charles McCarthy 10/18/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Frage PAKER III

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

*15069
Lom Mn 55942 MN*

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

VOTER'S SIGNATURE DATE

[Signature] *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)

Laura Seaton

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

77 E HOWARD (1002) 55987 (zip)

CITY STATE ZIP+4 MN

SIGNATURE OF WITNESS DATE

[Signature] *10/22/08*

TITLE OF WITNESS (IF AN OFFICIAL)
MISSOURI SEAL IN NOTARY PUBLIC-MINNESOTA My Commission Expires Jan. 31, 2010

FOR OFFICE USE ONLY

ACCEPTED REJECTED

[Signature] Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

IRENE M. BRANDT

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

34876 Old Homer Rd. MN

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

VOTER'S SIGNATURE DATE

Irene M Brandt Oct. 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)

THOMAS ROBERT BRANDT

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

CITY STATE ZIP+4 MN

SIGNATURE OF WITNESS DATE

Thomas R Brandt 10-29-2008

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

[Signature] Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

~~THOMAS ROBERT BRANDT~~

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

~~+876
#876 Old Howard 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~~

NATURE OF WITNESS DATE

~~rene Marie Brandt 10-29-2008~~

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

~~Handwritten initials~~

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

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

SIGNATURE OF WITNESS DATE

Kayla Ritter 10/21/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Handwritten initials

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

LEANN G. PRIEWAT

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

25 S. BARKY

5487 WINDOVA MN

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

VOTER'S SIGNATURE

DATE

Leann G. Priewat 02.14.08

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 the voter; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

FRED A. PRIEWAT

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

WINDOVA MN

SIGNATURE OF WITNESS

DATE

F. A. Priewat 14 Oct 08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

blm kbw Reason

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

ORAN G FEATHERSTONE

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

525 ECKHART ST

WINDOVA 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

WINDOVA MN

SIGNATURE OF WITNESS

DATE 10-9-08

Joan C. Featherstone

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

MH Reason

Registered

lead
11/3/08
DP

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)
BRIAN HAGER

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
*206 Riverview Dr.
Minneiska, MN 55910 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 ▼

ACCEPTED REJECTED
DP mt

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)
Barbara A Grossell

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
10 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 DATE
Barbara A Grossell 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 DATE
Coreen H. Schulte 11-3-08

TITLE OF WITNESS (IF AN OFFICIAL)
Deputy Auditor

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED
[Signature]

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)
Jean-A. Cunnie

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
362 W. 10th 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 DATE
Jean A. Cunnie 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 DATE
Jean A Lubinski 10-29-08
JEAN

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED
[Signature]

Reason

Registered

PLACE WITHIN LARGE
MAILING ENVELOPE

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
VARNJORIE 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
Varnjorie 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

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

Registered *JMA* *(77)*

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Lindsay McClead

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
93 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 Hofschulte

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

SIGNATURE OF WITNESS DATE
Coreen Hofschulte 10-27-08

TITLE OF WITNESS (IF AN OFFICIAL)
Deputy Auditor

PROOF OF RESIDENCE USED BY VOTER

- Witness - please check the:
- MN Driver's License/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 at 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 Hofschulte

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 Hofschulte

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Non-Registered *JMA* *(77)*

▼ 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

[Signature] *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 Yawfelt

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

*23452 CR 7
WINONA MN*

SIGNATURE OF WITNESS DATE

[Signature] *10-8-08*

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

Charles E-Cummings

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

*24328 GREEN TERRACE WAY
WINONA, MN, 55987*

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

VOTER'S SIGNATURE DATE

[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; and
• enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)

Sheryl Ozman

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

SIGNATURE OF WITNESS DATE

[Signature] *10-19-08*

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED

Reason

Registered

EXHIBIT A-8

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

RECEIVED
NOV 08 2008

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Leah Jadamath

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

351 Crane Creek Pl.agan MN

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

VOTER'S SIGNATURE

DATE

Leah Jadamath

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;
- 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 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)

Carolyn Kreck

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

Carolyn Kreck 11/3/08

FOR OFFICE USE ONLY

ACCEPTED REJECTED

NON-REGISTERED-2008

Handwritten initials/signature

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Mrs. 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

Mrs. 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.

