

Deceased - No  
Date Record Verified - Jan 09 - May 09

\*\*\*\*\*  
Name - OBAMA, BARAK  
Street Address - 1234 HAPPY ST SE  
City, State, Zip - COVINGTON WA 98042  
Probable Current Address - No  
Telephone -  
Telephone Accountholder -  
Social Security - 535-22-xxxx

Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - May 08 - Sep 08

\*\*\*\*\*  
Name - OBAMA, BARAK H  
Street Address - 22 CREEK RD APT 27  
City, State, Zip - IRVINE CA 92604-4760  
Probable Current Address - No  
Telephone -  
Telephone Accountholder -  
Social Security - 468-56-xxxx

Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - Jan 09 - Jun 09

\*\*\*\*\*  
Name - OBAMA, BARAK H  
Street Address - 2 RETRIEVER CT  
City, State, Zip - COLUMBUS GA 31909-4815  
Probable Current Address - No  
Telephone -  
Telephone Accountholder -  
Social Security - 256-65-xxxx

Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - Dec 08 - Jun 09

\*\*\*\*\*  
Name - OBAMA, BARAK QUINCY  
Street Address - 523 S EDGEWOOD AVE  
City, State, Zip - LA GRANGE IL 60525-6132  
Probable Current Address - No  
Telephone -  
Telephone Accountholder -  
Social Security -

Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - Aug 04 - Dec 04

.....  
Name - **OBAMA, BARAKE**  
Street Address - **1313 LANE**  
City, State, Zip - **BOCA RATON FL 33433**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security - **123-45-xxxx**  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Feb 08 - Aug 08**  
.....

Name - **OBAMA, BARAQ H**  
Street Address - **14300 NE 18TH ST**  
City, State, Zip - **VANCOUVER WA 98684-7807**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Mar 08 - Jul 08**  
.....

Name - **OBAMA, BARAQ H**  
Street Address - **143NE 18TH ST**  
City, State, Zip - **VANCOUVER WA 98684**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Mar 08**  
.....

Name - **OBAMA, BARBARA**  
Street Address - **506 605TH AVE**  
City, State, Zip - **AURORA IL 60506**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Sep 04 - Jan 05**  
.....

Name - **OBAMA, BAROK**  
Street Address - **5290 BARRINGTON RD**  
City, State, Zip - **BARRINGTON IL 60192**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Apr 06 - Aug 06**

Name - **OBAMA, BAROK E**  
Street Address - **535 WISCONSIN**  
City, State, Zip - **CHEVY CHASE MD 20815**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Oct 06 - Feb 07**

Name - **OBAMA, BARRACK**  
Street Address - **HOME**  
City, State, Zip - **WESTMINSTER CA 92683**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **May 09 - Jul 09**

Name - **OBAMA, BARRACK**  
Street Address - **123 VILLAGE DR**  
City, State, Zip - **SHELTON CT 06484-1732**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **May 08 - Sep 08**

Name - **OBAMA, BARRACK**  
Street Address - **1420 PENNSYLVANIA AVE SE**

City, State, Zip - **WASHINGTON DC 20003-3029**

Probable Current Address - **No**

Telephone - **202-548-2817** - EDT

Telephone Accountholder -

Social Security -

Age - **19**

Date of Birth - **Mar 02, 1990**

Deceased - **No**

Date Record Verified -

\*\*\*\*\*

Name - **OBAMA, BARRACK**

Gender - **Male**

Street Address - **142354 JSDJDSNFC**

City, State, Zip - **APOPKA FL 32712**

Probable Current Address - **No**

Telephone -

Telephone Accountholder -

Social Security - **456-55-xxxx**

Age -

Date of Birth -

Deceased - **No**

Date Record Verified - **Jan 09 - May 09**

\*\*\*\*\*

Name - **OBAMA, BARRACK**

Street Address - **1601 S BAYSHORE DR**

City, State, Zip - **MIAMI FL 33133-4201**

Probable Current Address - **No**

Telephone -

Telephone Accountholder -

Social Security -

Age - **18**

Date of Birth - **Mar 04, 1991**

Deceased - **No**

Date Record Verified -

\*\*\*\*\*

Name - **OBAMA, BARRACK**

Street Address - **916 EATON CT**

City, State, Zip - **LAKE VILLA IL 60046-5040**

Probable Current Address - **No**

Telephone -

Telephone Accountholder -

Social Security -

Age -

Date of Birth -

Deceased - **No**

Date Record Verified - **Jul 08 - Nov 08**

\*\*\*\*\*

Name - **OBAMA, BARRACK**

Street Address - **1234 MAIN**

City, State, Zip - **ATTICA NY 14011**

Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Nov 08 - Mar 09**  
\*\*\*\*\*

Name - **OBAMA, BARRACK**  
Street Address - **123 MAIN ST**  
City, State, Zip - **COLUMBUS OH 43207**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security - **245-85-xxxx**  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Aug 08 - Feb 09**  
\*\*\*\*\*

Name - **OBAMA, BARRACK**  
Street Address - **12 BRIAN ROBERTS LN**  
City, State, Zip - **PHILADELPHIA PA 19102**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **May 08 - Sep 08**  
\*\*\*\*\*

Name - **OBAMA, BARRACK**  
Street Address - **2323 ARISTOTLE CT**  
City, State, Zip - **FAIRFAX VA 22030**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security - **703-59-xxxx**  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Oct 08 - Feb 09**  
\*\*\*\*\*

Name - **OBAMA, BARRACK B**  
Gender - **Male**  
Street Address - **485 KIMBALL CROSSING DR**  
City, State, Zip - **JASPER TN 37347-5650**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - Mar 09 - Jun 09  
\*\*\*\*\*

Name - **OBAMA, BARRACK H**  
Gender - **Male**  
Street Address - **123 MAGNOLIA AVE**  
City, State, Zip - **RIVERSIDE CA 92887**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - Mar 09 - Jun 09  
\*\*\*\*\*

Name - **OBAMA, BARRAK**  
Street Address - **611 N CAPITOL AVE**  
City, State, Zip - **INDIANAPOLIS IN 46204-1205**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security - **264-87-xxxx**  
Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - Nov 08 - Jun 09  
\*\*\*\*\*

Name - **OBAMA, BARRAK W JR**  
Street Address - **1001 SE 135TH AVE**  
City, State, Zip - **PORTLAND OR 97233-1924**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - Nov 08 - Mar 09  
\*\*\*\*\*

Name - **OBAMA, BARROK**  
Street Address - **363 NOTLEM ST**  
City, State, Zip - **FORT PIERCE FL 34982-7358**  
Probable Current Address - **No**  
Telephone -

Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Aug 08 - Dec 08**  
\*\*\*\*\*

Name - **OBAMA, BARROK O**  
Street Address - **123 EAST LN**  
City, State, Zip - **LAKE BARRINGTON IL 60010-1939**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Apr 06 - Aug 06**  
\*\*\*\*\*

Name - **OBAMA, BARRY**  
Street Address - **5003 OAK HILL DR**  
City, State, Zip - **WINTER PARK FL 32792-9253**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Jun 08 - Oct 08**  
\*\*\*\*\*

Name - **OBAMA, BARRY M**  
Gender - **Male**  
Street Address - **1923 WASHINGTON ST**  
City, State, Zip - **ASHEVILLE NC 28803**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Mar 09 - Jun 09**  
\*\*\*\*\*

Name - **OBAMA, BATOCK**  
Street Address - **123 MAIN ST**  
City, State, Zip - **NORTH CHICAGO IL 60064**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -

Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Oct 08 - Feb 09**  
\*\*\*\*\*

Name - **OBAMA, BENEDICTO**  
Street Address - **8870 ROYAL MANOR DR**  
City, State, Zip - **ALLISON PARK PA 15101-4712**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Feb 09 - Jun 09**  
\*\*\*\*\*

Name - **OBAMA, BERTRAND H**  
Gender - **Male**  
Street Address - **11235 OAK LEAF DR APT 1720**  
City, State, Zip - **SILVER SPRING MD 20901-1318**  
Probable Current Address - **No**  
Telephone -  
Telephone Accountholder -  
Social Security - **578-11-xxxx**  
Age - **44**  
Date of Birth - **Jan, 1965**  
Deceased - **No**  
Date Record Verified - **Dec 95 - Feb 06**  
\*\*\*\*\*

Name - **OBAMA, BERTRAND H OBANG**  
Gender - **Male**  
Street Address - **11235 OAK LEAF 1720 DR**  
City, State, Zip - **SILVER SPRING MD 20901**  
Probable Current Address - **No**  
Telephone - **301-345-0961 - EDT**  
Telephone Accountholder -  
Social Security - **578-11-xxxx**  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Sep 97 - May 04**  
\*\*\*\*\*

Name - **OBAMA, BERTRAND O**  
Gender - **Male**  
Street Address - **11235 OAK LEAF DR APT 1720**  
City, State, Zip - **SILVER SPRING MD 20901-1306**  
Probable Current Address - **No**  
Telephone -

Telephone Accountholder -  
Social Security - 578-11-xxxx  
Age - 45  
Date of Birth - 1964  
Deceased - No  
Date Record Verified -  
\*\*\*\*\*

