

STATE OF MINNESOTA
IN SUPREME COURT

Cullen Sheehan, Norm Coleman, Cara
Beth Lindell, and John Doe,

Court File No. A08-2169

Petitioners,

vs.

AFFIDAVIT OF
JAMES K. LANGDON

Mark Ritchie, Minnesota Secretary of
State, the Minnesota State Canvassing
Board, Isanti County Canvassing Board
and Terry Treichel, Isanti County Auditor-
Treasurer, individually and on behalf of all
County and Local Election Officers and
County Canvassing Boards,

Respondents.

Al Franken for Senate and Al Franken,

Intervenor-Respondents.

STATE OF MINNESOTA)
) SS
COUNTY OF HENNEPIN)

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

1. I am admitted to practice before this Court and am counsel to Petitioners. I
submit this Affidavit in support of the relief requested in the Motion for Emergency
Order.

2. Attached as Exhibit 1 is a true and correct copy of a letter from Tony Trimble to the Secretary of State dated January 2, 2009.

3. Attached as Exhibit 2 is a true and correct copy of the enclosures (referred to as Group A, Group B, Group C and Group D) referenced in Mr. Trimble's January 2, 2009 letter.

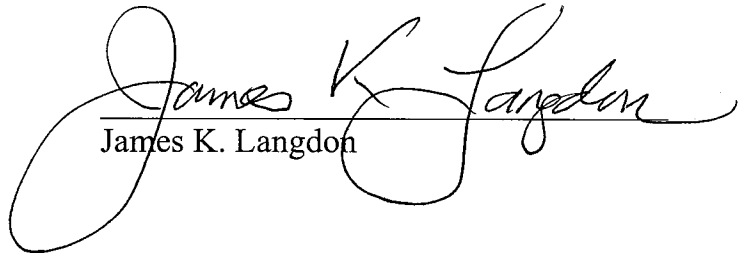
4. Attached as Exhibit 3 is a true and correct copy of an absentee ballot envelope from Hennepin County that, like the examples in Group A of Exhibit 2, was marked "Accepted" by local election officials. In contrast to the examples in Group A of Exhibit 2, this ballot envelope will be opened and the vote for the U.S. Senate seat will be counted.

5. Attached as Exhibit 4 is a true and correct copy of two absentee ballot envelopes from Hennepin County that, like the examples in Group B of Exhibit 2, were not marked "Accepted" or "Rejected" by local election officials and there is no discernible reason for not accepting the ballots. In contrast to the examples in Group B of Exhibit 2, these ballot envelopes will be opened and the votes for the U.S. Senate seat will be counted.

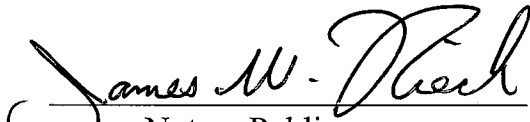
6. Attached as Exhibit 5 is a true and correct copy of an absentee ballot envelope from Hennepin County that, like the examples in Group C of Exhibit 2, was originally marked "Rejected" by local election officials for "mismatched" or "different" signatures. In contrast to the examples in Group C of Exhibit 2, this ballot envelope will be opened and the vote for the U.S. Senate seat will be counted.

7. Attached as Exhibit 6 is a true and correct copy of an absentee ballot envelope from Hennepin County that, like the examples in Group D of Exhibit 2, was initially rejected by local election officials because it was apparently delivered to the wrong precinct. In contrast to the examples in Group D of Exhibit 2, this ballot envelope will be opened and the vote for the U.S. Senate seat will be counted.

FURTHER AFFIANT SAYETH NOT.


James K. Langdon

Subscribed and sworn to before me
this 3 day of January, 2009.


Notary Public

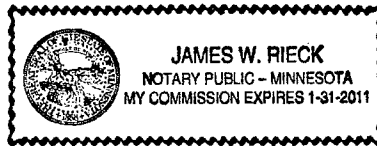


EXHIBIT 1

TRIMBLE & ASSOCIATES, LTD.

Attorneys at Law

10201 Wayzata Boulevard
Suite 130
Minneapolis, Minnesota 55305

Telephone: 952-797-7477
Facsimile: 952-797-5858
Email: trimblelegals@earthlink.net

January 2, 2009

Mr. Mark Ritchie / Mr. Jim Gelbmann
SECRETARY OF STATE OF MINNESOTA
180 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
Saint Paul, MN 55155-1299

Dear Mr. Gelbmann:

In light of the Minnesota Supreme Court's Order filed January 2, 2009, it is readily apparent that the Court wishes to consider any inconsistencies with respect to the absentee ballot envelope review process. Hence, it is manifestly unwise to proceed with any opening and/or counting of previously-rejected absentee ballot envelopes until the Court has rendered its decision with respect to the universe of such absentee ballot envelopes to be included.

As we have previously indicated, the rejected absentee ballot envelope process yet remains inconsistent and incomplete. On Monday, January 5, it is likely that the work of the Minnesota State Canvassing Board will, for all intents and purposes, be completed. Unfortunately, the numbers they will report will not be accurate and the results will not be reliable or valid because the process has broken down. A broken process means that there can be no confidence in the results of the United States Senate Recount. The process is broken for the following reasons:

SUPPLEMENTAL ENVELOPES FOR CONSIDERATION

We previously submitted a list to your office, local election officials and the Franken campaign of absentee ballot envelopes which we believe may have been improperly rejected. Some of these had been previously identified by local election officials and some had not. The Franken campaign objected to all of these recommendations *en masse* without even reviewing the same. Your office effectively supported such a blanket rejection and most (but not all) local election officials followed suit.

Your justification for this result was the failure of the Coleman campaign to deliver a list of envelopes it wanted opened or looked at to local election officials by 3:00 p.m. on Monday, despite the fact that we were in a meeting at your offices to resolve this matter *and* despite the fact that we had provided these lists to both your office and the Franken campaign before such meeting.

We note that, under your interpretation of Rule 15, no ballots may be opened and counted tomorrow, because no campaign submitted a list of ballots agreed upon by 3:00 p.m. on Monday. Only unjustified inconsistency could strictly apply Rule 15 to supplemental ballots but not to agreed-upon ballots. Hence, under your interpretation of Rule 15, due to lack of any list of

agreed-upon ballots by 3:00 p.m. on Monday, *no* ballots have been agreed upon in a timely manner and, hence, *no* ballots be counted tomorrow.

Nevertheless, we requested you on Wednesday to resolve this issue and such resolution has not occurred (thereby triggering a motion before the Minnesota Supreme Court). As you know, the process that triggered this request (and motion) was as follows:

- The Coleman campaign received copies of rejected absentee ballot envelopes from the counties pursuant to data practices requests during the “Pile 5” sorting process
- Attorneys for the Coleman campaign independently reviewed *each and every one* of these envelopes the week before Christmas and Christmas week, and identified two categories: (A) envelopes which clearly appeared on their face to have been improperly rejected and (B) envelopes which required additional information.
- As to Category B, the additional information required was a copy of the absentee ballot application that accompanied the envelope, because the local election official had identified a problem with the absentee ballot application (such as missing signature, mismatched signature, mismatched address).
- Attorneys for the Coleman campaign compared the list of envelopes that the counties wanted opened to the lists independently-generated in Category A and Category B. We identified approximately 55 envelopes in Category A that the counties had not identified. Attorneys for the Coleman campaign identified 600+ envelopes in Category B for which the counties had not provided enough information to enable us to determine whether the envelopes were properly rejected.
- The counties were supposed to provide copies of these applications by 5:00 p.m. on Friday, December 26, under the protocol agreed to by all parties with the Secretary of State’s Office on December 24 at 2:30 p.m. This information was *not* provided by the counties as required by this deadline.
- By email to the counties and the Secretary of State’s Office on Monday afternoon, we requested the counties to make this information available at the regional sorting meetings. The Franken campaign objected *en masse* to *both* Category A and Category B. Your office essentially instructed the counties to also refuse to provide us this information. Some counties looked at our requests and agreed with us on some ballots, but Franken objected to counting the same as “untimely”, even though this is *not* one of the 4 statutory reasons for rejection but a process-based argument under a strict reading of the Protocol.

As a result, we believe that forty-eight (48) envelopes previously rejected by local election officials that clearly should be counted will *not* be included in tomorrow’s count despite the existence, from the face of these envelopes, of clear and obvious error in the initial rejection of these envelopes. An unknown additional number may also be not counted because we have not been permitted access to information necessary to determine whether the initial

Copies of these 48 envelopes are attached in four (4) groups. Note the following regarding these envelopes/groups:

- Group A: 24 were marked “accepted” by local election officials
- Group B: 4 were marked neither “accepted” or “rejected”, but no discernible reason exists for not accepting these ballots
- Group C: 16 were rejected for improper reasons (i.e., claims a mismatched signature where the signatures do in fact match or states “no signature” but a signature exists)
- Group D: 4 were rejected because they were apparently delivered to the wrong precinct.