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

ACCEPTED REJECTED

Reason

Registered

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)

David B. Double

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

14 Glen Mary Road
Winona, MN

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

VOTER'S SIGNATURE DATE

David B. Double 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)

Norma M. Double

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

104 Glen Mary Road
Winona, MN 55987

SIGNATURE OF WITNESS DATE

Norma M. Double 10-21-08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED *JMM*

Reason

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Ruth Dalleska

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

841 W. Burns Valley 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

Ruth Dalleska 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)

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

SIGNATURE OF WITNESS DATE

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED *JMM*

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 checked="" 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)

Andrew Vogel

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

700 Terrace Heights Winona MN

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

VOTER'S SIGNATURE

DATE

Andrew Vogel 11/2/2008

▼ 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)

JASON KE...

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA

500 HAZEL AVE W. CALE OWATON, MN 55060

SIGNATURE OF WITNESS

DATE

[Signature] 11/2/2008

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED

[Signature]

Reason

Registered

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

GALE PEDERSON

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

11813 W. STATE HWY 97 1141 Gilmore Valley 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

Gale Pederson 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)

SIGNATURE OF WITNESS

DATE

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED

[Signature]

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
395
Utica 55979 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:
• 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

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>cu</i> Reason	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT)	
Jessica O'Loughlin	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
311 Hsdate 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...ken	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
17 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>cu</i> Reason	
Registered	

PLACE WITHIN LARGE RETURN MAILING ENVELOPE #3

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Eborah Mae Schossow
 VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

5 Tew's Ave Lewiston MN

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

VOTER'S SIGNATURE Eborah 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;
 • prepared 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)

STATE 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. Number [REDACTED]
 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 [REDACTED]
 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)

601 A Benson 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

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

LARRY SCHOSSOW

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

55 Tew's 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)

STATE 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. Number [REDACTED]
 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 [REDACTED]
 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)

601 A Benson 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)

~~Ernie F. Ebertowski~~

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

~~8 Franklin St., Wagona MN~~

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

VOTER'S SIGNATURE DATE

~~Ebertowski 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)

~~Wen M. Magliacchio~~

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

~~8 Franklin St. Wagona MN~~

SIGNATURE OF WITNESS DATE

~~Magliacchio 10/7/2008~~

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED REJECTED

~~Reason~~

Registered

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Alvin D Engler

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

476 F Bellview St,
Wiltona 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 OCT 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)

MINNESOTA (PLEASE PRINT)

SIGNATURE OF WITNESS DATE

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED 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	11-7
VOTER'S MINNEAPOLIS, MN 55407	
MN	
I certify that on election day I will meet all of the following conditions: VOTER'S SIGNATURE	
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>Alina M. Osberg</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>4931 14th Ave S Minneapolis MN</i>	
SIGNATURE OF WITNESS 	DATE <i>10-29-08</i>
TITLE OF WITNESS (PLEASE PRINT) <i>Wife</i>	
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. Number _____	
<input type="checkbox"/> Previous registration in the same precinct	
<input type="checkbox"/> Notice of title 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 type="checkbox"/> REJECTED	

PLACE WITHIN LARGE RETURN MAILING ENVELOPE #3

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>Allen Brueger</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>662 E. 3RD WINDONA 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; • 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>Lora Fritzsche</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>662 E. 3RD WINDONA MN</i>	
SIGNATURE OF WITNESS	DATE <i>10-7-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ PROOF OF RESIDENCE USED BY VOTER ▼	
Witness - please check one: <input type="checkbox"/> MN Driver's License/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	
Registered	

▼ TO BE COMPLETED BY VOTER ▼	
VOTER'S NAME (PLEASE PRINT) <i>GRACE M. BROKAW</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>729 E. MARK ST, WINDONA MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE <i>10-7-08</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>Rita Hamberg Fredemann</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>1282 Sherry Dr Minnesota City MN</i>	
SIGNATURE OF WITNESS	DATE <i>10-7-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
▼ FOR OFFICE USE ONLY ▼	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
Reason	
Non-Registered	
Registered	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