Name - **OBAMA, BETTY**  
Street Address - 123 MOHEGAN AVE  
City, State, Zip - NORTH BRANFORD CT 06471  
Probable Current Address - No  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - Apr 08 - Aug 08  
\*\*\*\*\*

Name - **OBAMA, BILLY**  
Street Address - 10 7TH ST APT 714  
City, State, Zip - BUFFALO NY 14201-2214  
Probable Current Address - No  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - Mar 09 - Jul 09  
\*\*\*\*\*

Name - **OBAMA, BINLAD SR**  
Street Address - 20823 BRYANT ST  
City, State, Zip - WINNETKA CA 91306-1214  
Probable Current Address - No  
Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - No  
Date Record Verified - May 09 - Jul 09  
\*\*\*\*\*

Name - **OBAMA, BO**  
Street Address - 7363 THOMAS  
City, State, Zip - MANASSAS VA 20109  
Probable Current Address - No  
Telephone -  
Telephone Accountholder -  
Social Security -

Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Mar 09 - Jun 09**

\*\*\*\*\*

Name - **OBAMA, BOB**  
Street Address - **12 JACKSON AVE**  
City, State, Zip - **WEST HARTFORD CT 06110-1013**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **May 09 - Jul 09**

\*\*\*\*\*

Name - **OBAMA, BOB**  
Street Address - **4258 FAIRMONT DR**  
City, State, Zip - **NAPERVILLE IL 60564**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Sep 08 - Jan 09**

\*\*\*\*\*

Name - **OBAMA, BOB A**  
Street Address - **5719 CANAL N # 4**  
City, State, Zip - **SPOKANE WA 99216**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security - **468-31-xxxx**  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Nov 08 - May 09**

\*\*\*\*\*

Name - **OBAMA, BORACK**  
Street Address - **222 20TH ST**  
City, State, Zip - **SAN DIEGO CA 92102-3812**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security - **560-11-xxxx**  
Age -  
Date of Birth -

Deceased - No  
Date Record Verified - Jan 08 - May 08

Name - **OBAMA, BORACK**  
Street Address - **1966 BROADWAY ST NE**  
City, State, Zip - **SALEM OR 97301-8336**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security -

Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **May 08 - Sep 08**

Name - **OBAMA, BORAK**  
Street Address - **3112 1 2 ST**  
City, State, Zip - **SAINT AUGUSTINE FL 32080**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security - **213-47-xxxx**

Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Mar 08 - Dec 08**

Name - **OBAMA, BORAK**  
Street Address - **1213 W MAIN ST**  
City, State, Zip - **FORT WAYNE IN 46808-3334**  
Probable Current Address - **No**

Telephone - **260-456-9874 - EDT**  
Telephone Accountholder -  
Social Security -

Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Oct 08 - Feb 09**

Name - **OBAMA, BRACK**  
Street Address - **WHITE HOUSE**  
City, State, Zip - **BALTIMORE MD 21454**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security - **410-67-xxxx**

Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Nov 08**

\*\*\*\*\*

Name - **OBAMA, BRIANNA**  
Street Address - **2612 MALDEN DR**  
City, State, Zip - **NASHVILLE TN 37210-5434**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security -  
Age -  
Date of Birth -  
Deceased - **No**  
Date Record Verified - **Nov 08 - Mar 09**

\*\*\*\*\*

Name - **OBAMA, BURAK**  
Street Address - **16330 BRIDGEWALK DR**  
City, State, Zip - **LITHIA FL 33547-4800**  
Probable Current Address - **No**

Telephone -  
Telephone Accountholder -  
Social Security -  
Age - **18**  
Date of Birth - **Jan 18, 1991**  
Deceased - **No**  
Date Record Verified -

**Exhibit 3**

11 0402

**FILED**

FEB 16 2011

Clerk, U.S. District & Bankruptcy  
Courts for the District of Columbia

Dr. Orly Taitz, Esq  
29839 Santa Margarita Parkway, STE 100  
Rancho Santa Margarita CA 92688  
Tel: (949) 683-5411; Fax (949) 766-7603  
E-Mail: dr\_taitz@yahoo.com

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

Dr. Orly Taitz, Esquire, Pro Se,  
Plaintiff

v

Barrack Hussein Obama,  
Defendant

)  
)  
)  
)  
)  
)  
)  
)  
)  
)

Civil Action:

**Affidavit of John N. Sampson**

1. My name is John N. Sampson. I am over 18 years of age, am of sound mind and free of any mental disease or psychological impairment of any kind or condition.
2. I am a citizen of the United States of America, I am 58 years old, and was born in Jackson Heights, Queens, New York and raised in the State of New York.
3. I am the Chief Executive Officer, Owner, and Operator, of CSI Consulting and Investigations LLC, a consulting and private investigative firm registered with the Secretary of State of Colorado as a Limited Liability Company pursuant to the laws of the State of Colorado. The company was formed in the State of Colorado on January 2, 2009 and is in good standing with the Secretary of State of Colorado. Colorado does not have any licensing requirements or provisions for private investigators.
4. I have personal knowledge of all of the facts and circumstances described herein below and will testify in open court to all of the same.
5. On, or about, November 16, 2009, Orly Taitz, the attorney who is prosecuting the above captioned matter, requested that I access LocatePlus, a commercial database that I subscribe to,

which is located in the State of Massachusetts, and with whom I have a user agreement, and requested that I obtain any and all legally available information relating to U.S. Social Security number 042-68-4425.

6. On, or about, November 16, 2009, pursuant to the aforementioned request by Orly Taitz, I requested from LocatePlus, any and all legally obtainable information relating to SSN 042-68-4425

7. As a result of this inquiry, I came to learn that Plaintiff Barrack Hussein Obama, has used this Social Security number since at least from June 1, 1986 to present. A detailed report was generated showing family relationships, past residence history, real property owned by Mr. Obama, and other detailed information to include, but not limited to, driver's license information, telephone numbers associated with Mr. Obama, and people possibly related to Mr. Obama.

8. This information was obtained pursuant to a legitimate and permissible search under the user agreement I have with LocatePlus. This request was made in connection with a pending civil action, which is one of the expressed permissible purposes to conduct such an inquiry through LocatePlus, as well as a possible criminal violation of United States law, and possible fraud.

9. As a result of this search and the results that were obtained, on or about November 17, 2009, I accessed a public access database named "SSN Validator" at <http://www.ssnvalidator.com/>. The information this site provided me was that SSN 042-68-4425 was issued by the Social Security Administration based upon an application filed for a Social Security Number in the State of Connecticut between the years 1976 and 1977.

10. Based upon information and belief, Plaintiff Barrack Hussein Obama has never had a direct connection with the State of Connecticut and has never claimed residency in the State of Connecticut.

11. I am a recently retired Senior Deportation Officer of the United States Department of Homeland Security, Immigration and Customs Enforcement (DHS ICE) having retired on August 30, 2008.

12. As a result of my formal training as an immigration officer, conducted at the Federal Law Enforcement Training Center (FLETC), located in Brunswick, Georgia, and advanced training received at FLETC in Artesia, New Mexico and elsewhere during my 27 year career, as well as my professional experience spanning 27 years of federal law enforcement, it is my knowledge and belief that Social Security Numbers can only be applied for in the State in which the applicant habitually resides and has their official residence.

13. During the period between January 1, 1976 and December 31, 1977 inclusive, it is my knowledge and belief that Barrack Hussein Obama habitually resided solely within the State of Hawaii and was between the ages of 14 and 16 during the time period stated above. During that period of time, based upon information and belief, Mr. Obama resided with his maternal grandparents, Madelyn and Stanley Dunham in the State of Hawaii.

14 On or about February 2, 2010, I received an email from a person identifying himself as "Jim Russo". Operations Manager for LocatePlus, 100 Cummings Center, Suite 235M, Beverly, MA, 01915. requesting that I contact him regarding my account

15 On or about February 3, 2010, I telephoned Mr. Russo at 978-921-2727, extension 319 and inquired as to why he wished to discuss my account. At that time, Mr. Russo stated that LocatePlus had noticed I had conducted what he called a "celebrity political figure" inquiry and wanted to know why I had done so and which permissible reason pursuant to the user agreement I was under with LocatePlus pertained to my making my inquiry

16. I told Mr. Russo that I was a private investigator in the State of Colorado, that I had been tasked by Dr. Orly Taitz, an attorney in California who was prosecuting a civil suit involving Mr. Obama and that I had emails and other documentation that I could send him verifying that fact. Mr. Russo stated that he would appreciate it if I would send that information to him which I did on or about February 3, 2010. He assured me at that time that if I were to provide this information to him it would resolve any "issues" LocatePlus may have regarding my inquiry into a "political celebrity".

17 In the email I sent to Mr. Russo, I offered to have Dr. Taitz send him an email as well confirming the fact that I had been tasked by her to conduct this inquiry pursuant to a pending civil suit in the United States District Court for the Central District of California. He stated that he would like to receive such an email.

18. On or about February 4, 2010, Dr. Orly Taitz, at my request, sent Mr. Russo an email indicating that she had requested me, in connection with the pending civil suit in California against Mr. Obama, to conduct research through the commercial databases I habitually use as a private investigator, related to SSN 042-68-4425.