Please further note that these envelopes are *not* “cherry-picked” but derive solely from the independent review process by Coleman attorneys as described above. These envelopes come from a broad cross-section of the State of Minnesota, as follows:

County	Number
Aitkin	1
Benton	2
Dakota	7
Hennepin	13
Meeker	2
Mower	3
Polk	1
Ramsey	8
Rice	1
Stearns	1
Washington	6
Winona	1
Wilkin	1
Wright	1

Over the past 4 days, hundreds of envelopes identically situated to the attached envelopes and are scheduled to be opened and counted. However, none of these 48 envelopes will be opened and counted tomorrow, despite the fact that these envelopes should be counted under Minnesota law and the Supreme Court’s Order. Moreover, we believe that these 48 envelopes are only the tip of the iceberg; that is why we provided a list of an additional 600 envelopes for which further information is required before any final rejection of the same should occur.

The continued refusal of the Franken campaign and Minnesota Secretary of State’s Office to agree to any mechanism to resolve this grave situation, which will clearly result in disenfranchisement, is disappointing at the least, and is what precipitated the Coleman campaign’s motion that is currently pending before the Minnesota Supreme Court. We again renew our request that the Secretary of State and campaigns work out a procedure by which these matters can be resolved uniformly and expeditiously. While time is understandably precious, accuracy and avoiding disenfranchisement is even more precious.

RULE 5 AND 5a CERTIFICATIONS

As you know, Rule 5 clearly states:

...if the reason for rejecting the Absentee Ballot states on the envelope: "voter not registered," local officials will verify whether that the voter was registered or not **and provide both campaigns and the office of the Secretary of State with a letter certifying that the voter was registered to vote in that precinct.**

Rule 5a clearly states:

5a. For all absentee ballots that the local elected official believes were wrongly rejected, the local elected official will check the pre-registered election day roster and verify the voter did not vote on election day. **The local election official will provide both campaigns and the office of the Secretary of State with a letter certifying that they have completed this review of the roster.**

Although a handful of counties have (sporadically) indicated the foregoing verifications preliminarily in emails and/or orally at regional sorting meetings, Rule 5 clearly requires this written affirmation by letter, which we have not yet received from more than a few counties.

Moreover, Hennepin County has already informed us that at least two (2) of the envelopes agreed to by all parties were submitted by voters who voted in person on election day.

Accordingly, if these certifications are not received today, and we cannot verify that the persons who submitted envelopes to be opened tomorrow did not vote in person on election day, counting simply cannot proceed tomorrow.

Hence, please forward to our office any letters you have received from county election officials as to these matters and also remind the counties of these obligations under the rules agreed to last week.

We look forward to your prompt response to these matters as we do not believe *any* opening or counting can continue tomorrow until these matters have been resolved.

Sincerely,



Tony P. Trimble


cc: Fritz Knaak (via email, w/o encl.)
David Lillehaug (via email, w/encl. by facsimile only)

EXHIBIT 2

GROUP A

INSERT BALLOT SECRECY ENVELOPE AND SEAL

13-3

TO BE COMPLETED BY VOTER	
VC WELLS TIMOTHY PATRICK 4520 Zenith Ave S	13-3 ..
VC MINNEAPOLIS, MN 55410 	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Timothy Wells</i>	DATE 10/9/08
TO BE COMPLETED BY WITNESS	
I certify that the voter <ul style="list-style-type: none"> • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • 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 Cabbage</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 907 Northview Park Rd, Eagan	
SIGNATURE OF WITNESS <i>Michelle Cabbage</i>	DATE 10-18-08
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)	
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 _____	

2094

PLACE WITHIN LARGE RETURN
MAILING ENVELOPE #3

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Larayne C Wewewecke

VOTER'S ADDRESS (PLEASE PRINT)
1455 W 6th Apt #319

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

VOTER'S SIGNATURE DATE
Larayne Wewewecke 10-22-08

TO BE COMPLETED BY WITNESS

I certify that the voter

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

NAME OF WITNESS (PLEASE PRINT)
Bonnie Myers

ADDRESS OF WITNESS (PLEASE PRINT)
1622 Hilbert St
Winona MN

SIGNATURE OF WITNESS DATE
B. Myers 10-22-08

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)
Arlene PK Compton

VOUCHER'S ADDRESS (PLEASE PRINT)
1031 W Wabasha Winona MN 55387

VOUCHER'S SIGNATURE

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Registered Reason

ABSENTEE ARDEN HILLS 700 LPE

ENVELOPE

B

PRECINCT #1

20

FOR OFFICE USE ONLY

ACCEPTED REJECTED

Reason

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

William Turgeon

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

3508 Glenaville Rd MN 55112

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

VOTER'S SIGNATURE

William Turgeon

DATE

10/31/08

TO BE COMPLETED BY WITNESS

I certify that the voter

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

NAME OF WITNESS (PLEASE PRINT)

Ron Brezina

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

3508 Glenaville Rd MN 55112

SIGNATURE OF WITNESS

Ron Brezina

DATE

10-31-08

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)

Ron Brezina

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

3508 Glenaville Rd Arden Hills MN 55112

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


651-330-5975

VOUCHER'S SIGNATURE

Ron Brezina

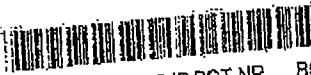
IMPORTANT!

Insert Ballot Secrecy Envelope, and then seal this flap.

TO BE COMPLETED BY VOTER	
VOTER'S	
	267278 STG 11/04/2008 ML PCT R B377986
VOTER'S	19 4450 006 SOUTH ST PAUL P-5 W-3
	KENNETH ALAN HIPPLER
	222 MACARTHUR ST E 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>Kenneth A. Hippler</i>	10-6-2008
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Colleen A. Hippler</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>2025 Duffley Rd</i>	
<i>EAGAN</i>	MN
SIGNATURE OF WITNESS	DATE
<i>Colleen A. Hippler</i>	10/7/08
TITLE OF WITNESS (IF AN OFFICIAL)	

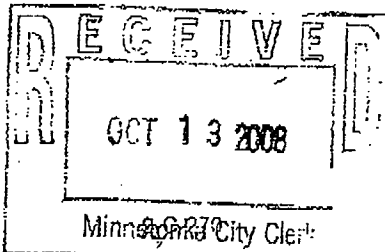
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED <i>cu</i>	
<input type="checkbox"/> REJECTED <i>cb</i>	

At Ballot Secrecy Envelope and Voter Application. Then Seal this flap first.

TO BE COMPLETED BY VOTER	
VOTER'S NAME	 414170 STG 11/04/2008 IP PCT NR B626446 19 4410 006 SOUTH ST PAUL P-1 W-1 CAROLINE MONIC NINO 1551 WILLIS AVE APT 1C
VOTER'S MINN	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>Caroline Monic Nino</i>	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. 	
NAME OF WITNESS (PLEASE PRINT)	
<i>Carol Hellmick</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>Dakota County</i>	
MN	
SIGNATURE OF WITNESS	DATE
<i>Carol Hellmick</i>	11-3-08
TITLE OF WITNESS (IF AN OFFICIAL)	
<i>deputy</i>	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input checked="" type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address Number <i>[redacted]</i>	
<input type="checkbox"/> Tribal ID card with name, current address, signature, and picture	
<input type="checkbox"/> Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with picture, U.S. Passport, U.S. military ID card with picture, or student ID card with picture. Number _____	
<input type="checkbox"/> Previous registration in the same precinct.	
<input type="checkbox"/> Notice of late registration from county auditor or municipal clerk.	
<input type="checkbox"/> Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below.)	
<input type="checkbox"/> Employee of a residential facility in the precinct who vouched for absentee voter's residence at the facility. (Please complete the three voucher lines below.)	
VOUCHER'S NAME AND NAME OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
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 _____	

D R
NOM

INSERT BALLOT SECRET ENVELOPE AND SEAL



OKE O MARTINSON
11201 FAIRFIELD RD #107
MINNETONKA, MN 55305
(R)



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

VOTER'S SIGNATURE DATE
Oke O. Martinson 10/14/08

*

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)
Brianne Matheson

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
 (PLEASE PRINT)
*6100 Ridgeway Rd,
 Edina, MN 55436* MN

SIGNATURE OF WITNESS DATE
Brianne Matheson 10/14/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED ^{ET}

REJECTED *[Signature]* *[Signature]*

Reason

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

✓

*Approved for
Missouri
differs
CD 4*

CATHERINE L WELLS PARDIECK
270
11201 FAIRFIELD RD #418
MINNETONKA, MN 55305
(NR)

2-C-



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

VOTER'S SIGNATURE

DATE

Catherine L. Wells Pardieck

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)

DONALD FLORENTE

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

*4795 Ferncroft Dr
Lyle, MN 55359*

MN

SIGNATURE OF WITNESS

DATE

Donald Florente

10/23/2008

TITLE OF WITNESS (IF AN OFFICIAL)