3-1 ✓

VOTE	OLSON JENNIFER 425 13th Ave SE # 507	3-1 **
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 <u>10/26/08</u>		
PROVE OF RESIDENCE 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>Anthony Kimo</u>		
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)		
<u>5540 Grand Ave S Minneapolis MN</u>		
SIGNATURE OF WITNESS		
DATE		
<u>10/26/08</u>		
TITLE OF WITNESS (IF AN OFFICIAL)		
PROVE 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 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		
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED 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	
I certify that I am the voter who filled out and enclosed this ballot.	
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>William A Cole</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
5556-25 th Av. S. Mpls MN	
SIGNATURE OF WITNESS	DATE
<i>William A Cole</i>	
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 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 <i>No stamp on bag end</i>	

EXHIBIT B-1

INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT)	
<i>BETTE L. CARNEY</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
<i>821 35 ST. S. MOORHEAD 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>JAMES MCGOUGH</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>20010 City Rd 131 Detroit Lakes MN</i>	
SIGNATURE	DATE
<i>[Redacted Signature]</i>	<i>10-7-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

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

REGISTERED REVERED 20000 SYNERGY GRAPHICS PAPER

COPY EAT PRINTING

12/12/08 FRI 13:16 FAX 218 238 1117

EXHIBIT B-2

Pile #5

Application NOT signed - technical error on Auditor's part

TO BE COMPLETED BY VOTER



324384 STG 11/04/2008 ML PCT R B435377
40 D140 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
G. Gehrke 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)

*239 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 (Applicant) 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.

<input type="checkbox"/> I hereby apply for an absentee ballot for: (check one)	<input type="checkbox"/> I will need an absentee ballot for the following reason: (check one)
<input type="checkbox"/> Both primary and general elections <input checked="" type="checkbox"/> Primary only <input checked="" type="checkbox"/> General election only <input type="checkbox"/> Special election (date) <u> / / </u> <input type="checkbox"/> Special general (date) <u> / / </u> <input type="checkbox"/> Other (date) <u> / / </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)
Gabriel Gustav Gehrke

Date of birth: Phone number:

My legal residence address is:

Street Address	Apt. No.	City	State	Zip Code
1794 482 Lane		Waterville	MN	56096

Mail my absentee ballot to me at the following address:

Street Address	Apt. No.	Rural/Box No.	City/Township	State	Zip Code
11 East 69th St.	322		Sioux Falls	SD	57108

Date: 10/19/08 Signature: **X**

Regist Wat. Twp #2143

Office Use Only		Date	Type	School District #	Precinct
<input type="checkbox"/> Receive <input type="checkbox"/> Inbals	<input type="checkbox"/> NREG	324384 STG ML PCT R 10/14 10/14 40 0140 2143 WATVILLE TWP. GABRIEL G GEHRKE 17794 482ND LN	M G HCF		

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)	
	
277684 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>11/15/08</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>LLOYD G THORSEN</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>115 5TH ST SE Le Center</i>	
MN	
SIGNATURE OF WITNESS	DATE
<i>Lloyd G Thorsen</i>	<i>11/15/08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>PERSONAL</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)

- Both primary and general elections
- Primary only
- General election only
- Special election (date)
- Other (date)

I will need an absentee ballot for the following reasons: (check one)

- Absence from the precinct
- Illness or disability
- Religious observance or observance of religious holiday
- Service as election judge in another precinct
- Eligible emergency declared by the governor or quarantine declared by federal or state government.