19. Numerous emails have been exchanged between me and Mr. Russo due to the fact that as of February 2, 2010, my account with LocatePlus has been frozen and I can no longer access this database despite the fact that I responded to their inquiries and have provided evidence to them indicating that I had followed the user agreement we have entered into. I have repeatedly asked that my account be unlocked, unfrozen, and made available to me.

20. Despite all of this, as of March 8, 2010, my account remains frozen and I am unable to conduct legitimate, legal database searches in connection with my business. As a result, I am being financially harmed, unable to conduct legal, lawful, legitimate investigations pursuant to law, and unable to provide to my clients, the services they have contracted with me to provide, thereby subjecting me to possible civil litigation for failing to provide contracted services.

21. Based upon information and belief, misuse of a Social Security number is a direct violation of Title 42 United States Code, Section 408(a)(7)(B), which is a federal felony punishable under Title 18 United States Code by fine or imprisonment of up to five years, or both.

Case: 09-56827 08/11/2010 Page: 4 of 4 ID: 7436277 DktEntry: 17-5

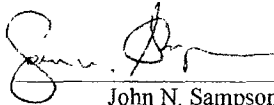
22. I swear under the penalties of perjury that all the facts stated and circumstances described above are true and correct to the best of my knowledge and belief.

23. I have not been compensated for making this affidavit.

Further, Affiant sayeth not

Signed and executed in Aurora, Colorado on this 8 day of March, 2010.

By:



John N. Sampson

**Exhibit 4**

11 0402

**FILED**

FEB 16 2011

Clerk, U.S. District & Bankruptcy  
Courts for the District of Columbia



----- KEY INFORMATION ----- ▾

## Selective Service Record Search Results

### Search Criteria

Last Name: *obama*  
Social Security Number: \*\*\* - \*\* - 4425  
Date of Birth: 08/04/1961

### Matched Record

<b>Selective Service Number:</b> 61-1125639-1
--

<b>Date of Registration</b> 9/4/1960
---

To obtain written proof of Selective Service registration [CLICK HERE](#) and follow the instructions on our "Registration Information" page

[New Search ?](#)

[FAQs](#)

**Exhibit 5**

11 0402

**FILED**

FEB 16 2011

Clerk, U.S. District & Bankruptcy  
Courts for the District of Columbia



United States Department of State

Washington, D.C. 20520

**JUL 29 2010**

In reply refer to:

CA/PPT/L/LE – Case Control Number: 200807238

Christopher E. Strunk  
593 Vanderbilt Avenue, #281  
Brooklyn, NY 11238

Dear Mr. Strunk:

The following is in response to your request to the Department of State, dated November 22, 2008, requesting the release of material under the provisions of the Freedom of Information Act (5 U.S.C. § 552).

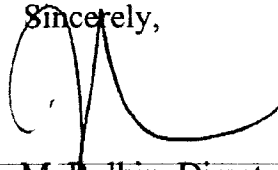
We have completed a search for records responsive to your request. The search resulted in the retrieval of six documents that are responsive to your request. After careful review of these documents, we have determined that all six documents may be released in full.

We did not locate a 1965 passport application referenced in an application for amendment of passport that is included in the released documents. Many passport applications and other non-vital records from that period were destroyed during the 1980s in accordance with guidance from the General Services Administration.

Passport records typically consist of applications for United States passports and supporting evidence of United States citizenship. Passport records do not include evidence of travel such as entrance/exit stamps, visas, residence permits, etc., since this information is entered into the passport book after issuance.

This completes the processing of your request.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan M. Kolbin', written over a horizontal dashed line.

---

Jonathan M. Kolbin, Director  
Office of Legal Affairs and Law Enforcement Liaison  
Bureau of Consular Affairs  
Passport Services

Enclosures:  
As stated

P1

FORM APPROVED  
BUDGET BUREAU NO. 47-R117.5

DEPARTMENT OF STATE FOREIGN SERVICE OF THE UNITED STATES OF AMERICA APPLICATION FOR <input type="checkbox"/> RENEWAL <input type="checkbox"/> AMENDMENT <input type="checkbox"/> EXTENSION OF <input checked="" type="checkbox"/> PASSPORT <input type="checkbox"/> CARD OF IDENTITY <input type="checkbox"/> REGISTRATION <input type="checkbox"/> CERTIFICATE OF IDENTITY		POST <u>Djakarta, Indonesia</u> <input type="checkbox"/> REFERRED TO DEPARTMENT FOR ACTION <input checked="" type="checkbox"/> RENEWED (EXPIRES) TO <u>Jul. 18, 1970</u> <input type="checkbox"/> AMENDED AS REQUESTED \$ <u>5.00</u> FEE COLLECTED <input type="checkbox"/> NO FEE COLLECTED
Document No. <u>F 777788</u> Date Issued <u>July 19, 1969</u>		
(PLEASE PRINT NAME IN FULL) I, <u>Stanley Ann Dunham Soetoro</u> , a citizen of the United States, do hereby apply for the service indicated above. (If amendment, set forth details on REVERSE.)		
DATE OF BIRTH (Month, day, year) <u>Nov. 29, 1942</u>	PLACE OF BIRTH <u>Wichita, Kansas</u>	
NOW RESIDING AT <u>Djakarta, Indonesia</u>		
UNITED STATES RESIDENCE (Street address, city, county, state) _____		
IN THE EVENT OF DEATH OR ACCIDENT NOTIFY (Name in full, relationship, street address, city, state) <u>Stanley Armour Dunham, Bank of Hawaii, Honolulu</u>		
HAVE YOU EVER BEEN REFUSED A PASSPORT OR REGISTRATION AS A CITIZEN OF THE UNITED STATES? IF THE ANSWER IS YES, EXPLAIN WHEN AND WHY <p style="text-align: center;">NO</p>		
PROPOSED TRAVEL PLANS I INTEND TO RETURN TO THE UNITED STATES PERMANENTLY TO RESIDE WITHIN _____ <u>Indefinite</u> YEARS _____ MONTHS		IF RETURNING TO U. S. COMPLETE THE FOLLOWING PORT OF DEPARTURE _____
I INTEND TO CONTINUE TO RESIDE ABROAD FOR THE FOLLOWING PERIOD AND PURPOSE <u>INDEFINITE - MARRIED TO AN INDONESIAN CITIZEN</u>		NAME OF SHIP OR AIRLINE _____ DATE OF DEPARTURE _____
I have not (and no other person included or to be included in the passport or documentation has), since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; voted in a political election in a foreign state or participated in an election or plebiscite to determine the sovereignty over foreign territory; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; ever sought or claimed the benefits of the nationality of any foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down or to destroy by force, the Government of the United States, (If any of the above-mentioned acts or conditions have been performed by or apply to the applicant, or to any other person included in the passport or documentation, the portion which applies should be struck out, and a supplementary explanatory statement under oath (or affirmation) by the person to whom the portion is applicable should be attached and made a part of this application.)		
<u>Stanley Ann Dunham Soetoro</u> (To be signed by Applicant)		
Subscribed and Sworn to (affirmed) before me this <u>13th</u> day of <u>August</u> , 19 <u>68</u> (SEAL) _____ Vice Consul _____ of the United States at <u>Djakarta, Indonesia</u>		
(The Department will assume that the consular officer, forwarding the application for the Department's decision, is fully satisfied as to the applicant's identity unless a notation to the contrary is made.)		

S O E T O R O (LAST NAME)  
 S T A N L E Y (FIRST NAME)  
 A N N (MIDDLE NAME)  
 D U N H A M (MIDDLE NAME)  
 TO BE PRINTED IN FULL

AMEND TO INCLUDE (EXCLUDE) (WIFE)(HUSBAND)			
NAME		BIRTHPLACE	BIRTHDATE
SPOUSE WAS PREVIOUSLY MARRIED TO		PREVIOUS MARRIAGE TERMINATED BY <input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH	
NUMBER OF MY SPOUSE'S PREVIOUS PASSPORT <i>INDO</i>	DISPOSITION OF MY SPOUSE'S PREVIOUS PASSPORT <input type="checkbox"/> ATTACHED <input type="checkbox"/> CANCELED _____ (DATE)		
AMEND TO INCLUDE (EXCLUDE) CHILDREN			
NAMES	RESIDENCE	BIRTHPLACE	BIRTHDATE
<del>BARACK OBAMA (SPOUSE)</del>			
AMEND TO READ IN MARRIED NAME			
NAME			
DATE MARRIED	PLACE MARRIED	MARRIED TO	
CITIZENSHIP OF HUSBAND <input type="checkbox"/> U. S. CITIZEN <input type="checkbox"/> ALIEN-CITIZEN OF _____			
OTHER AMENDMENT(S) (DESCRIBE IN DETAIL ACTION REQUESTED)			
DOCUMENTARY EVIDENCE SUBMITTED TO DEPARTMENT BY CONSULAR OFFICER			
DOCUMENTARY EVIDENCE SEEN AND RETURNED TO APPLICANT BY CONSULAR OFFICER			
STATEMENT OF ACTION BY POST UPON DEPARTMENT'S AUTHORIZATION (To be executed only in connection with cases referred to Dept.)			
THE <input type="checkbox"/> PASSPORT	WAS	<input type="checkbox"/> RENEWED TO _____	DATE _____
<input type="checkbox"/> CARD OF IDENTITY		<input type="checkbox"/> AMENDED AS REQUESTED	
<input type="checkbox"/> CERTIFICATE		<input type="checkbox"/> EXTENDED TO _____	
AUTHORITY _____			(Consul of the United States of America)
x (STAPLE HERE) (Photo required for inclusions) STAPLE ONE PHOTO HERE DO NOT MAR FACE The passport photos required must be approximately 2½ by 2½ inches in size; be on thin unglazed paper, show full front view of applicant with a plain, light background; and have been taken within 2 years of date submitted. When dependents are included they should be shown in a group photograph. The consul will not accept photos that are not a good likeness. Color photographs are acceptable. Do not staple second photo. Attach loosely by paper clip. x		x OPINION OF CONSULAR OFFICER _____ (Consul of the United States of America)	

AVOID THE LAST MINUTE RUSH

(PLEASE TYPE OR PRINT)

DON'T PUT IT OFF APPLY NOW

DEPARTMENT OF STATE  
APPLICATION FOR PASSPORT BY MAIL

Your previous passport issued within the past eight years, two signed photographs and the fee of \$10 MUST accompany this application.