FOR OFFICE USE ONLY



ACCEPTED

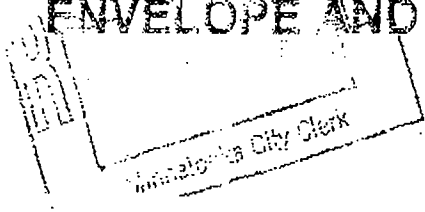
REJECTED

WA

MM

Reason

**INSERT BALLOT IN SECRECY
ENVELOPE AND SEAL**



MARILYN R. SHAYER
5703 SEVEN OAKS CT
MINNETONKA, MN 55345
(NR)

1-A-270



I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Marilyn R. Shayer</i>	DATE <i>10-22-08</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none"> • showed me the blank ballots before voting; <i>yes</i> • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; <i>yes</i> • enclosed and sealed the ballots in the secrecy envelope; <i>yes</i> • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and <i>yes</i> • provided proof of residence as indicated below. <i>yes</i> 	
NAME OF WITNESS (PLEASE PRINT) <i>J. Clinton Shaver</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>5703 Seven Oaks Ct. MN</i>	
SIGNATURE OF WITNESS <i>Jesse Clinton Shaver</i>	DATE
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input type="checkbox"/> MN Driver's License/Permit/ID Card or receipt with current address Number <input type="checkbox"/> Tribal ID card with name, current address, signature, and picture <input type="checkbox"/> Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with picture, U.S. Passport, U.S. military ID card with picture, or student ID card with picture. <input type="checkbox"/> Previous registration in the same precinct. <input type="checkbox"/> Notice of late registration from county auditor or municipal clerk. <input type="checkbox"/> Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below.) <input type="checkbox"/> Employee of a residential facility in the precinct who vouched for absentee voter's residence at the facility. (Please complete the three voucher lines below.)	
VOUCHER'S NAME AND NAME OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) <i>Jesse Clinton Shaver</i>	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) <i>5703 Seven Oaks Ct. MN 55345</i>	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) <i>952929529410442</i>	
VOUCHER'S SIGNATURE <i>Jesse Clinton Shaver</i>	
FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	<input type="checkbox"/> REJECTED
Reason <i>[Signature]</i>	

INSERT BALLOT SECRECY ENVELOPE AND SEAL

NOV - 4 2008
COUNTY AUDITOR
MCNEE COUNTY

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Victor Fred Schlinger</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>1401 4th St S.W. Austin MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Victor Fred Schlinger</i>	DATE <i>11/1/2008</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>Bernice A Schlinger</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>1401 4th St S.W. Austin MN</i>	
WITNESS SIGNATURE <i>Bernice A Schlinger</i>	DATE <i>11/1/2008</i>
TITLE OF WITNESS (IF AN OFFICIAL)	
TO BE COMPLETED BY RESIDENCE VOUCHER	
Witness - please check one: <ul style="list-style-type: none"> <input type="checkbox"/> MN Driver's License/Perm/ID Card or receipt with current address Number _____ <input type="checkbox"/> Tribal ID card with name, correct 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 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>Bernice Schlinger</i>	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) <i>1401 4th St. S.W. Austin MN 55912</i>	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT) <i>507-437-2080</i>	
VOUCHER'S SIGNATURE <i>Bernice Schlinger</i>	
FOR OFFICE USE ONLY	
ACCEPTED / REJECTED _____	

#55

INSERT BALLOT SECRECY ENVELOPE AND SEAL

NOV - 4 2008
COUNTY OF ANNE ARBOR
MICHIGAN

FOR COMPLETION BY VOTER	
VOTER'S NAME (PLEASE PRINT)	
GRACE M HILLIER	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
1401 4 th ST. S.W. APT. 304 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
Grace M. Hillier	10-21-08
FOR COMPLETION 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)	
David Hillier	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
11-13 31 st St SW Austin MN	
SIGNATURE OF WITNESS	DATE
David Hillier	10-21-08
TITLE OF WITNESS (IF AN OFFICIAL)	
FOR COMPLETION BY VOUCHER	
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, photo, and photo	
<input type="checkbox"/> Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with picture, U.S. Passport, U.S. military ID card with picture, or student ID card with picture. Number _____	
<input type="checkbox"/> Previous registration in the same precinct	
<input type="checkbox"/> Notice of late registration from county auditor or municipal clerk	
<input 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 OFFICIAL USE ONLY	
ACCEPTED _____ REJECTED _____	

#56

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Ashley Zartner

VOTER'S PRESENT HOME ADDRESS IN MINNESOTA (PLEASE PRINT)

37 College Ave. S, 1964
St. Joseph, MN 56374

CITY OR TOWN (PLEASE PRINT)

St. Joseph

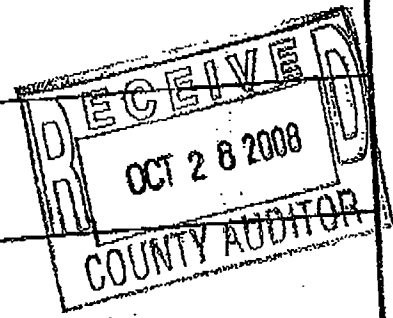
COUNTY (PLEASE PRINT)

STEARNS

TELEPHONE NUMBER (OPTIONAL)

CURRENT EMAIL ADDRESS (OPTIONAL)

umzartner@csbsju.edu



- I swear or affirm, under penalty of perjury, that I am:
- a member of the uniformed services or merchant marine on active duty or an eligible spouse or dependent of such a member;
 - a United States citizen temporarily residing outside the United States;
 - other United States citizen residing outside the United States

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 never 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.

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.

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.

I.D. NUMBER (Passport number, 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

Ashley Zartner

DATE

10/21/2008

FOR OFFICE USE ONLY

ACCEPTED

APPROVED

Reason

CH

Rejected R-1

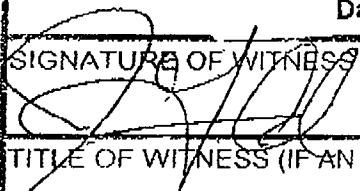
INSERT BALLOT SECRECY ENVELOPE AND SEAL

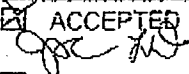
TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Timothy A. Duerr	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 6851 10th St NE MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot	
VOTER'S SIGNATURE <i>Timothy A. Duerr</i>	DATE 10/30/08
TO BE COMPLETED 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; and • enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) Carla J. Blasing	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) City Hall MN	
SIGNATURE OF WITNESS <i>Carla J. Blasing</i>	DATE 10-30-08
TITLE OF WITNESS (IF AN OFFICIAL)	

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

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


Address
Woodbury P3 834

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Trina Finches	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 11084 Cresthaven Trl MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Trina Finches	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; andenclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
ADDRESS OF (PLEASE PRINT) JOSHUA A GILLEN WASHINGTON COUNTY DEPUTY Date: ___/___/2008	OTA MN
SIGNATURE OF WITNESS 	DATE 11/3/08
TITLE OF WITNESS (IF AN OFFICIAL)	

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

REGISTERED 0000

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

230809 STG 11/04/2008 ML PCT R 3322669
82 0425 0833 WOODBURY P-13
KARLA SUE CLARK
5850 TOWER DR ENV#2

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

VOTER'S SIGNATURE <i>Karla S. Clark</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; and
- enclosed and sealed the ballots in the secrecy envelope.

NAME OF WITNESS (PLEASE PRINT)
STEPHEN CLARK

ADDRESS OF WITNESS (PLEASE PRINT)
5850 TOWER DR. WOODBURY MN, 55129

SIGNATURE OF WITNESS <i>Stephen Clark</i>	DATE 10-28-08
--	------------------

TITLE OF WITNESS (IF AN OFFICIAL)

▼ FOR OFFICE USE ONLY ▼

ACCEPTED REJECTED _____
Registered *[Signature]* Reason

IMPERSONATION
Insert Ballot Secrecy Envelope, and then Seal this flap.

3029

TO BE COMPLETED BY VOTER	
VOTER'S NAME	337904 STG 11/04/2008 ML PCT R 8449058 82 0175 0834 LAKE ELMO P-1
VOTER'S NAME	JESSICA ANN JECHORT 11035 33RD ST N 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>Jessica Ann Jechort</i>	10-20-08
TO BE COMPLETED BY WITNESS	
I certify that the voter	
<ul style="list-style-type: none">• showed me the blank ballots before voting;• marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
<i>Kelvey Ranfranz-Fisher</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>2182 Granite Circle NW Rochester, MN 55901 MN</i>	
SIGNATURE OF WITNESS	DATE
<i>Kelvey Ranfranz-Fisher</i>	10-19-08
TITLE OF WITNESS (IF AN OFFICIAL)	

[Handwritten signature]

A

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

?