Name (Please print) MARCELLA THORSEN

Date of birth _____ Phone number _____

My legal residence address is:
 Street Address Apt. No. City State Zip Code
115 5th St S.E. Montgomery MN 56069

Mail my absentee ballot to me at the following address:
 Street Address Apt. No. Precinct No. City/County State Zip Code
115 5th St S.E. Montgomery Minn 56069

Date _____ Signature X _____

REC	PRECINCT	PRECINCT NAME	PRECINCT TYPE	PRECINCT CODE	PRECINCT NAME	PRECINCT TYPE	PRECINCT CODE

Instructions for Completing the Absentee Ballot Application

- 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 stop a voter from casting a ballot, or to violate an absence restriction is a felony.
- The user to give your vote is you. Do not give your ballot to anyone else. Do not give your ballot to anyone else. Do not give your ballot to anyone else.
- Be sure to give your vote to the correct person. Do not give your ballot to anyone else.
- Be sure to sign your ballot. Do not give your ballot to anyone else.
- Return the completed ballot to the correct person. Do not give your ballot to anyone else.

Remember:
 1. You must indicate whether you are requesting a ballot for the primary or general election, or both.
 2. Do not submit more than one application for each election.
 3. Your absentee ballot 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/elections/index.cfm?page=211#generalabsenteeballot>

Last Name Van Krevelen First Name: Asma
(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 X

All Applicants City and Political

INSERT BALLOT SECRETY
ENVELOPE AND SEAL

FOR PREPARED BY VOTER

ACCEPTED

REJECTED

NOV 11 2006

REGISTERED ELECTORAL SYSTEMS DIVISION MINN

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT) Asma Van Krevelen

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 4741 Winnetka Ave N New Hope MN

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

VOTER'S SIGNATURE Asma Van Krevelen DATE 11/1/06

TO BE COMPLETED BY WITNESS

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) [Signature]

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

SIGNATURE OF WITNESS [Signature] DATE 11/1/06

TITLE OF WITNESS (IF AN OFFICIAL) _____ MN

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>R. ...</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; andenclosed 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

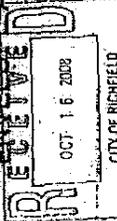
*Rejected
11/4/08 - talked
to Pat @ WA
county*

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

REGISTERED-2008

EXHIBIT B-4

INSERT BALLOT SECRECY
ENVELOPE AND SEAL



CITY OF RICHFIELD
NOV 16 2008
TO BE COMPLETED BY VOTER
VOTER'S NAME (PLEASE PRINT)
MICHAEL CHRISTENSEN
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
6801 BLAUDELL AVE #20
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 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)
Elizabeth Lawson
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
17200 Portland Ave
SIGNATURE OF WITNESS
Elizabeth Lawson
DATE
10/15/08
TITLE OF WITNESS (IF AN OFFICIAL)
Notary

FOR OFFICE USE ONLY
ACCEPTED BY
RECEIVED BY
NOTARY

INSERT BALLOT SECRECY
ENVELOPE AND SEAL



CITY OF RICHFIELD
NOV 1 2008
TO BE COMPLETED BY VOTER
VOTER'S NAME (PLEASE PRINT)
Jennifer Collins
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
3200 Union 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
10-08

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)
EMMA MARSH
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
MINN
SIGNATURE OF WITNESS
Emma Marsh
DATE
05-10-08
TITLE OF WITNESS (IF AN OFFICIAL)
EMMA MARSH, L.L.P. EXPLAN

FOR OFFICE USE ONLY
ACCEPTED BY
RECEIVED BY
NOTARY

INSERT BALLOT SECRECY
ENVELOPE AND SEAL



CITY OF RICHFIELD
NOV 1 2008
TO BE COMPLETED BY VOTER
VOTER'S NAME (PLEASE PRINT)
Richard A. Cold
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
6920 STEVENSON RD
MINN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.
VOTER'S SIGNATURE
Richard A. Cold
DATE
11/2/08

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)
RESILIE K GALE
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
6910 STEVENSON RD
MINN
SIGNATURE OF WITNESS
Resilie K Gale
DATE
11/2/08
TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY
ACCEPTED BY
RECEIVED BY
NOTARY

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

TO BE COMPLETED BY VOTER

VOTER'S ID: 
 338835 STG 11/04/2008 ML PCT NR B450004
 VOTER'S NAME: 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: *Faiza T. Hussein* 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;
 • 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): *Barbara E. Klavetter*
 ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT):
 MN