(First name) (Middle name) (Last name)  
**Stanley Ann Dunham Soetoro**

State of State for  
**Hawaii** ZIP CODE **96814**

DATE OF BIRTH (Month/Day/Year)  
**Jan 14, 1972**

APPROXIMATE DATE OF DEPARTURE  
**Jan 14, 1972**

OCCUPATION  
**Teacher**

IF YOU WERE BORN ABROAD, WERE BOTH OF YOUR PARENTS U.S. CITIZENS AT THE TIME OF YOUR BIRTH?  
 Yes  No

RELATIONSHIP (Do not show name of person who will accompany you when traveling)  
**FATHER** (Street address, City, State, ZIP Code)  
**1617 S. BERETANIA HONOLULU**

MEANS OF TRANSPORTATION  
Departure:  Sea  Air  Other

COUNTRIES TO BE VISITED  
**INDONESIA**

DECLARATION  
I declare under the penalties of 18 USC 1001 and 1542 (see WARNING above) that the statements made in this application are true and complete to the best of my knowledge and belief. I further declare that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely without mental reservation or purpose of evasion.

Date: **Jan 4, 1972** Signature of applicant: **S. Ann Dunham Soetoro**

(Passport Office Use Only)  
JAN-4-72 120023

(Passport Office Use Only)  
D 030097  
NF END  
P2  
SERIES  
C  
Jan 14 '72  
DEPARTMENT OF STATE  
HONOLULU, HAWAII



DEPARTMENT OF STATE		
REQUEST BY UNITED STATES NATIONAL FOR AND REPORT OF EXCEPTION TO SECTION 53.1, TITLE 22 OF THE CODE OF FEDERAL REGULATIONS		
REQUEST		
<p>I have been informed that my passport is not valid and that a valid passport is required by law to enter the United States. I request that an exception be granted to me, as provided in Section 53.2(h), Title 22 of the Code of Federal Regulations. I understand that a fee of \$25 is required under Section 53.2(h) and I will remit such fee to the Passport Office, Department of State, Washington, D. C., 20524, within 30 days.</p> <p style="text-align: right;"><i>Stanley Ann Soetoro</i> (Signature)</p>		
REPORT - Pursuant to Section 215 of the Immigration and Nationality Act of 1952		
TO: Director, Passport Office Department of State Washington, D. C. 20524 Attn: PT/AC		
SUBJECT		
NAME STANLEY ANN SOETORO	DESCRIPTION 5'6" Brown Brown 135 lb.	
HOME ADDRESS Djalan Taman Matramen 22 Pav., Djakarta, Indonesia (Honolulu, 1617 South Beretania, c/o Stanley Dunham) <span style="float: right; font-size: 2em;">96814</span>		
BIRTHDATE Nov. 29, 1942	NATURALIZATION DATE N. A.	PASSPORT NO., DATE AND PLACE OF ISSUANCE F 777788 07-19-65 Honolulu, Hawaii
BIRTHPLACE Wichita, Kansas		
DEPARTURE FROM UNITED STATES		
DATE AND PLACE OF DEPARTURE October 1967, Honolulu, Hawaii	DESTINATION Djakarta, Indonesia	
FLIGHT NUMBER OR VESSEL -		NAME OF CARRIER Japan Airlines
TRAVEL TO UNITED STATES		
DATE AND PLACE OF DEPARTURE FROM ABROAD October 20, 1971, Djakarta, Indonesia	IDENTITY DOCUMENTS PRESENTED Passport as shown above ✓	
FLIGHT NUMBER OR VESSEL FAA 812		NAME OF CARRIER Pan American Airways
DATE AND PLACE OF ENTRY October 21, 1971, Honolulu, Hawaii		DESTINATION Honolulu, Hawaii
ACTION TAKEN		
Identity and citizenship established. Exception granted under 22 CFR 53.2(h). <div style="text-align: right; margin-top: 20px;">                     OCT 21 1971                      (Inspector's Stamp)                 </div>		
PLACE (Immigration and Naturalization Service) HONOLULU, HAWAII		SIGNATURE (Immigration Officer) <i>Leonard L. ...</i>

Bill sent - 11/29/71

DEPARTMENT OF STATE <b>APPLICATION FOR AMENDMENT OF PASSPORT</b>		(Passport Office Use Only) Amend as shown in section: <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> Add visa pages. <input type="checkbox"/>	
INSTRUCTIONS: All requests for inclusion of persons must be sworn to (or affirmed) before an Agent of the Department of State or Clerk of Court. Photographs, which meet the requirements below, and evidence of citizenship must be submitted for all persons to be included by this amendment. If such persons have had, or been included in, a previous passport, it should be submitted instead of other documents, and Section G completed.		P 3	
A PASSPORT NO. OF APPLICANT - 777-55	DATE ISSUED July 17, 1965	BIRTH CERTIFICATE(S) SEEN	
MAIL PASSPORT TO STREET 2236 University Ave. CITY Honolulu STATE Hawaii 96822		CHILD(REN)'S FILED SR CR CITY (WIFE'S) (HUSBAND'S) FILED SR CR CITY	(Last name) 204-100-1 (First name) Stanley (Middle name) Ann
IN CARE OF _____		MARRIAGE CERT. <input checked="" type="checkbox"/> S & R   NAT'ZN. CERT. <input type="checkbox"/> S & R   OTHER <input type="checkbox"/>	
PLEASE PRINT NAME IN FULL: (First name)   (Middle name)   (Last name) Stanley Ann Soetero, a citizen of the United States, do hereby request that my passport, which is enclosed, be amended as indicated below.		(Photo requirements for inclusion) STAPLE ONE PHOTO HERE DO NOT MAR FACE Photos must be ONLY of persons to be included by this amendment. The two photos must be duplicates, approximately 2 1/2 by 2 1/2 inches in size, be on thin, unglazed paper with a plain, light background and have been taken within 2 years of date submitted. Photos should be front view, but not full-length, and may not be snapshot, Polaroid, acetate or film base prints. When more than 1 person is to be included, a group photo is required. Color photos are acceptable.	
B INCLUDE MY CHILD(REN), AS FOLLOWS: (Also complete Section H if child(ren) acquired citizenship by naturalization, and have not had a previous passport.)		(STAPLE HERE)   (STAPLE HERE)	
NAME IN FULL	PLACE OF BIRTH (City, State)		
C INCLUDE MY (WIFE) (HUSBAND), AS FOLLOWS: (Also complete Section H if (wife) (husband) acquired citizenship by naturalization, and/or Section I if wife was previously married before March 3, 1931.)		DO NOT STAPLE SECOND PHOTO ATTACH BY PAPER CLIP	
(WIFE'S) (HUSBAND'S) FULL LEGAL NAME	PLACE OF BIRTH (City, State)		
D EXCLUDE PERSONS, AS FOLLOWS:		WHO IS/ARE <input type="checkbox"/> MY WIFE <input type="checkbox"/> TO APPLY FOR SEPARATE PASSPORT <input type="checkbox"/> MY HUSBAND <input type="checkbox"/> NOT TO ACCOMPANY <input type="checkbox"/> MY CHILDREN (Give name(s)) <input type="checkbox"/>	
E CHANGE TO READ IN MARRIED NAME, AS FOLLOWS:			
MARRIED NAME Stanley Ann Soetero			
PLACE OF MARRIAGE (City, State) Molokai, Hawaii		DATE OF MARRIAGE 3/15/65	
HUSBAND'S NAME IN FULL Lalo Soetero		WHO IS <input type="checkbox"/> A UNITED STATES CITIZEN <input checked="" type="checkbox"/> A CITIZEN OF Indonesia	
F CHANGE TO READ AS FOLLOWS:			
G (CHILD(REN)'S) (WIFE'S) (HUSBAND'S) LAST U. S. PASSPORT			
NUMBER		DATE ISSUED	
IN NAME OF		<input type="checkbox"/> IS SUBMITTED HEREWITH <input type="checkbox"/> OTHER DISPOSITION (State)	

**H** TO BE COMPLETED BY AN APPLICANT REQUESTING INCLUSION IN THE PASSPORT OF A RELATIVE WHO ACQUIRED CITIZENSHIP THROUGH NATURALIZATION

MY IMMIGRATED TO THE U. S. ON (Month, day, year)	ACQUIRED U. S. CITIZENSHIP ON (Month, day, year)	THROUGH THE NATURALIZATION OF <input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> FORMER HUSBAND
WHO WAS NATURALIZED BEFORE THE (Name of court)	LOCATED IN (City, State)	
AS SHOWN BY THE ACCOMPANYING CERTIFICATE OF NATURALIZATION NO.		