OK
OCT - 7 2008
STILLWATER

TO BE COMPLETED BY VOTER

VOTER'S NAME
VOT 236421 STG 11/04/2008 ML PCT R B338299
32 0310 0834 STILLWATER W-2 P-5
NANCY CAROL CARMICHAEL
620 N MAIN ST MAINT 216

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

VOTER'S SIGNATURE: *Nancy Carmichael* DATE: *10/05/08*

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)
DALE CARMICHAEL

ADDRESS OF WITNESS (PLEASE PRINT)
*620 N MAIN ST #16
STILLWATER, MO 65082*

SIGNATURE OF WITNESS: *Dale Carmichael* DATE: *10/5/08*

TITLE OF WITNESS (IF AN OFFICIAL.)

FOR OFFICE USE ONLY

ACCEPTED REJECTED Reason: _____
Registered

CITY OF STILLWATER

City of Stillwater
016 North 4th Street
Stillwater, MN 55081

▼ TO BE COMPLETED BY VOTER ▼

VOTER'S NAME (PLEASE PRINT)

Carmen Mancino

VOTER'S ADDRESS (PLEASE PRINT)

610 W. 3rd Street Stillwater, MN 55082

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

VOTER'S SIGNATURE DATE
Carmen Mancino 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;
• 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)

Nicholas Lande

ADDRESS OF WITNESS (PLEASE PRINT)

1238 Thorene Place Stillwater MN

SIGNATURE OF WITNESS DATE
Nicholas Lande 10/27/08

TITLE OF WITNESS (IF AN OFFICIAL)

▼ PROOF OF RESIDENCE USED BY VOTER ▼

- Witness - please check one:
- MN Driver's License/Permit/ID Card/Tribal ID or receipt with current address. Number: XXXXXXXXXX
 - 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
Non-Registered *RE*

IMPORTANT!

Insert Ballot Secrecy Envelope, and then seal this flap.

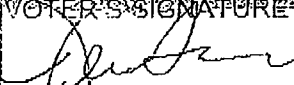

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Matthew Steckman</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>14141 Cobble Ave, Rosemount, MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Matthew Steckman</i>	DATE <i>10/26</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter <ul style="list-style-type: none">showed me the blank ballots before voting;marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; andenclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>Kara Ekholm</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>11345 Albana Path, Inner Grove Heights MN</i>	
SIGNATURE OF WITNESS <i>Kara Ekholm</i>	DATE <i>10/26</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

25

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

IMPORTANT!


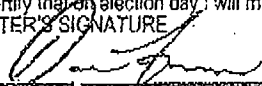
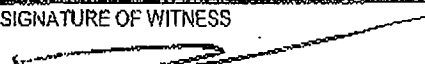
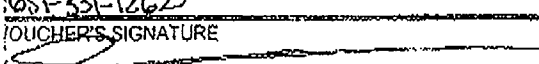
Insert Ballot Secrecy Envelope, and then seal this flap.

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Jessica Theisen	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 13166 Danube Ln Rosemount, 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) Cheryl Coughlin	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 2876 3685-125 th S.W. Rosemount, MN	
SIGNATURE OF WITNESS 	DATE 11/03/08
TITLE OF WITNESS (IF AN OFFICIAL)	

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

**IMPORTANT! Insert Ballot Secret
Registration Application. Then**

128

TO BE COMPLETED BY VOTER	
VOTER'S NAME	
322662 STG 11/04/2008 ML PCT NR 2433641	
VOTER'S MINNI	19 2800 199 INVER GROVE HTS P-10
DANIEL JAMES FRANSON	
4697 BLAINE AVE E	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
	10-28-08
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)	
Shannon Franson	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
4697 Blaine Ave. Inver Grove Heights MN	
SIGNATURE OF WITNESS	DATE
	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 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)	
Shannon Franson	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
4697 Blaine Ave Inver Grove Heights, MN 55076	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
651-331-1262	
VOUCHER'S SIGNATURE	
	
FOR OFFICE USE ONLY	
ACCEPTED (P/R) REJECTED P/R <i>all</i>	

128

IMPORTANT!

seal Ballot Secrecy Envelope, and then seal this flap.

TO BE COMPLETED BY VOTER

VOTER'S NAME



384653 STG 11/04/2008 ML PCT R B496715

VOTER'S MAIL

19 2220 192 FARMINGTON P-2

MATTHEW JAMES NEWBERGER

374 TAMARACK TRL

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

Matthew Newberger

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)

Philip [unclear]

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

374 Tamarack Trail, Farmington

MN

SIGNATURE OF WITNESS

DATE

[Signature]

11/2/08

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICE USE ONLY

ACCEPTED

[Handwritten initials]

REJECTED

Reason

[Handwritten marks]

IMPORTANT!

Not Secrecy Envelope, and then seal this flap.

Helen Truitt

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT) *TRUITT*



VOTER ID: 29576 STG 11/04/2008 ML PCT NR 9440586
19 4410 006 SOUTH ST PAUL P-1 W-1
HELEN HELSETH TRUITT
744 19TH AVE N APT 208 ENV#2

744-19 AVE NO
SO ST PAUL 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)

Delores E. Johnson

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

7948 CHARLESWAY IG H MN

SIGNATURE OF WITNESS _____ DATE _____

Delores E. Johnson 10-19-08

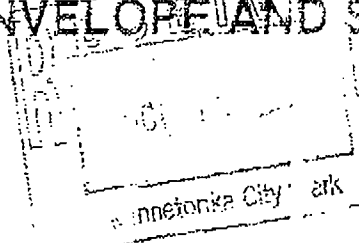
TITLE OF WITNESS (IF AN OFFICIAL)

2

FOR OFFICE USE ONLY

ACCEPTED *SO W*
 REJECTED

INSERT BALLOT SECRECY
ENVELOPE AND SEAL



address
name
this is
just a
Harris
is

DARLENE J HARRIS
11201 FAIRFIELD RD #217
MINNETONKA, MN 55305
(R)

2-C-270



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

VOTER'S SIGNATURE *Darlene J. Harris* DATE *10/14/08*

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.

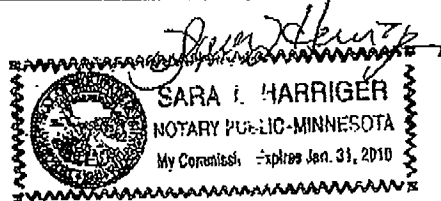
NAME OF WITNESS (PLEASE PRINT)
Sara L. Harriger

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

MN

SIGNATURE OF WITNESS *Sara L. Harriger* DATE *10/14/08*

TITLE OF WITNESS (IF AN OFFICIAL)
Notary Public



FOR OFFICE USE ONLY

ACCEPTED
 REJECTED *MQ* *MJ*
Reason

INSERT BALLOT SECRECY ENVELOPE AND SEAL

REJECT
NO
SIGNATURE

2008

KATHLEEN A SCHMIDT
 5136 WILLOW LN
 MINNETONKA, MN 55346
 (NR)

4-C-276



I certify that on election day I will meet all the legal requirements to vote by absentee ballot.
 VOTER'S SIGNATURE _____ DATE 10-30-08

TO BE COMPLETED BY WITNESS

- I certify that the voter
- showed me the blank ballots before voting;
 - marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter;
 - 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)
Richard George Schmidt

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) MN
5136 Willow Lane, Minnetonka

SIGNATURE OF WITNESS _____ DATE 10-30-08

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, 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)
Kathleen Ann Schmidt

VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)
5136 Willow Lane, Minnetonka, MN 55345

VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)
(952) 474-7391

VOUCHER'S SIGNATURE
Kathleen A. Schmidt


FOR OFFICE USE ONLY

ACCEPTED REJECTED

GROUP B

IMPORTANT!

Insert Ballot Secrecy Envelope, and then seal this flap.

SUSAN J DALIN 19146 INNOALE DR LAKEVILLE, MN 55044 (R)			
VOI		VOI	
		MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.			
VOTER'S SIGNATURE		DATE	
<i>Susan J Dalin</i>		<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; and• enclosed and sealed the ballots in the secrecy envelope.			
NAME OF WITNESS (PLEASE PRINT)			
<i>Colleen Mutzabaugh</i>			
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)			
<i>5500 35th Ave. So. Mpls</i>		MN	
SIGNATURE OF WITNESS		DATE	
<i>Colleen Mutzabaugh</i>		<i>10/31/08</i>	
TITLE OF WITNESS (IF AN OFFICIAL)			

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

Absentee Ballot Application

J2027 STG ML PCT R 10/4 10/4 300914

Scan this application as soon as possible
 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) _____

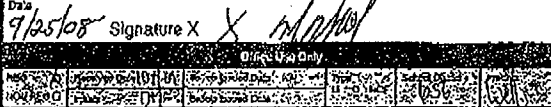
Absence from the precinct
 Illness or disability
 Religious observance or observance of religious holiday
 Service vs election judge in another precinct
 Eligible emergency declared by the governor or quarantine declared by federal or state government.