SIGNATURE OF WITNESS: *Barbara E. Klavetter* DATE: *10/29/08*
 TITLE OF WITNESS (IF AN OFFICIAL):

Notary Public

PROOF OF RESIDENCE USED BY VOTER

- Witness—please check one:
- MN Driver's License/Perm/ID Card or receipt with current address. Number: *[redacted]*
 - 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 *No Notary Stamp*

B 430725

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)
JUDITH J. REBEL

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
*11139 STEAMBOAT LOOP 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 DATE
Judith Rebel *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 DATE
Nina S. Gray *10-9-08*

TITLE OF WITNESS (IF AN OFFICIAL)
NOTARY

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED
AK 29'

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	D2 A220 0015 EAST BETHEL P-2 GWEN MARY THOMAS 1098 212TH AVE NE ENV#2
SE 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>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>SA No Registration Fee</i>

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER

SUANN VAN NORSTRAND
402 MARSHALL ST.
DULUTH, MN 55803 (PRINT) MN

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

VOTER'S SIGNATURE DATE
X *Suann Van Norstrand* 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 DATE
X *Jane Marie Primo* X 11/3/08

TITLE OF WITNESS (IF AN OFFICIAL)
X *Notary*

FOR OFFICE USE ONLY

ACCEPTED
 REJECTED

EXHIBIT B-5

▼ TO BE COMPLETED BY VOTER ▼

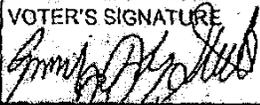
VOTER 

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 did not sign*

Reason 11/3

*212 N. Russell Ave
Ames, IA 50010*

Registered

▼ 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 P3B
ERIC DAVID JOHNSON ENV#2
11751 183RD AVE NW 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*
JTP *As 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. DALLE

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

SIGNATURE OF WITNESS *Sylvia E. Dalle* DATE 10-16-08

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)
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

ACCEPTED REJECTED NO REGISTRATION
Reason Non-Registered

INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Roshael Jacobsen</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>80 Third St. Suite 102 Carlton</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Roshael Jacobsen</i>	DATE <i>11/03/08</i>
TO BE COMPLETED BY A 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>Sally Menzel</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN <i>Coon Rapids</i>	
SIGNATURE OF WITNESS <i>Sally Menzel</i>	DATE <i>11-3-08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
WITNESS PROOF OF RESIDENCE (PLEASE PRINT)	
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. 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 vouches 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 vouches 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>Patti McPhail</i>	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) <i>259 Riverside Rd. Coon Rapids</i>	
MIN NUMBER TO COLLECT MAILBOX OR MAILING ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE	
VOUCHER'S SIGNATURE <i>Patti McPhail</i>	
FOR OFFICE USE ONLY	
ACCEPTED	REJECTED <i>real person, not a ballot</i>
<i>From 2008 put in correct return envelope</i>	

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

*Big sign
No witness*

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Johnson Dorothy L.</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>4320 700 Commercial Ave MN</i>	
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 SARGY</i>	
ADDRESS OF NON-VOTARY 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>

REGISTERED REVISED 2008 SYNERGY GRAPHICS PAPER

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 MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>J. Killian</i>	DATE <i>10/4/08</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>Delores E Killian</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>Delores E Killian 10/4/08 MN</i>	
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 address to witness MS 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. Elk 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 <input type="checkbox"/> showed me the blank ballots before voting; <input checked="" type="checkbox"/> 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 Hendrix</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>101bra Hendrix 10/17/08 MN</i>	
SIGNATURE OF WITNESS <i>Debra Hendrix</i>	DATE <i>10/17/08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED <i>DB</i>	
<input checked="" type="checkbox"/> REJECTED <i>Wrong Present</i>	