**I** TO BE COMPLETED BY AN APPLICANT WHOSE WIFE WAS PREVIOUSLY MARRIED BEFORE MARCH 3, 1931, AND WHO IS TO BE INCLUDED IN PASSPORT (If married more than twice, set forth facts in a supplemental statement)

HER MAIDEN NAME WAS	DATE OF PREVIOUS MARRIAGE
NAME OF FORMER HUSBAND	PLACE OF PREVIOUS MARRIAGE
FORMER HUSBAND'S PLACE OF BIRTH	MARRIAGE WAS TERMINATED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE
DATE	

**J** IN THE EVENT OF DEATH OR ACCIDENT NOTIFY

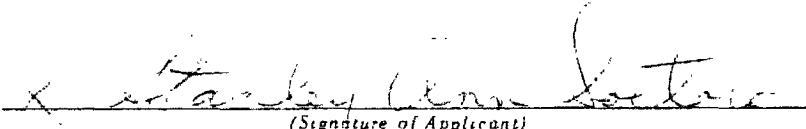
NAME IN FULL	RELATIONSHIP	STREET ADDRESS, CITY, STATE
--------------	--------------	-----------------------------

**K**

I have not (and no other person included or to be included in the passport has), since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; voted in a political election in a foreign state or participated in an election or plebiscite to determine the sovereignty over foreign territory; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; ever sought or claimed the benefits of the nationality of any foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down or to destroy by force, the Government of the United States.

(If any of the above-mentioned acts or conditions have been performed by or apply to the applicant, or to any other person included or to be included in the passport, the portion which applies should be struck out, and a supplementary explanatory statement under oath (or affirmation) by the person to whom the portion is applicable should be attached and made a part of this application.)

I solemnly swear (affirm) that the statements herein made are true and that I have not previously asked to have these additional persons included in my passport; that they are not now in possession of valid passports, and that they have not made application for passports and been refused.

  
 \_\_\_\_\_  
 (Signature of Applicant)

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
(Agent, Department of State or Clerk of Court)


(PLEASE PRINT OR TYPE - PENCIL NOT ACCEPTABLE)

For Department Decision

DEPARTMENT OF STATE APPLICATION FOR <input checked="" type="checkbox"/> PASSPORT <input type="checkbox"/> REGISTRATION				POST LOCATION <b>Jakarta, Indonesia</b>	
Complete ALL entries in all sections that apply to you. If information is unknown, write "Unknown". Do not leave blank spaces. Use additional sheets where space provided is not adequate.				PASSPORT ISSUED No. <b>22433100</b> REGISTRATION APPROVED <b>P4</b> Date <b>June 2, 1976</b> Expires _____ Expired <b>June 1, 1981</b> CARD OF IDENTITY AND REG No. _____ Date _____	
TO BE COMPLETED BY ALL APPLICANTS					
(First name) <b>STANLEY</b> (Middle name) <b>ANN</b> (Last name) <b>DUNHAM SOETORO</b>		a citizen of the United States, do hereby apply for (a passport) (registration)			
DATE OF BIRTH Month <b>11</b> Day <b>29</b> Year <b>42</b>		PLACE OF BIRTH (City, state/province, country) <b>WICHITA, KANSAS, USA</b>			
HEIGHT <b>5</b> Ft. <b>5 1/2</b> in.		COLOR OF HAIR (Spell out) <b>BROWN</b>	COLOR OF EYES (Spell out) <b>BROWN</b>	SOCIAL SECURITY NO. <b>535-40-8522</b>	
VISIBLE DISTINGUISHING MARKS <b>NONE</b>			OCCUPATION <b>GRAD. STUDENT</b>		
NOW RESIDING AT <b>DTL. HADJI ROMLI 23 MENTENG DALAM, JAKARTA</b>			MY LAST PASSPORT WAS OBTAINED FROM (Note: If included in another's passport, state name of bearer) Location of Issuing Office <b>HONOLULU</b> Date of Issuance <b>JAN. 4, 1972</b>		
PERMANENT RESIDENCE (Street address, city, state/province, country) (If same as above) <b>1617 S. BERETANIA, HONOLULU, HAWAII</b>			MY LAST REGISTRATION AS A CITIZEN OF THE UNITED STATES WAS APPROVED Location of Registering Office _____ Date of Registration _____		
IN THE EVENT OF DEATH OR ACCIDENT NOTIFY (Name in full, relationship, street address, city, state) <b>STANLEY DUNHAM (FATHER) 1617 S. BERETANIA # 1008 HONOLULU, HI 218 96814</b>					
HAVE YOU EVER BEEN REFUSED A PASSPORT OR REGISTRATION AS A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF ANSWER IS "YES", EXPLAIN WHEN AND WHY					
TO BE COMPLETED BY AN APPLICANT WHO BECAME A CITIZEN THROUGH NATURALIZATION					
I IMMIGRATED TO THE U.S. (Month, year)		I RESIDED CONTINUOUSLY IN THE U.S. From (Year) To (Year)		NATURALIZATION CERTIFICATE NO. <input type="checkbox"/> Submitted herewith <input type="checkbox"/> Seen and returned <input type="checkbox"/> Previously submitted	
PLACE NATURALIZED (City, state)		NATURALIZATION COURT		DATE NATURALIZED	
COMPLETE ONLY IF OTHERS ARE TO BE INCLUDED IN PASSPORT OR REGISTRATION AND SUBMIT GROUP PHOTOGRAPH					
(WIFE'S) (HUSBAND'S) FULL LEGAL NAME			NATURALIZATION CERTIFICATE NO. <input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED <input type="checkbox"/> Seen and returned		
PLACE NATURALIZED (City, state)			NATURALIZATION COURT		DATE NATURALIZED
(WIFE'S) (HUSBAND'S) PLACE OF BIRTH (City, State or Province, Country)				DATE OF BIRTH (Mo., Day, Year)	
NAME IN FULL OF CHILDREN INCLUDED		PLACE OF BIRTH (City, state/province, country)		DATE OF BIRTH (Month, day, year)	RESIDED IN U.S. (From-To)
EVIDENCE OF PRIOR DOCUMENTATION OF ABOVE-NAMED PERSONS TO BE INCLUDED (For completion by Consular Office)					
NAMES	PASSPORT NO.	DATE OF ISSUE	CANCELED OR OTHER DISPOSITION	DATE OF REGISTRATION OR BIRTH REPORT	LOCATION OF OFFICE
OTHER EVIDENCE OF U.S. CITIZENSHIP PRESENTED (State disposition)					