Name (please print)
JASON Allen KADERLIK

My legal residence address is:
 Street Address: **15392 Shieldsville Blvd** Apt. No. **1115** City **Faribault** State **MN** Zip Code **55021**

Mail my absentee ballot to me at the following address:
 Street Address: **15392 Shieldsville Blvd** Apt. No. **1115** City **Faribault** State **MN** Zip Code **55021**

Date: **9/25/08** Signature X **X [Signature]**



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 show a ballot marked by a person to another person, or to violate an absentee ballot provision for the purpose of casting an illegal vote or to help anyone to cast an illegal vote.
- Be sure to check the appropriate box indicating why you cannot go to your polling place on Election Day; these are the only reasons that entitle you to vote by absentee ballot.
- Be sure to give your correct legal residence address as completely as possible, since this is used to verify your precinct number.
- Be sure to sign the application. If you cannot sign your name, you may make a mark.
- Return the completed application as soon as possible to the election official from whom you received this form.

Remember:

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

Please go to the following link for more information on the Minnesota absentee ballot
<http://www.sos.state.mn.us/home/index.asp?page=231#generalabsenteeinfo>

INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER

VCT: J2027 STG 11/04/2008 ML PCT R 3140337
 VGT: 55 0145 558 WELLS TWP. JASON A KADERLIK 15392 SHIELDSVILLE BLVD FARIBault MN

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

VOTER'S SIGNATURE: **JASON KADERLIK** 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 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): **Mark Kaderlik**

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT): **15392 Shieldsville Blvd Faribault MN**

SIGNATURE OF WITNESS: **[Signature]** DATE: **10/27/08**

TITLE OF WITNESS (IF AN OFFICIAL):

FOR OFFICE USE ONLY

ACCEPTED

REJECTED

REGISTERED 10/25/08 10:09 AM STATE OF MINNESOTA

INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT)	
BARBARA W VOSS	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)	
3790 LAWNDALE LANE N MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
Barbara W Voss	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)	
ROBERT VOSS	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
3790 LAWNDALE LN N #209 MN PLYMOUTH 55446	
SIGNATURE OF WITNESS	DATE
Robert Voss	
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one:	
<input type="checkbox"/> MN Driver's License/Perm/D Card or receipt with current address Number _____	
<input type="checkbox"/> Tribal ID card with name, current address, signature, and picture	
<input type="checkbox"/> Utility bill or student fee statement plus a MN Driver's License/ID Card, Tribal ID card with picture, U.S. Passport, U.S. military ID card with picture, or student ID card with picture.	
<input checked="" type="checkbox"/> Previous registration in the same precinct.	
<input type="checkbox"/> Notice of late registration from county auditor or municipal clerk.	
<input type="checkbox"/> Registered voter in the precinct who vouched for absentee voter's residence in the precinct. (Please complete the three voucher lines below.)	
<input type="checkbox"/> Employee of a residential facility in the precinct who vouched for absentee voter's residence at the facility. (Please complete the three voucher lines below.)	
VOUCHER'S NAME AND NAME OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S ADDRESS OR ADDRESS OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S TELEPHONE NUMBER OR TELEPHONE NUMBER OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)	
VOUCHER'S SIGNATURE	
FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

OCT 30 2008
 PROCEED

ABSENTEE BALLOT RETURN ENVELOPE

ENVELOPE **B** Ward _____ Precinct 2
Election Day _____ 2003

FOR OFFICE USE ONLY

ACCEPTED REJECTED REASON NO REGISTRATION CARD

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Susan E. Belland
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
5425 Eagle St WBL MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. I also certify that: _____ (name of agent)
delivered the absentee ballots to me and that the ballots were unmarked and the envelope sealed when they were delivered to me.
VOTER'S SIGNATURE Susan E. Belland DATE 12/19/03

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)
TAMARA Belland
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
5425 Eagle St WBL MN 55110
SIGNATURE OF WITNESS Tamara Belland DATE 12-19-03
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)

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

GROUP C

INSERT BALLOT SECRECY ENVELOPE AND SEAL



291917 STG 11/04/2008 ML PCT NR 9402692
 60 0090 593 CROOKSTON W-6
 HOWARD HARTMANN
 1116 WALSH ST ENV#2

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

VOTER'S SIGNATURE H.A.H. DATE 10-27-08

- 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)
Minnie Thompson

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
1116 Walsh St. Crookston MN

SIGNATURE OF WITNESS Minnie Thompson DATE 10-27-08

TITLE OF WITNESS (IF AN OFFICIAL)

- PROOF OF RESIDENCE USED BY VOTER
- Witness—please check one:
- MN Driver's License/Photo 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 this 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 OFFICIAL USE ONLY
 ACCEPTED REJECTED Signature H.A.H.

INSERT BALLOT SECRECY ENVELOPE AND SEAL



MINNESOTA SECRETARY OF STATE

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.

<p>I hereby apply for an absentee ballot for: (check one)</p> <p><input type="checkbox"/> Both primary and general elections</p> <p><input type="checkbox"/> Primary only</p> <p><input checked="" type="checkbox"/> General election only</p> <p><input type="checkbox"/> Special election (date) _____</p> <p><input type="checkbox"/> Other (date) <u>OCT-02 2008</u></p> <p style="text-align: center;">Gerald J. Amiot</p>	<p>I will need an absentee ballot for the following reasons: (check one)</p> <p><input type="checkbox"/> Absence from the precinct</p> <p><input checked="" type="checkbox"/> Illness or disability</p> <p><input type="checkbox"/> Religious discipline or observance of religious holiday</p> <p><input type="checkbox"/> Service as election judge in another precinct</p> <p><input type="checkbox"/> Eligible emergency declared by the governor or quarantine declared by federal or state government.</p>
<p>Name (please print) <u>Howard Hartmann</u></p>	
<p>Date of birth <u>[REDACTED]</u></p>	<p>Phone number <u>218-281-6770</u></p>
<p>My legal residence address is:</p> <p>Street Address Apt. No. City State Zip Code</p> <p><u>1116 Walsh St</u> <u>Crookston</u> <u>MN</u> <u>56716</u></p>	
<p>Mail my absentee ballot to me at the following address:</p> <p>Street Address Apt. No. Rural/Box No City/Township State Zip Code</p> <p><u>1116 Walsh St</u> <u>Crookston</u> <u>MN</u> <u>56716</u></p>	
<p>Date <u>9-30-08</u> Signature x <u>Howard Hartmann</u></p>	
<p><small>Office Use Only</small></p>	

- 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 show a ballot marked by a person to another person, or to violate an absentee ballot provision for the purpose of casting an illegal vote or to help anyone to cast an illegal vote.
 - Be sure to check the appropriate box indicating why you cannot go to your polling place on Election Day; these are the only reasons that entitle you to vote by absentee ballot.
 - Be sure to give your correct legal residence address as completely as possible, since this is used to verify your precinct number.
 - Be sure to sign the application. If you cannot sign your name, you may make a mark.
 - Return the completed application as soon as possible to the election official from whom you received this form.
- Remember:**
- You must indicate whether you are requesting ballots for the primary or general election, or both.
 - Do not submit more than one application for each election.
 - Your absentee ballots will be mailed or delivered to you as soon as they are available.
- Please go to the following link for more information on the Minnesota absentee ballot:
<http://www.sos.state.mn.us/home/index.asp?page=211#generalabsenteeinfo>

W-6

INSERT BALLOT SECRECY ENVELOPE AND SEAL

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
Harold V. Matz

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
1420 Minnesota Ave #3 MN

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

VOTER'S SIGNATURE *Harold V. Matz* DATE *10-30-08*

TO BE COMPLETED BY WITNESS

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

NAME OF WITNESS (PLEASE PRINT)
Mildred P. Matz

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
1420 Minnesota Ave #3 MN

SIGNATURE OF WITNESS *Mildred P. Matz* DATE *10/30/08*


TITLE OF WITNESS (IF AN OFFICIAL)

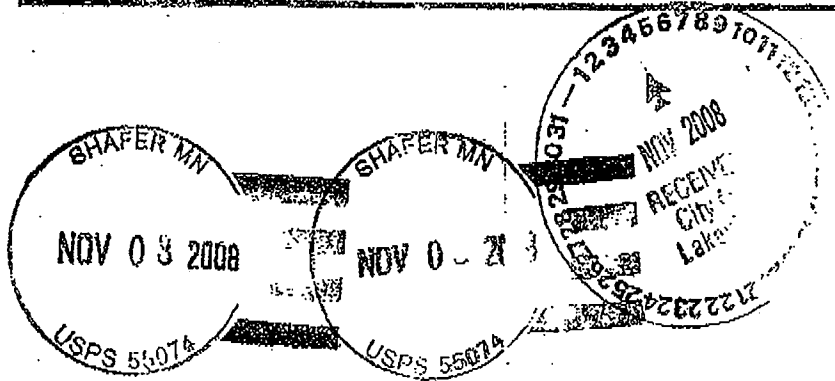
FOR OFFICE USE ONLY

ACCEPTED
 REJECTED *No signature*
gg MB Reason

M

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

TO BE COMPLETED BY VOTER	
 386157 STG 11/04/2008 IP PCT R B498244 19 2990 0196 LAKEVILLE P-09 GAYLE LEA KECKER 16370 HARVARD 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>Gayle Lea Kecker</i>	10-29-08
TO BE COMPLETED BY WITNESS	
I certify that the voter <ul style="list-style-type: none"> • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT)	
DENNIS C. KECKER	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
16370 HARVARD DR LAKEVILLE, MN 55044 MN	
SIGNATURE OF WITNESS	DATE
<i>Dennis C. Kecker</i>	10-29-08
TITLE OF WITNESS (IF AN OFFICIAL)	