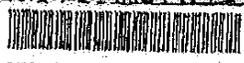
INSERT BALLOT SECRECY ENVELOPE AND SEAL

Received 10/15/08

TO BE COMPLETED BY VOTER	
	
266437 STG 11/04/2008 ML PCT R B367107 31.0155 318 GRAND RAPIDS P-4 NICOLETTE RONAYE ROBERTS 920 7TH AVE SW	
(PRINT) MN	ENV#2
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Nicolette Roberts</i>	DATE 10-07-2008
TO BE COMPLETED BY WITNESS	
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>Frank Peronoly</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
MN	
SIGNATURE OF WITNESS <i>Frank Peronoly</i>	DATE 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 address

CF *Chandler* LARGE RETURN
 MA. *1501* ENVELOPE #3

TO BE COMPLETED BY VOTER	
 415040 STG 11/04/2008 IP PCT NR 8527318 80 0105 2155 WADENA P-2 DAJUAN SIMMONS 220 BIRCH AVE NW MN	10NS 7)
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Dewanth Simmons</i>	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; • 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)	
SIGNATURE OF WITNESS <i>[Signature]</i>	
DATE 11-03-08	
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
Non-Registered	



382899 STG 11/04/2008 IP PCT NR B494912
 62 1260 625 ST. PAUL W-5 P-1
 KRISTA SMITH
 380 WHEELLOCK PKWY E
 ENV#2

TYPE
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 # 146 Saint Paul MN

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

VOUCHER'S SIGNATURE

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

RECEIVED OCT 10 2008

TO BE COMPLETED BY VOTER	
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 <i>Mark Thompson</i> DATE 10/10/2008	
TO BE COMPLETED BY A 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) Dorothy Anderson	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS <i>Dorothy Anderson</i> DATE 10-10-08	
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. 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 TRIAL ID MN D.L. #
NON-REGISTERED-2008 <i>W</i>	

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

My [usa] 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 applicants City and Publisher

01-2-001

INSERT BALLOT SECRETY
ENVELOPE AND SEAL

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>11/10/06</u>
I certify that the voter showed me the blank ballots before voting, marked the ballots in private or, if specifically unable to mark the ballots, the ballots were marked by the voter and enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <u>[Signature]</u>	
ADDRESS OF NON-NOTARY WITNESS (IN MINNESOTA (PLEASE PRINT)) <u>[Signature]</u> <u>MN</u>	
SIGNATURE OF WITNESS <u>[Signature]</u>	DATE <u>11-10-06</u>
TITLE OF WITNESS (IF AN OFFICIAL)	

<input type="checkbox"/> ACCEPTED
<input checked="" type="checkbox"/> REJECTED
REASON FOR REJECTION: <u>[Signature]</u>
REASON FOR REJECTION (PLEASE PRINT): <u>[Signature]</u>

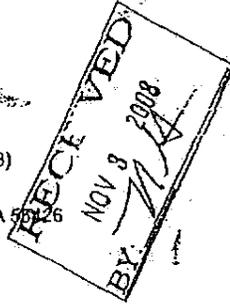
INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Florence Mac Waldron</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>1012 Westbrooke Way #7, Hopkins MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Florence Mac Waldron</i>	DATE <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; and enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT) <i>Tabatha Benson</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS <i>Tabatha Benson</i>	DATE <i>10-30-08</i>
TITLE OF WITNESS (IF AN OFFICIAL) <i>Receptionist</i>	

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

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

Jessica M Walz

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)

Shane Allen Claiborne

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

MN

SIGNATURE OF WITNESS

Shane Allen Claiborne

DATE

10/31/08

TITLE OF WITNESS (IF AN OFFICIAL)

President, The Simple Way (pastor)

P.13

FOR OFFICE USE ONLY

ACCEPTED

REJECTED *no address for witness and out of state*

MD 99

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

OCT 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	
APP	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>C.C.W.</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>[Signature]</i>

REGISTERED REVISION 2005 SYNERGY GRAPHICS

EXHIBIT B-7

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)
JAMES LANGLOIS

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
1014 OAKLAND PARK RD
TIMBER 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. Langlois 10/16/18