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<b>F</b>	FATHER'S NAME <b>STANLEY DUNHAM</b>	FATHER'S PLACE OF BIRTH (City, State, Province or Country) <b>WICHITA, KANSAS</b>	<input checked="" type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> NOT U.S. CITIZEN
	DATE NATURALIZED	PLACE NATURALIZED (City, state)	
	FATHER'S DATE OF BIRTH <b>MARCH 23, 1918</b>	<input type="checkbox"/> FATHER DECEASED <input checked="" type="checkbox"/> FATHER RESIDING AT <b>HONOLULU, HI</b>	FATHER RESIDED IN U.S. From <b>BIRTH</b> to <b>PRESENT</b>
	MOTHER'S MAIDEN NAME <b>MADelyn PAYNE</b>	MOTHER'S PLACE OF BIRTH (City, State, Province or Country) <b>PERU, KANSAS</b>	<input checked="" type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> NOT U.S. CITIZEN
	DATE NATURALIZED	PLACE NATURALIZED (City, state)	
	MOTHER'S DATE OF BIRTH <b>OCT. 26, 1922</b>	<input type="checkbox"/> MOTHER DECEASED <input checked="" type="checkbox"/> MOTHER RESIDING AT <b>HONOLULU, HI</b>	MOTHER RESIDED IN U.S. From <b>BIRTH</b> to <b>PRESENT</b>
<b>G</b>	<input type="checkbox"/> I WAS NEVER MARRIED <input checked="" type="checkbox"/> I WAS LAST MARRIED ON (Date) <b>MARCH 15, 1965</b>		
	PRESENT FULL LEGAL NAME OF HUSBAND OR WIFE <b>LOLO SOETORO</b>		
	HUSBAND'S OR WIFE'S PLACE OF BIRTH (City, state) <b>BANDUNG, INDONESIA</b>	HUSBAND'S OR WIFE'S DATE OF BIRTH <b>JAN. 2, 1935</b>	<input type="checkbox"/> HUSBAND OR WIFE IS U.S. CITIZEN <input checked="" type="checkbox"/> HUSBAND OR WIFE IS NOT U.S. CITIZEN
	HUSBAND OR WIFE NOW RESIDING AT <b>DJAKARTA, INDONESIA</b>		
	<input checked="" type="checkbox"/> MARRIAGE NOT TERMINATED <input type="checkbox"/> MARRIAGE TERMINATED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE ON		
<b>H</b>	PROPOSED TRAVEL PLANS <input checked="" type="checkbox"/> I INTEND TO RETURN TO THE UNITED STATES WITHIN <u>1</u> MONTHS _____ YEARS TO <input type="checkbox"/> RESIDE <input checked="" type="checkbox"/> VISIT. <input type="checkbox"/> INDEFINITE <input type="checkbox"/> I NEVER INTEND TO RETURN TO THE UNITED STATES		
	I INTEND TO CONTINUE TO RESIDE ABROAD FOR THE FOLLOWING REASON <b>PLAN TO RETURN TO INDONESIA SEPT, FEB, 77 TO COMPLETE DISSERTATION RESEARCH</b> COMPLETE IF RETURNING TO U.S.		
<b>I</b>	PORT OF DEPARTURE <b>DJAKARTA</b>	DATE OF DEPARTURE <b>JUNE 16, 1976</b>	
	NAME OF SHIP OR AIRLINE <b>PAN AM</b>		
<b>J</b>	WARNING: False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and /or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544.		
	I have not (and no other person included in the application has), since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; ever sought or claimed the benefits of the nationality of any foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down or to destroy by force, the Government of the United States.		
	(If any of the above-mentioned acts or conditions have been performed by or apply to the applicant, or to any other person to be included in the passport or registration, the portion which applies should be struck out, and a supplementary explanatory statement under oath (or affirmation) by the person to whom the portion is applicable should be attached and made a part of this application.)		
	I solemnly swear (or affirm) that the statements made on all the pages of this application are true and that the photograph attached is a likeness of me and of those persons to be included in the passport.		
			
		(To be signed at same time by husband/wife to be included in passport) _____ (To be signed by Applicant in presence of person administering oath) <b>L. Ann Dunham Soetoro</b>	
	Subscribed and sworn to (affirmed) before me this <u>1st</u> day of <u>June</u> , 19 <u>76</u> .		
	(Seal) <b>Alfred Harding IV</b> Consul _____ of the United States at <b>Jakarta, Indonesia</b>		
	IDENTIFYING DOCUMENTS SUBMITTED (See 8 FAM 243 Procedures)		

P5

APPLICATION FOR  PASSPORT  REGISTRATION  
 Write ALL entries in all sections that apply to you. If information is unknown, write "Unknown." Do not leave blank spaces. Use additional sheets where space provided is not adequate. PRINT OR TYPE ENTRIES.

POST LOCATION Jakarta, Indonesia  
 POST ACTION:  
 PASSPORT ISSUED No. 23037221 REGISTRATION APPROVED Date \_\_\_\_\_  
 Date 4/28/81 Expires \_\_\_\_\_  
 Expires 4/27/86 CARD OF IDENTITY AND REG. No. \_\_\_\_\_  
 \$3 Application fee collected No. \_\_\_\_\_  
 \$10 Fee collected Date \_\_\_\_\_  
 No Fee passport  \$5 fee collected (for card)  
 Official passport  48-page  96-page passport

TO BE COMPLETED BY ALL APPLICANTS  
 (First name) (Middle name) (Last name)  
STANLEY ANN DUNHAM  
 \_\_\_\_\_ a citizen  
 of the United States, do hereby apply for (a passport) (registration).

SEX (M/F) F BIRTHPLACE (City, State or Province, Country) WICHITA, KANSAS, U.S.A. BIRTH DATE Month Day Year Nov. 29 1942  
 HEIGHT 5 Ft 1/2 In. COLOR OF HAIR (Spell out) BROWN COLOR OF EYES (Spell out) BROWN SOCIAL SECURITY NO. (Not mandatory) 535-40-8522

APPLICANT'S EVIDENCE OF CITIZENSHIP  
 Birth Certificate  Passport  
 Certificate of Naturalization or Citizenship  
 Date: 6/2/76  
 Bearer's Name: self  Submitted Herewith  
 No.: 22453100  Canceled & Returned  
 Place: Jakarta  Seen & Returned

NOW RESIDING AT Jalan Daksa I/14, Kebayoran Baru Jakarta Selatan, Indonesia

MY LAST REGISTRATION AS A CITIZEN OF THE UNITED STATES WAS APPROVED

PERMANENT RESIDENCE (Street Address, City, State, U.S. ZIP Code) (if same as above, so indicate) 1617 South Beretania, Apt.1008, Hon., Hawaii

Location of Registering Office \_\_\_\_\_ Date of Registration \_\_\_\_\_

IN THE EVENT OF ACCIDENT OR DEATH NOTIFY (Not mandatory) (Do not give name of a person who will accompany you when traveling)  
 Name in full: Stanley Dunham Relationship: Father  
 Address: 1617 South Beretania, Apt. 1008, Honolulu, Hawaii Phone No.: (808) 949-2317

HAVE YOU EVER BEEN REFUSED A PASSPORT OR REGISTRATION AS A CITIZEN OF THE UNITED STATES?  Yes  No  
 IF ANSWER IS "YES," EXPLAIN WHEN AND WHY



FATHER'S NAME STANLEY DUNHAM BIRTHPLACE WICHITA, KANSAS, U.S.A. BIRTH DATE March 23 1918 U.S. CITIZEN  Yes  No  
 MOTHER'S MAIDEN NAME MADELYN PAYNE BIRTHPLACE PERU, KANSAS, U.S.A. BIRTH DATE Oct. 26, '22 U.S. CITIZEN  Yes  No  
 I WAS LAST MARRIED ON March 5, '64 TO (Wife's/Husband's full legal/maiden name - complete when married, widowed or divorced) Lulo Soetoro, MAUI, HAWAII  
 I WAS NEVER MARRIED  
 WIFE'S/HUSBAND'S BIRTHPLACE Bardung, Indone- WIFE'S/HUSBAND'S BIRTH DATE Jan. 2, 1936 U.S. CITIZEN  Yes  No  
 MARRIAGE NOT TERMINATED  
 MARRIAGE TERMINATED BY DEATH  
 DIVORCE ON Aug. 28, 1980

(PHOTO REQUIREMENTS FOR PERSONS TO BE INCLUDED)  
 Photos must be ONLY of persons to be included (other than passport bearer). When more than one person is to be included, a group photograph of the inclusions is required.  
 CONSULATE WILL STAPLE PHOTO OF INCLUSIONS HERE.  
 DO NOT IMPRESS SEAL ON PHOTOGRAPHS.

YOU OR ANYONE INCLUDED IN SECTION B OF THIS APPLICATION BEEN ISSUED OR INCLUDED IN A U.S. PASSPORT?  Yes  No  
 IF YES, SUBMIT PASSPORT. IF UNABLE TO SUBMIT MOST RECENT PASSPORT, STATE ITS DISPOSITION: Am submitting No.: 22433100 Issue Date: June 2, 1976

COMPLETE IF CHILDREN OR BROTHERS AND SISTERS UNDER AGE 13, AND/OR WIFE/HUSBAND, ARE TO BE INCLUDED AND SUBMIT PHOTO  
 WIFE'S/HUSBAND'S FULL LEGAL NAME \_\_\_\_\_  
 BIRTHPLACE (City, State or Province, Country) \_\_\_\_\_ BIRTH DATE (Mo., Day, Yr.) \_\_\_\_\_  
 CHILD(REN)'S NAME(S) IN FULL \_\_\_\_\_ BIRTHPLACE(S) (City, State or Country) \_\_\_\_\_ BIRTH DATE(S) (Mo., Day, Yr.) \_\_\_\_\_  
 CHILD(REN)'S EVIDENCE  Submitted Herewith  Canceled & Returned  Seen & Returned

I have not (and no other person included in this application has), since acquiring United States citizenship, performed any of the acts listed in section I on the reverse of this application form (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on all of the pages of this application are true and the photograph(s) attached is (are) a likeness of me and of those persons to be included in the passport.