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

55

INSERT BALL OT SEALED
ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓

VOTER'S NAME (PLEASE PRINT)
Veronica Cifuentes

VOTER'S ADDRESS (PLEASE PRINT)
3413 - 36th Avenue NE
St. Anthony, MN 55418

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

VOTER'S SIGNATURE: *V. Cifuentes* DATE: 10/1/08

↓ 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)
Isabel Cifuentes

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
3413 36th Ave Ne
Minneapolis, MN 55418

SIGNATURE OF WITNESS: *Isabel Cifuentes* DATE: 10-29-08

TITLE OF WITNESS (IF AN OFFICIAL)

↓ FOR OFFICE USE ONLY ↓

ACCEPTED

REJECTED *KJC 08*
SIGNATURES didn't match

REGISTERED REVISED 2008 SYNERGY GRAPHICS 015578

Absentee Ballot Application
 and instructions on back before completing.



**Office of the Minnesota
 Secretary of State**

In 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 checked="" type="checkbox"/> Both primary and general elections <input type="checkbox"/> Primary only <input 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)
Veronica Paz Cifuentes

Date of birth	Phone number 612-788-7266
---------------	------------------------------

Legal residence address is:

Street Address 3413 36 th Avenue Ne	Apt. No.	City Minneapolis	State MN	Zip Code 55418
---	----------	---------------------	-------------	-------------------

Mail my absentee ballot to me at the following address:

Street Address 3413 36 th Avenue Ne	Apt. No.	Rural/Box No.	City/Township Minneapolis	State MN	Zip Code 55418
---	----------	---------------	------------------------------	-------------	-------------------

Date 10/14/2008	Signature X <i>Veronica Cifuentes</i>
--------------------	---------------------------------------

9

Received by Hennepin County
 Elections Division
 OCT 27 2008


Office Use Only					
REG <input type="checkbox"/>	Received Date 10/28	Ballots Issued Date	Type M	School District # 282	Precinct Hd
SG <input type="checkbox"/>	Initials	Ballots Issued Date	C HCF		

OCT 28 2008

4209710

IMPORTANT!

Insert Ballot Secrecy Envelope, and then seal this flap.

TO BE COMPLETED BY VOTER	
VOTER'S	
	253562 STG 11/04/2008 ML PCT R 8364193
VOTER'S	19 4990 197 WEST ST PAUL W-3 P-3
	DONALD EDWARD LOMBARD
	255 WESTVIEW DR APT 111 ENV#2 MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Donald E. Lombard</i>	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)	
JANET F. LOMBARD	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
255 Westview Dr. # 111	
West St. Paul MN 55118 MN	
SIGNATURE OF WITNESS	DATE
<i>Janet F. Lombard</i>	10/11/08
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY
<input type="checkbox"/> ACCEPTED
<i>10/11/08</i>

56

INSERT BALLOT SECRECY
ENVELOPE AND SEAL
RECEIVED

NOV 01 2008

WAYZATA

#30

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>Katherine A Daly</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>507 Holly Circle Wayzata MN 55391 MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Katherine A Daly</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>Robert Daly</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>450 Weston Lane Plymouth MN 55447 MN</i>	
SIGNATURE OF WITNESS <i>Robert Daly</i>	DATE <i>Oct 31, 2008</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

See Attached Ballot Application

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	
<input checked="" type="checkbox"/> REJECTED	<i>Signature does not match</i> Reason

RECEIVED

AUG 25 2008

CITY OF WAYZATA

ABSENTEE BALLOT APPLICATION

READ INSTRUCTIONS ON BACK BEFORE COMPLETING
RETURN THE APPLICATION DIRECTLY TO YOUR CITY AS SOON AS POSSIBLE
BALLOTS RECEIVED AFTER ELECTION DAY CANNOT BE COUNTED

NAME (PLEASE PRINT) *KATHERINE A DALY*

MY LEGAL RESIDENCE ADDRESS IN HENNEPIN COUNTY IS: MAIL MY ABSENTEE BALLOT TO THE FOLLOWING ADDRESS:

Street Address <i>507 Holly Circle</i>	Apt. No.	Street Address <i>507 Holly Circle</i>	Apt. No.	Rural/Box No.
City <i>WAYZATA</i>	State <i>MN</i>	City/Township <i>WAYZATA</i>	State <i>MN</i>	Zip Code <i>55391</i>
DATE OF BIRTH (OPTIONAL)	Zip Code <i>55391</i>	TELEPHONE NUMBER (OPTIONAL)		
		<i>(H) 952 475-9575 (W) 952 546 0714</i>		

I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR:

- BOTH PRIMARY AND GENERAL ELECTIONS
- PRIMARY ONLY
- GENERAL ELECTION ONLY

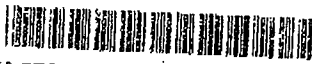
I WILL NEED AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:

- ABSENCE FROM PRECINCT
- ILLNESS OR DISABILITY
- RELIGIOUS DISCIPLINE OR OBSERVANCE OF RELIGIOUS HOLIDAY
- SERVICE AS AN ELECTION JUDGE IN ANOTHER PRECINCT

DATE <i>08-25-08</i>	LEGAL SIGNATURE <i>Katherine A Dalrymple</i>
-------------------------	---

IMPORTANT!

Insert Ballot Secrecy Envelope, and then seal this flap.

TO BE COMPLETED BY VOTER	
VOTER'S	
	
411856 STG 11/04/2008 IP PCT C-NR B521126 19 4990 197 WEST ST PAUL W-3 P-3 PHYLLIS ANN COOPER 255 WESTVIEW DR UNIT 106 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>Phyllis A. Cooper</i>	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; and• enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT)	
DAVID J LILJA	
ADDRESS C	ESOTA
(PLEASE PRINT) 1 MENDOTA ROAD WEST 130 DAKOTA COUNTY WEST ST PAUL MN 55118	MN
SIGNATURE OF WITNESS	DATE
<i>David J Lilja</i>	11/03/08
TITLE OF WITNESS (IF AN OFFICIAL)	
DEP REG	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	
<input checked="" type="checkbox"/> REJECTED	NO SIGNATURE ON C.M.

62

INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VOTER'S NAME (PLEASE PRINT) <i>Elizabeth Schmidt</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>1131 Trenton Circle No. Plymouth MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>Un able to sign</i>	DATE <i>OCT 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) <i>Rodney A Schmidt</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>1131 Trenton Circle No. Plymouth MN</i>	
SIGNATURE OF WITNESS <i>Rodney A. Schmidt</i>	DATE <i>OCT 30, 08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

↓ FOR OFFICE USE ONLY ↓	
<input type="checkbox"/> ACCEPTED	
<input checked="" type="checkbox"/> REJECTED <i>No signatures</i> <i>DM ES</i> Reason	

3

INSERT BALLOT SECRECY
ENVELOPE AND SEAL

RECEIVED

OCT 28 2008.

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Arthur F. Klemm	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 3155 Vicksburg Lane #124 MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Arthur F. Klemm 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) Loris Klemm	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 3155 Vicksburg Lane No. MN	
SIGNATURE OF WITNESS Loris Klemm	DATE 10-27-08
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
ACCEPTED	<input checked="" type="checkbox"/>
REJECTED	<input type="checkbox"/>
Reason	NO VOTER SIGN.