▼ 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

 238890 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: <i>Kathy M. Belanus-Hamann</i> DATE: <i>10-29-2008</i>	
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>CHRIST HAMANN</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>29408 CTY 27 BADGER 56714 MN</i>	
SIGNATURE OF WITNESS <i>Christ G Hamann</i>	DATE <i>10-29-2008</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
WITNESS—please check one: <ul style="list-style-type: none"> <input type="checkbox"/> MN Driver's License/Minnesota 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 Adult 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 vouches 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 vouches 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	
ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> NO PROOF OF RESIDENCE <input checked="" type="checkbox"/>	

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>Mary Ann Frederick</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>57582 178th Ln.</i>	
MN	
SIGNATURE OF WITNESS <i>Mary Ann 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	
<input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	NO PROOF OF RES. Reason <i>Not Registered</i>

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)

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 *RC*

INSERT BALLOT SECRECY ENVELOPE AND SEAL

	
377173 STG 11/04/2008 ML PCT NR 8488987 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 Haugen</i> DATE 10/31/08	
TO BE COMPLETED BY WITNESS	
I certify that the voter: <ul style="list-style-type: none"> • showed me the legal 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) 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)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one: <ul style="list-style-type: none"> <input type="checkbox"/> MN Driver's License/Permit 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 (X) REJECTED <i>Accepted</i>	

FRUB

Nov. 2008

APPEL
(29) 13721208

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

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 *[Signature]* 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 *[Signature]*

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	
<small>I certify that on election day I will meet all the legal requirements to vote by absentee ballot.</small>	
VOTER'S SIGNATURE	DATE
Alison Meyer	10/21/08
<small> I certify that the voter: <ul style="list-style-type: none"> • signed the 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 • enclosed and sealed the ballot 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. </small>	
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	
Secretary County Club	
<small> Please check one: <ul style="list-style-type: none"> <input type="checkbox"/> MN Driver's License/Minnesota ID Card or receipt with current address Number <input type="checkbox"/> Trial ID card with name, current address, telephone, and picture <input type="checkbox"/> Utility bill or student fee statement plus a MN Driver's License/ID Card, Trial 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 form voucher from below) <input type="checkbox"/> Employee of a residential facility in the precinct. (Please complete the form voucher from below) </small>	
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	
<small> UNACCEPTED REJECTED </small>	

FD-08

NOV 2008

Non-Register of Absent Envelope

PLACE WITHIN LARGE RETURN MAILING ENVELOPE #3

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Tanner Morrissey

VOTER'S ADDRESS (PLEASE PRINT)

38104 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 DATE
Tanner Morrissey 11-4-08

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)

Maguelin J Maurstad

ADDRESS OF WITNESS (PLEASE PRINT)

Warren M.D 50262

SIGNATURE OF WITNESS DATE
Maguelin J Maurstad 11-4-08

TITLE OF WITNESS (IF AN OFFICIAL)

PROOF OF RESIDENCE USED BY VOTER

- MN Driver's License/Perm/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 picture. Number _____
- Previous registration in the same precinct.
- Student ID Number: _____
- 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 next three lines.)

VOUCHER'S NAME (PLEASE PRINT)

VOUCHER'S ADDRESS (PLEASE PRINT)

VOUCHER'S SIGNATURE

FOR OFFICE USE ONLY

ACCEPTED REJECTED Reason: No proof of residency

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

SC

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Bruce John Quast</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>6645 WEST 115th 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>Bruce Quast</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 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) <i>Barb Deise</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN	
SIGNATURE OF WITNESS <i>Barb Deise</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: <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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> <i>[Signature]</i>	
NON-REGISTERED-2008	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

*Rowd
10/31/08*

TO BE COMPLETED BY VOTER	
VOTERS	
338459 STG 11/04/2008 ML PCT NR B447596	
VOTERS 31 0140 318 GRAND RAPIDS P-1	
ANGELA MARIE STATSMAN MN	
365 RIVER RD APT 208 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>Angela Statsman</i>	10-30-08
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>Carol Statsman</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>2328 Diane Lane; Grand Rapids MN</i>	
SIGNATURE OF WITNESS	DATE
<i>Carol Statsman</i>	10-30-08
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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> <i>No proof of residency ce</i> 30	