(To be signed at same time by husband/wife to be included in passport) (SEAL) L. Ann Dunham (To be signed by Applicant in presence of person administering oath)

Subscribed and sworn to (affirmed) before me this 27 day of April 19 81  
 Consul \_\_\_\_\_ of the United States at Jakarta, Indonesia  
 \_\_\_\_\_ (Signature of person taking application)

<b>TO BE COMPLETED BY AN APPLICANT WHO BECAME A CITIZEN THROUGH NATURALIZATION</b>			
I IMMIGRATED TO THE U.S. (Month, year)	I RESIDED CONTINUOUSLY IN THE U.S. From (Year) To (Year)	NATURALIZATION CERTIFICATE NO. <input type="checkbox"/> Submitted herewith <input type="checkbox"/> Seen and returned <input type="checkbox"/> Previously submitted	
PLACE NATURALIZED (City, state)		NATURALIZATION COURT	DATE NATURALIZED
<b>TO BE COMPLETED BY ALL APPLICANTS</b>			
OCCUPATION PROGRAM OFFICER, FORD FOUNDATION		VISIBLE DISTINGUISHING MARKS none	
<b>WOMEN MUST COMPLETE FOLLOWING IF CHILDREN OF A PREVIOUS MARRIAGE ARE INCLUDED OR IF PREVIOUSLY MARRIED BEFORE MARCH 3, 1931</b>			
I WAS PREVIOUSLY MARRIED ON	TO (Full legal name)	WHO WAS BORN AT (City, State, Country)	
ON (Date of birth)	<input type="checkbox"/> FORMER HUSBAND WAS U.S. CITIZEN <input type="checkbox"/> FORMER HUSBAND WAS NOT U.S. CITIZEN	PREVIOUS MARRIAGE TERMINATED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE ON (Date)	
<b>COMPLETE IF APPLICANT OR ANY PERSON INCLUDED IN SECTION B WAS NOT BORN IN THE UNITED STATES AND CLAIMS CITIZENSHIP THROUGH PARENTS</b>			
ENTERED THE U.S. (Month) (Year) <input type="checkbox"/> Applicant <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child	IF FATHER NATURALIZED:		IF KNOWN, FATHER'S RESIDENCE PHYSICAL PRESENCE IN U.S. From (Year) To (Year)
	Date	Certificate No.	
RESIDENCE/CONTINUOUS PHYSICAL PRESENCE IN U.S. From (Year) To (Year) <input type="checkbox"/> Applicant <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child	IF MOTHER NATURALIZED:		IF KNOWN, MOTHER'S RESIDENCE PHYSICAL PRESENCE IN U.S. From (Year) To (Year)
	Date	Certificate No.	
<b>PROPOSED TRAVEL PLANS (Not Mandatory)</b>			
I INTEND TO CONTINUE TO RESIDE ABROAD FOR THE FOLLOWING PERIOD AND PURPOSE  Two years contract with Ford Foundation from January 1981 - December 1982.			
I INTEND TO RETURN TO THE UNITED STATES PERMANENTLY TO RESIDE WITHIN		DATE OF DEPARTURE	
YEARS		MONTHS	
<b>PRIVACY ACT STATEMENT</b>			
<p>The information solicited on this form is authorized by, but not limited to, those statutes codified in Titles 8, 18, and 22, United States Code, and all predecessor statutes whether or not codified, and all regulations issued pursuant to Executive Order 11295 of August 5, 1966. The primary purpose for soliciting the information is to establish citizenship, identity and entitlement to issuance of a United States Passport or related facility, and to properly administer and enforce the laws pertaining thereto.</p> <p>The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties; pursuant to a subpoena or court order; and, as set forth in Part 6a, Title 22, Code of Federal Regulations (See Federal Register Volume 40, pages 45755, 45756, 47419 and 47420).</p> <p>Failure to provide the information requested on this form may result in the denial of a United States Passport, related document or service to the individual seeking such passport, document or service.</p> <p>NOTE: The disclosure of your Social Security Number or of the identity and location of a person to be notified in the event of death or accident is entirely voluntary. However, failure to provide this information may prevent the Department of State from providing you with timely assistance or protection in the event you should encounter an emergency situation while outside the United States.</p>			
<b>ACTS OR CONDITIONS</b>			
<p>(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, or to any other person to be included in the passport, the portion which applies should be struck out, and a supplementary explanatory statement under oath (or affirmation) by the person to whom the portion is applicable should be attached and made a part of this application.)</p> <p>I have not (and no other person included in this application has), since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; ever sought or claimed the benefits of the nationality of any foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down or to destroy by force, the Government of the United States.</p> <p>WARNING: False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents submitted are subject to verification.</p>			
<b>(FOR USE OF OFFICE TAKING APPLICATION)</b>			
APPLICANT'S IDENTIFYING DOCUMENT(S)		IDENTIFYING DOCUMENT(S) OF WIFE/HUSBAND TO BE INCLUDED IN PASSPORT	
<input type="checkbox"/> Certificate of Naturalization or Citizenship	No.:	<input type="checkbox"/> Certificate of Naturalization or Citizenship	No.:
<input type="checkbox"/> Passport	Issue Date:	<input type="checkbox"/> Passport	Issue Date:
<input type="checkbox"/> Driver's License	Place of Issue:	<input type="checkbox"/> Driver's License	Place of Issue:
<input type="checkbox"/> Other (Specify):	Issued in Name of:	<input type="checkbox"/> Other (Specify):	Issued in Name of:

UNITED STATES DEPARTMENT OF STATE  
APPLICATION FOR PASSPORT BY MAIL

**URGENT**  
IMPORTANT INSTRUCTIONS ON BACK OF FORM  
TYPE OR PRINT IN INK IN WHITE AREAS ONLY

P 6

IDENTIFYING INFORMATION

FIRST/MIDDLE  
LAST

NAME  
STANLEY ANN  
DUNHAM

MR 316 155268

MAILING ADDRESS (In Care Of, if applicable, Street, City, State, ZIP Code)

1512 SPRECKELS APT. 402 HONOLULU, HAWAII 96822  
**WILL CALL 4/1 2pm**

ISSUE DATE

Endorsement

SEX  
Male Female

PLACE OF BIRTH  
WICHITA, KANSAS USA

DATE OF BIRTH: NOV 29 42  
SOCIAL SECURITY NUMBER: 53541085212

HEIGHT: 5'6"

COLOR OF HAIR: BROWN

COLOR OF EYES: BROWN

HOME PHONE: 81089428454

BUSINESS PHONE

MOST RECENT PASSPORT ISSUED WITHIN PAST 8 YEARS MUST BE ATTACHED

PASSPORT NUMBER: Z310372211

ISSUE DATE: 4 27 81

OCCUPATION: CONSULTANT

DEPARTURE DATE: APRIL 6, 8

\*\* 4/9/86 - not mailed to perm. address per her written request - attached

PERMANENT ADDRESS (Street, City, State, ZIP Code)

1512 SPRECKELS ST APT 402 HONOLULU, HI

SUBMIT TWO RECENT IDENTICAL PHOTOS SIGNED ON THE REVERSE



PROPOSED TRAVEL PLANS AND EMERGENCY ADDRESS (Not Mandatory)

LENGTH OF STAY: 1 WEEK  
COUNTRIES TO BE VISITED: PHILIPPINES

PERSON TO NOTIFY IN CASE OF EMERGENCY (Not Traveling With You)

NAME IN FULL: STANLEY ANN MADELYN DUNHAM  
ADDRESS: 1617 S. BERETANIA #1008  
PHONE NUMBER: 810894923117  
RELATIONSHIP: PARENTS

OATH AND SIGNATURE (If any of the below mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement should be attached, signed, and made a part of this application.)

I have not, since acquiring United States citizenship, been naturalized as a citizen of a foreign state, taken an oath, or made an affirmation or other formal declaration of allegiance to a foreign state, entered or served in the armed forces of a foreign state, accepted or performed the duties of any office, post, or employment under the Government of a foreign state or political subdivision thereof; had a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state, or been convicted by a court of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against the United States or conspiring to overthrow, put down or destroy by force the Government of the United States.

**WARNING** False statements made knowingly and willfully in passport applications or affidavits or other supporting documents are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542. The alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under 18 USC 1543. The use of a passport in violation of the restrictions thereon is punishable by fine and/or imprisonment under 18 USC 1544.

**DECLARATION** I declare that the statements made in this application are true and complete to the best of my knowledge and belief, and that the attached photographs are a true likeness of me, and that I have not been issued or included in a passport issued subsequent to the one submitted herein.

X March 27, 1986  
Date

X Stanley Ann Dunham  
Signature of applicant (Must be signed by applicant)

FOLLOW INSTRUCTIONS CAREFULLY - INCOMPLETE OR UNACCEPTABLE APPLICATIONS WILL DELAY THE ISSUANCE OF YOUR PASSPORT

FOR PASSPORT SERVICES USE ONLY

RECEIVED (Type of Disposition, Number, Date Filed, Issue Date, Court Place, Bureau, Name of Approver)

Passport

Evidence of Name Change

Bearer's Name

same

23037221 4/27/86 Jakarta

Seen & Returned

APPLICATION APPROVED  
P/H/ 3/27/86

My trip was delayed by 1 month  
Please mail my passport to Honolulu

S. ANN DUNHAM  
1512 SPRECKELS ST.  
APT 402  
HONOLULU, HI 96822

Stanley Ann Dunham

PH 942-8454

RECEIVED  
APR - 9 1986  
Honolulu Passport Agency

# Exhibit 6

11 0402

**FILED**

FEB 16 2011

Clerk, U.S. District & Bankruptcy  
Courts for the District of Columbia

**DR. ORLY TAITZ, ESQ**

**PRESIDENT**

**DEFEND OUR FREEDOMS FOUNDATION**

**29839 SANTA MARGARITA PKWY, STE 100**

**RANCHO SANTA MARGARITA CA 92688**

10.03.10

Ms Dawn Wiggins

Social Security Administration

OEO FOIA Workgroup

300 N. Green Street

P.O. Box 33022

Baltimore, MD 21290-3022

Dear Ms. Higgins,

I am requesting US Code 5 §552 FOIA disclosure of the following information in regards to a number of matters where the disclosure of information under US code 5 §552 FOIA is essential in the interest of US National Security and preservation of the 14 th amendment Equal Protections rights of the U.S. Citizens. A copy of this letter is being forwarded to the 36,000 outlets of U.S. and International media, Inspector General of the Department of Justice and Public Integrity Unit,

Requested information is as follows:

1. Official SS- 5 Social security application for Stanley Ann Dunham, mother of Barack Obama,(Exhibit 1) show it to be filled out in 1959, however on the bottom

of the card, the revision 7/65. What does 7/65 mean? Does it mean Revision date 7/1965?