3

INSERT BALLOT SECRECY ENVELOPE AND SEAL

PROVIDER'S RESIDENCE ONLY	
VOTER'S NAME (PLEASE PRINT) <i>Late Umhoefer</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>1701 22nd Ave S</i> MN	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTER'S SIGNATURE DATE <i>Kate M. Umhoefer</i> <i>11/13/08</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>Laura Ryburn</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>1701 22nd Ave S</i> MN	
SIGNATURE OF WITNESS DATE <i>Laura Ryburn</i>	
TITLE OF WITNESS (IF AN OFFICIAL) <i>Manager</i>	
PROVIDER'S RESIDENCE ONLY	
Witness, please check one: <input checked="" type="checkbox"/> MN Driver's License (or 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 this 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 vote (A 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 (A 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	
PROVIDER'S RESIDENCE ONLY	
ACCEPTED [REJECTED] <i>[initials]</i>	

VOTER'S DECLARATION/AFFIRMATION - FEDERAL WRITE-IN ABSENTEE BALLOT (FWAB)

Mark only one:

MEMBER OF THE UNIFORMED SERVICES OR MERCHANT MARINE ON ACTIVE DUTY, OR AN ELIGIBLE SPOUSE OR DEPENDENT

A U.S. CITIZEN RESIDING OUTSIDE THE U.S. TEMPORARILY

A U.S. CITIZEN RESIDING OUTSIDE THE U.S. INDEFINITELY

ALSO REQUEST VOTER REGISTRATION (where permitted by state law)

IDENTIFY INFORMATION (Required)

1. SUFFIX (or, 2. PREVIOUS NAME (if applicable);
3rd, 4th, etc.)

3. PREVIOUS NAME (if applicable)

4. FULL NAME (Last, First, Middle)

5. SOCIAL SECURITY NUMBER

6. STATE DRIVER'S LICENSE OR I.D. NUMBER

7. RACE

8. DATE OF BIRTH

9. FAX NUMBER (Use only if you have one; include an international prefix)

10. TELEPHONE NUMBER (No post number; include an international prefix)

11. MAIL ADDRESS

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

13. NUMBER AND STREET (Cannot be a P.O. Box)

14. CITY, TOWN OR VILLAGE

15. COUNTY

16. STATE

17. ZIP CODE

18. WHERE TO SEND MY VOTING MATERIALS

19. PRESENT ADDRESS (Where I live now) (Required)

20. MAIL FORWARDING ADDRESS (NOTE: Complete this only if you do not want your ballot mailed to the address in Block #4.)

21. CITY, TOWN OR VILLAGE

22. COUNTY

23. STATE

24. ZIP CODE

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

26. ADDITIONAL INFORMATION (Designate the period for which you want to receive future ballots. See instructions. Consult your state pages of the Voting Assistance Guide for additional information requested.)

27. AFFIRMATION: (Required)

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

- I am a member of the Uniformed Services or merchant marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S., and
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
- I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated, and
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., and
- My application for a regular absentee ballot was mailed in time to be received by the local election official 30 days prior to this election, or the state deadline, whichever is later, and
- I have not received the requested ballot, and
- I understand that if my regular absentee ballot is received by the local election official in time to be counted, that ballot will be counted and this write-in ballot will be voided, and
- I have voted and sealed this ballot in private and have not allowed any person to observe the marking of this ballot, except for those authorized to assist voters under state or Federal law and I have not been influenced, and
- I am a Uniformed Services member, or dependant, who is absent from my voting jurisdiction, or I am an overseas citizen and have submitted this ballot from outside the U.S., or my state has made special provisions to allow me to mail this ballot inside the U.S., and
- My signature and date below indicate when I completed this document, and
- The information on this form is true and complete to the best of my knowledge.
- I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signed: Allen D. Purdy Date: 10/21/2008 Signed: [Signature] Date: 10/21/2008

Witness/Notary and Address (if required)

MMDDYYYY

88
#88

*Received because there was not an application
to market the signatures*

Received in the Office of the
Minnesota Secretary of State on
11/03/2008. This piece of mail
was opened because we were not
able to determine what County to

send it to. Ballot em used.

1A
4
28#

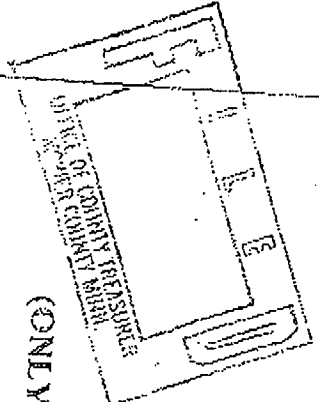
OFFICIAL FEDERAL WRITE-IN ABSENTEE BALLOT

1A

[Handwritten signature]

SECURITY ENVELOPE

(ONLY PUT VOTED BALLOT INSIDE THIS ENVELOPE)



Standard Form 185 (Rev. 10-2005)

Vote cast by absentee ballot

Ballot cast by absentee ballot

INSERT BALLOT SECRE
ENVELOPE AND SEA

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) <i>D. Margaret M. Lister</i>	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) <i>1119 4th Ave. No Sauk Rapids MN 56379 MN</i>	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE <i>[Signature]</i>	DATE <i>10-23-08</i>
TO BE COMPLETED BY WITNESS	
I certify that the voter showed me the blank ballots before voting; marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; and enclosed and sealed the ballots in the secrecy envelope.	
NAME OF WITNESS (PLEASE PRINT) <i>Irene Wolf</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>15-6th Ave. So Sauk Rapids MN 56379 MN</i>	
SIGNATURE OF WITNESS <i>Irene Wolf</i>	DATE <i>10/23/08</i>
TITLE OF WITNESS (IF AN OFFICIAL) <i>Election Judge</i>	

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED	<i>no</i>
<input checked="" type="checkbox"/> REJECTED	<i>Signature ?</i> Reason

INSERT BALLOT SECRECY ENVELOPE AND SEAL



339110 STG 11/04/2008 ML PCT NR B450280
 01 0180 004 SPALDING TWP
 ROXANNE P MARTZ
 34889 200TH 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 *[Signature]* DATE *10/28/08*

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)
Beth Leaf

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
McGregor, MN 55760 MN

SIGNATURE OF WITNESS *[Signature]* DATE *10/28/08*

TITLE OF WITNESS (IF AN OFFICIAL)
none

PROOF OF RESIDENCE USED BY VOTER
 Witness—please check on:
 MN Driver's License Permit ID Card or rec Number
 Tribal ID card with name, current address,
 Utility bill or student fee statement plus a Passport, U.S. military ID card with picture Number
 Previous registration in the same precinct
 Notice of late registration from county and
 Registered voter in the precinct who vote precinct. (Please complete the three void
 Employee of a residential facility in the pr residence at the facility. (Please complete
she is currently registered in City of McGregor.

VOUCHER'S NAME AND NAME OF RESIDENTIAL FACILITY, IF APPLICABLE (PLEASE PRINT)
[Signature] N/A

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

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

VOUCHER'S SIGNATURE
N/A

FOR OFFICE USE ONLY
 ACCEPTED [] REJECTED [] NO PREV. REG. IN SPALDING TWP

#118

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

Handwritten scribbles

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
[Barcode]

VOTER' 351323 STG 11/04/2008 ML PCT NR B462677
19 4110 200 RAVENNA TWP
JOSEPH MICHAEL SLAPNICHER
19890 RED WING BLVD ENV#2 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.
VOTER'S SIGNATURE *[Signature]* DATE 10/21/08

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;
• 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)
Annette Clark

ADDRESS OF NON-NOTARY WITNESS, IN MINNESOTA (PLEASE PRINT);
DAK 60 MN

SIGNATURE OF WITNESS *Annette Clark* DATE 10-21-08

TITLE OF WITNESS (IF AN OFFICIAL)
PSA

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)

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

Winnipeg Precinct
Election Day 11-4-08

ACCEPTED REJECTED Reason

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT) PALES M WEBB

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 62 LAKE CREST CR. HARDS VIEW MN 55112

I certify that on election day I will meet all the legal requirements to vote by absentee and also certify that: (name of agent)

I received the absentee ballots to me and that the ballots were unmarked and the envelope sealed when they were delivered to me.

VOTER'S SIGNATURE [Signature] DATE 10-29-08

TO BE COMPLETED BY WITNESSES

I certify that the voter: viewed me the blank ballots 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) Jeanne Webb

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 2663 Lake Crest Cr. Hards View MN 55112

NAME OF WITNESS [Signature] DATE 10-29-08

NAME OF WITNESS (IF AN OFFICIAL)

PROOF OF RESIDENCE USED BY VOTER

Proof of residence - 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)

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)

VOTER'S SIGNATURE



Secretary of State

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

I will apply for an absentee ballot for: (check one)

Primary and general elections

Primary only

General election only

General election (date) _____

Primary (date) _____

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

Absence from the precinct

Illness or disability

Religious discipline or observance or 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) James Michael Webb

Phone number 763-717-7273

My legal residence address is:

Street Address: 1463 Lake Ct Cir Apt. No. Moonds View City MN State 55112 Zip Code

Mail my absentee ballot to me at the following address:

Street Address: 1463 Lake Ct Cir Apt. No. Moonds View City/Township MN State 55112 Zip Code

Signature X James Michael Webb

Office Use Only					
Received Date	Ballots Issued Date	Type	Electoral District #	Precinct	
<u>10/28/08</u>	<u>10/28/08</u>	<u>M C HCF</u>	<u>1021</u>	<u>3</u>	
Initials <u>MAJ</u>	Ballot Issued Date				

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 show a ballot marked by a person to another person, or to violate an absentee ballot provision for the purpose of casting an illegal vote or to help anyone to cast an illegal vote.

