

6 2 8 MAR 1 3 2009 A 7



CALIFORNIA VOTER REGISTRATION FORM

Fill out this form if you are a new voter, have moved or changed your name, or want to change your political party choice. You must be a U.S. citizen and at least 18 years old by the next election to use this form. Use blue or black ink. Print clearly.

Your legal name: First name Middle name
 1 Damon Jercell
 Last name : 3 Mr. Mrs. Ms. Miss
 2 Dunn
 Home address - not a P.O. Box or business address (Number, Street, Ave., Drive, etc. Include N, S, E, W) Apt or unit #
 3 3131 michelson unit 708w
 City State Zip California county
 4 Irvine CA 92612 Orange County
 If you do not have a street address, describe where you live (Cross streets, Route, N, S, E, W)
 5
 Mailing address - if different from above, or P.O. Box
 6 2070 Business Center Dr suite 140
 City State Zip Foreign country
 7 Irvine CA 92612
 Date of birth U.S. state or foreign country of birth
 8 03 15 1976 TX TEXAS
 CA driver's license or CA ID card # If you do not have a CA driver's license or ID card, list the SSN (Last 4 numbers)
 9
 10
 11
 Email (optional) Phone number (optional)
 12 dmonduna@yahoo.com (13)
 14 Do you want to register with a political party?
 Yes, I want to register with a political party (check one):
 American Independent Party Green Party Peace and Freedom Party Republican Party No, I don't want to register with a political party.
 Democratic Party Libertarian Party Other party (specify): _____ (If you check this box, you may not be able to vote for some parties' candidates in primary elections.)
 15 To receive a vote-by-mail ballot in all elections, initial here: DA
 16 If you were registered to vote before, fill out below:
 First name Middle initial Last name
 Previous address where you were registered City
 State Zip Previous county Political party (if any)

17 Are you a U.S. citizen? Yes No
 Will you be 18 or older by the next election? Yes No
 A "No" answer to either question means you CANNOT register to vote.

Optional
 A. Check here if you can be a poll worker.
 (If bilingual, indicate language: _____)
 Check here if you can provide a polling place on election day.

B. Your ethnicity/race: _____
 C. Check your language preference: English Spanish Español
 Chinese Vietnamese Korean Tagalog Japanese
 中文 Việt ngữ 한국어 Tagalog 日本語

Did someone help you fill out or deliver this form?
 If yes, the person who helped you must fill out end sign both parts of this green box.
 Signature _____ Month / Day / Year
 Name: _____
 Org. name, address, and tel. (if any): _____

Please send it to: Secretary of State, Elections Division, 1500 11th Street, Sacramento, CA 95814

70 HJ 066244 130001

Important: To vote in the next election, you must mail or deliver this card at least 15 days before the next election. New voters who register by mail may have to show their ID at the polling place the first time they vote.

Questions, problems or to report fraud:
 Contact the Secretary of State.
 Call: 1-800-345-VOTE (8683)
 Email: elections@sos.ca.gov
 Web site: www.sos.ca.gov
 Contact your county elections office

ORANGE COUNTY REGISTERED VOTERS

6 2 8 MAR 0 9 2009 2

This instrument is a copy of the original information on file in this office.
 * An affidavit of registration shall be deemed evidence of citizenship for voting purposes only.
 Elections Code Section 2117

Attest: 3/9/10
 Registrar of Voters
 County of Orange

By: Sherry Alvarado

EXHIBIT C



OFFICE OF THE SUPERVISOR OF ELECTIONS

JERRY HOLLAND
SUPERVISOR OF ELECTIONS
OFFICE (904) 630-1414
CELL (904) 318-6877

105 EAST MONROE STREET
JACKSONVILLE, FLORIDA 32202
FAX (904) 630-2920
E-MAIL: JHOLLAND@COJ.NET

April 13, 2010

Dear Sir or Madam:

I am writing to document my correspondence with Mr. Damon Dunn. On July 10, 2009 Mr. Dunn contacted our office via telephone and asked for his ineligible voter registration record to be removed from the Duval County database. I contacted the Division of Elections later that day to inquire if this was possible and the Legal Department for the Division informed me that the record could not be deleted from the database because voter registration is permanent record.

I then mailed a letter to Mr. Dunn informing him of my findings. I have not had additional correspondence with Mr. Dunn since this incident.

Thank you,

Jean Marie Atkins
Director of Voter Administration

EXHIBIT D

NAPA MAIN POST OFFICE
 MAIN OFFICE NAPA, California
 945589998
 05/21/2010 0555110150 -0097 04:28:34 PM
 (800)275-8777

Product Description	Sale Qty	Unit Price	Final Price
SACRAMENTO CA 95814 Zone-2 First-Class Letter 1.40 oz.			\$0.61
Expected Delivery: Sat 05/22/10			\$2.30
Return Rcpt (Green Card)			\$2.80
Certified			
Label #: 70092250000377537922			=====
Issue PVI:			\$5.71

7000 2250 0003 7753 7922

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE		Postmark Here
Postage	\$ 0.61	0150
Certified Fee	\$2.80	06
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	05/21/2010
Total Postage & Fees	\$ 5.71	

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 580 19th St
 Sacramento CA 95814

PS Form 3800, August 2005
 All sales final on stamps and postage
 Refunds for guaranteed services only
 Thank you for your business

 HELP US SERVE YOU BETTER
 Go to: <https://postalexperience.com/Pos>
 TELL US ABOUT YOUR RECENT
 POSTAL EXPERIENCE
 YOUR OPINION COUNTS

Customer Copy