2. What are the dates for the social security form SS-5 revisions?

3. Previously I requested release of Social Security number application 042-68-4425, issued in the state of CT in and around 1977 to an elderly individual born in 1890 and later assumed by Barack Obama. SSA refused to provide the application. Due to the fact that the full application was denied, I am requesting only partial information:

a. zip code to which the original card was mailed

b. gender of the applicant

c. date of the application

Please, see attached a sworn affidavit from a recently retired senior deportation officer of the department of Homeland Security John Sampson, attesting to the fact that it is a common practice to release partial SS-5 application. (Exhibit 2)

4. Research of the National databases shows that there were several individuals born between 1890-1896, who obtained Social security cards shortly before passing away, possibly for the purpose of receipt of the Medicare benefits. I am requesting a certified photocopy of the original applications for ss-5 for these individuals, as they are deceased and privacy concerns would not apply in regards to deceased individuals. Please see an enclosed check for the \$27 fee per copy, made payable to the Social Security Administration, attached to the request

Bossing Margaret

042-68-4437

Birth 07 January, 1896

Death November 1982

SS card issued around 1977

DEMO, ANTOINETTE

Born 30 May 1890

Died Apr 1979 8806810 (Danbury, Fairfield, CT)(none specified)

---

Connecticut 042-68-9248

Social security card issued between 1977-1979

5. If another individual assisted those elderly in filling out such SS application, I am requesting information on the name of the individual, who assisted the applicants as well as the official, who processed them.

6. Please, see attached sworn affidavit of a licensed investigator, certified by the department of the Homeland Security, Susan Daniels. It states the in the national databases name Barack Obama is linked to other social security numbers, among them 485-40-5154

This number was actually assigned to Lucille T Ballantyne

born 12.22.1912

died 09.13.98

The son of Ms. Ballantyne, Harry C. Ballantyne was the Actuary of the Social security administration with an access to all social security records and death indexes. As any change in the social security records is supposed to leave a paper trail and electronic trail, showing the access code of the employee, who effectuated the change, please advice, if the paper trail and/or electronic trail of such records shows Mr. Harry C. Ballantyne, Actuary of the Social Security Administration, making any changes or alterations and/or additions to Social Security records 485-40-5154 and/or 042-68-4425, 042-68-4426, and/or 042-68-

4427 or any other records, contained in the Affidavits of the investigators Sankey(Exhibit 4), Daniels(exhibit 3) and Sampson (Exhibit 1).

As breach of the integrity of the Social Security administration represents the matter of National security and the time is of the essence, I request a response to this request within 20 days,

---

Sincerely,



Dr. Orly Taitz ESQ.- President of  
Defend our Freedoms Foundation  
29839 Santa Margarita Pkwy, ste 100  
Rancho Santa Margarita Ca 92688

Public Integrity Section  
Department of Justice  
950 Pennsylvania Ave, NW  
Washington DC 20530-0001

Office of the United Nations High Commissioner for Human Rights (OHCHR)  
Special Rapporteur on the Situation of Human Rights Defenders  
The Honorable Mrs. Margaret Sekaggya  
Palais des Nations  
CH-1211 Geneva 10, Switzerland  
International Criminal bar Hague

United Nations Commission for

Civil Rights Defenders

Orsolya Toth (Ms)

Human Rights Officer

~~Civil and Political Rights Section~~

Special Procedures Division

Office of the High Commissioner for Human Rights

tel: + 41 22 917 91 51

email: [ototh@ohchr.org](mailto:ototh@ohchr.org)

# Exhibit 7

11 0402

**FILED**

FEB 16 2011

Clerk, U.S. District & Bankruptcy  
Courts for the District of Columbia



SOCIAL SECURITY

Refer to:  
S9H: AD5672

May 18, 2010

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Dr. Orly Taitz, Esq.  
29839 Santa Margarita Parkway  
Suite 100  
Rancho Santa Margarita, CA 92688

Dear Dr. Taitz:

This letter is in response to your March 15, 2010, appeal of the Social Security Administration's (SSA) Freedom of Information Officer's decision that we cannot release information from the records of President Barack Obama to you. After considering all of the facts of the case, I agree with the SSA Freedom of Information Officer's decision to withhold the requested information.

Without a valid consent from President Obama, we cannot comply with your request. The records you requested are subject to the restrictions on disclosure contained in the Privacy Act of 1974 (5 U.S.C. § 552a(b)). The only exception that might permit us to disclose these records to you without consent would be the exception for disclosure required by the Freedom of Information Act (FOIA) (5 U.S.C. § 552).

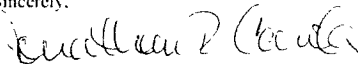
Exemption 6 of the FOIA does not require agencies to disclose information that would be a clearly unwarranted invasion of personal privacy (See 5 U.S.C. § 552(b)(6)). In considering whether this exemption applies to records, agencies must balance the public interest in disclosure against the privacy interest of the person whose records you are requesting. The Supreme Court set out certain guiding principles for such determinations in *Department of Justice v. Reporters Committee for Freedom of the Press*, 489 U.S. 749 (1989).

According to the Supreme Court case cited above, the only public interest that agencies should consider is whether disclosure of the records would shed light on the way an agency performs its statutory duties. We may not consider the identity of the requester or the purpose for which the person requests the information. While there clearly is a public interest in knowing how SSA administers the Social Security Act, disclosure of records containing personal information about President Obama would not shed light on how the agency performs its statutory duties. Therefore, disclosure of such personal information would be a clearly unwarranted invasion of personal privacy, and the FOIA exempts the records from disclosure.

Page 2 Dr Orly Tartz, Esq

This is our final decision in this matter. If you still believe the decision is incorrect, however, the law permits you to seek review in a district court of the United States

Sincerely,



Jonathan R. Cantor  
Executive Director  
Office of Privacy and Disclosure



# Exhibit 8

11 0402

**FILED**

FEB 16 2011

Clerk, U.S. District & Bankruptcy  
Courts for the District of Columbia

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  SOCIAL SECURITY ADMINISTRATION                  X BALTIMORE, MARYLAND 21235 <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>OCI</b> C. Date of Delivery <b>8/2/10</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: <i>Ms Dawn Higgins.                  300 N. Green Street                  Baltimore, MD                  21290                  -3022</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <b>7010 0290 0000 9005 0227</b>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  SOCIAL SECURITY ADMINISTRATION                  X BALTIMORE, MARYLAND 21235 <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>DEC 30 2010</b> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: <i>Dawn Higgins                  Social Security Administration                  080 FOIA workshop                  300 N Green St                  PO Box 33022                  Baltimore, MD 21290-3022</i>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <b>7010 0290 0000 9005 0067</b>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  SOCIAL SECURITY ADMINISTRATION <input type="checkbox"/> Agent                  X BALTIMORE, MARYLAND 21235 <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <b>JAN - 2 2011</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: <i>Dawn Higgins                  Acty Executive Order                  Office of Policy                  SSA Security Head                  6901                  Baltimore, MD 21235-6901</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <b>7006 2150 0004 1916 5001</b>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

**Exhibit 9**

11 0402

**FILED**

FEB 16 2011

Clerk, U.S. District & Bankruptcy  
Courts for the District of Columbia

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Social Security Administration                      Windsor Park Blvd.                      6401 Security Blvd.                      Baltimore, MD                      21235</i>		B. Received by (Printed Name) _____ C. Date of Delivery _____ <b>JAN 19 2010</b>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <b>7008 1830 0004 6886 2661</b> (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <b>SOCIAL SECURITY ADMINISTRATION</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <b>BALTIMORE, MARYLAND 21235</b>	
1. Article Addressed to: <i>Freedom of Information Act                      offered                      Social Security Administration                      6401 Security Blvd.                      Baltimore MD 21235                      Attention: Freedom of Information</i>		B. Received by (Printed Name) _____ C. Date of Delivery _____ <b>MAR 22 2010</b>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <b>7008 1830 0004 6886 4191</b> (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <b>SOCIAL SECURITY ADMINISTRATION</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <b>BALTIMORE, MARYLAND 21235</b>	
1. Article Addressed to: <i>Devin Higgins                      280 FOTA Way                      PO Box 3022                      Baltimore MD                      21290-3022</i>		B. Received by (Printed Name) _____ C. Date of Delivery _____ <b>OCT 8 2010</b>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <b>7007 2560 0002 1418 5459</b> (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			