Be sure to check the appropriate box indicating why you cannot go to your polling place on Election Day; these are the only reasons that entitle you to vote by absentee ballot.

Be sure to give your correct legal residence address as completely as possible, since this is used to verify your precinct number.

Be sure to sign the application. If you cannot sign your name, you may make a mark.

Return the completed application as soon as possible to the election official from whom you received this form.

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

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

1204



SECRET BALLOT SECRET
ENVELOPE AND SEAL
NOV 25 2008
CITY OF RICHFIELD

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)
David Swatosh

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)
*2616 So. Lake Shore Drive MN
Richfield 55403*

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

VOTER'S SIGNATURE *David Swatosh* 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)
JANE SWATOSH

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA
(PLEASE PRINT) *715 W. 40th St.
MPLS. 55409 MN*

WITNESS'S SIGNATURE *Jane Swatosh* DATE *10/24/08*

TITLE OF WITNESS (IF AN OFFICIAL)

FOR OFFICER USE ONLY

ACCEPTED

REJECTED *CA 96*

REGISTERED REVISION 2006 BY NCTU GRAPHICS PRESS



GROUP D

IMPORTANT!

Insert Ballot Secrecy Envelope, and then seal this flap.

Wrong
Present
(u)

TO BE COMPLETED BY VOTER

VOTER'S NAME (PLEASE PRINT)

Annamarie Herndon

VOTER'S MINNESOTA ADDRESS (PLEASE PRINT)

1536 Hewitt Ave
St. Paul, MN 55104 MN

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

VOTER'S SIGNATURE DATE
Annamarie Herndon 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)

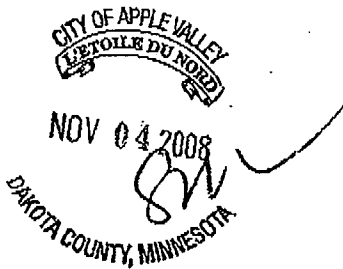
Valerie Poppy

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

1536 Hewitt Ave
St. Paul MN 55104 MN

SIGNATURE OF WITNESS DATE
Valerie Poppy 10-22-08


TITLE OF WITNESS (IF AN OFFICIAL)



FOR OFFICE USE ONLY


ACCEPTED
 REJECTED (WRONG PRESENTATION)

Rejected

VOTER	
VOTER'S NAME	
	
283676 STG 11/04/2008 ML PCT R B394650	
VOTER'S ADDRESS	T)
47 0105 465 LITCHFIELD W-1 REBECCA LEE MAGNUSON	
	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>Rebecca L Magnuson</i>	<i>11/2/08</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)	
[REDACTED]	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
[REDACTED]	
	MN
SIGNATURE OF WITNESS	DATE
[REDACTED]	
TITLE OF WITNESS (IF AN OFFICIAL)	
FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED <input checked="" type="checkbox"/> REJECTED <i>W</i>	
<i>Brought to wrong place</i> Reason	
<i>EG JK</i> Registered	

PLACE WITHIN LARGE RETURN MAILING ENVELOPE #3

TO BE COMPLETED BY VOTER

VOTER: 

370161 STG 11/04/2008 ML PCT R 8481842

VOTER: 47 0045 465 DARWIN TWP.
AMY ROSE BALLARD

ENV#2 MN

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

VOTER'S SIGNATURE: *Amy Ballard* DATE: *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;
- 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)

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 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 *Should have been*
Reason: *date added to court house*

Non-Registered

23

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

23

TO BE COMPLETED BY VOTER	
VOTER'S NAME (PLEASE PRINT) Caroline Pashibin	
VOTER'S MINNESOTA ADDRESS (PLEASE PRINT) 1014 E. ST. GERMAIN ST. ST. CLOUD MN 56304	
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE Caroline P.	DATE 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) Derek Peterson	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) 1014 E. ST. GERMAIN 56304 MN	
SIGNATURE OF WITNESS Derek Peterson	DATE 10/21/2008
TITLE OF WITNESS (IF AN OFFICIAL)	

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> ACCEPTED	WRONG COUNTY - PRECINCT
<input type="checkbox"/> REJECTED	

EXHIBIT 3

INSERT BALLOT SECRECY ENVELOPE AND SEAL

W/ID # 201 #

2-5

↓ TO BE COMPLETED BY VOTER ↓	
✓ BEHM TIMOTHY G 115 Bedford St SE # 10 MINNEAPOLIS, MN 55414 	2-5 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>10/27/08</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 and directed by the voter; and • enclosed and sealed the ballots in the secrecy envelope. 	
NAME OF WITNESS (PLEASE PRINT) <i>G. Thomas Cable</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <i>8236 Queen Ave S</i> <i>Bloomington</i>	
MN	
SIGNATURE OF WITNESS 	DATE <i>10/29/2008</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

↓ FOR OFFICE USE ONLY ↓	
<input checked="" type="checkbox"/> ACCEPTED <i>DES</i>	<div style="font-size: 2em; font-weight: bold; text-align: center;">449</div>
<input type="checkbox"/> REJECTED <i>msa</i> <small>Reason</small>	

EXHIBIT 4

24.E


INSERT BALLOT SECRECY ENVELOPE AND SEAL

↓ TO BE COMPLETED BY VOTER ↓	
VO	LOWRY ANN 144 Melbourne Ave SE
	2-5
VO	MINNEAPOLIS, MN 55414
	(IT)
	MN
I certify that on election day I will meet all the legal requirements to vote by absentee ballot.	
VOTER'S SIGNATURE	DATE
<i>Ann Lowry</i>	<i>10/03/08</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>Karen Poortvliet</i>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)	
<i>144 Melbourne Ave SE Minneapolis MN</i>	
SIGNATURE OF WITNESS	DATE
<i>[Signature]</i>	<i>11/3/08</i>
TITLE OF WITNESS (IF AN OFFICIAL)	

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

24 E

INSERT BALLOT SECRECY ENVELOPE AND SEAL

VI GOODELL BREANNE LOWRY 2-5
 144 Melbourne Ave SE
 VI MINNEAPOLIS, MN 55414
 MN

I certify that on election day I will meet all the legal requirements to vote by absentee ballot.
 VOTER'S SIGNATURE: *B. Goodell* DATE: *10/31/08*

TO BE COMPLETED BY WITNESS
 I certify that the voter:

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

NAME OF WITNESS (PLEASE PRINT)
Ann Lowry

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT)
144 Melbourne Ave SE MN

SIGNATURE OF WITNESS: *Minneapolis Ann Lowry* DATE: *10-31-08*

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, 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

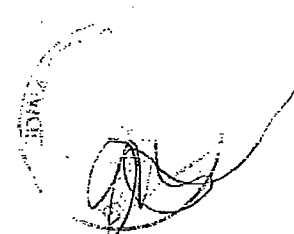
FOR OFFICE USE ONLY
 ACCEPTED REJECTED Reason _____

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EXHIBIT 5

INSERT BALLOT SECRECY ENVELOPE AND SEAL

ALLISON E KASMISKIE (10)
6808 SALLY LN
EDINA, MINNESOTA 55439



I certify that on election day I will meet all the legal requirements to vote by absentee ballot. VOTER'S SIGNATURE: <u>Allison E. Kasmiskie</u> DATE: <u>10-21-2008</u>	
TO BE COMPLETED BY WITNESS	
I certify that the voter <ul style="list-style-type: none"> • showed me the blank ballots before voting; • marked the ballots in private or, if physically unable to mark the ballots, the ballots were marked as directed by the voter; • enclosed and sealed the ballots in the secrecy envelope; • registered to vote by filling out and enclosing a voter registration application in the ballot envelope; and • provided proof of residence as indicated below. 	
NAME OF WITNESS (PLEASE PRINT) <u>Kevin Kasmiskie</u>	
ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT) <u>6808 SALLY LANE EDINA MN</u>	
SIGNATURE OF WITNESS <u>[Signature]</u>	DATE <u>10-21-2008</u>
TITLE OF WITNESS (IF AN OFFICIAL)	
PROOF OF RESIDENCE USED BY VOTER	
Witness—please check one: <ul style="list-style-type: none"> <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	
<input type="checkbox"/> ACCEPTED <input checked="" type="checkbox"/> REJECTED <u>[Signature]</u> <small>Reason</small>	

EXHIBIT 6

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INSERT BALLOT SECRECY ENVELOPE AND SEAL

5-4

BUCKHALTON KEVIN 5-4
913 VINCENT AV N

MINNEAPOLIS, MN 55411

MN

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

VOTER'S SIGNATURE: *[Signature]* DATE: 10-27-08

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): Victor LAWSON

ADDRESS OF NON-NOTARY WITNESS IN MINNESOTA (PLEASE PRINT): 112 Weston Rd MN

SIGNATURE OF WITNESS: *[Signature]* DATE: 10/24/08

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, 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 *not in precinct*

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