THE INSTITUTE FOR FAITH + FAMILY

Exhibit Sample List of Absentee Ballot Date Irregularities Found in Mecklenburg County NC-103 House 2018 Election

Republican Voters:

- **H Silver** – Both witnesses certified they viewed the marking of the ballot two weeks after the voter signed, dated and marked the ballot.
- **K Kritzer** – Both witnesses certified they viewed the marking of the ballot more than four days before voter actually signed, dated and marked the ballot.
- **W Holllified** - visited a notary to certify his ballot on October 29th but the notary seal expired on 6/24/2014.
- **C Van Dyke** -A notary certified they witnessed the voter mark the ballot a day before the voter marked the ballot.

Democratic Voters

- **C Noon** – Both witnesses certified they viewed the marking of the ballot more than five days after the voter signed, dated and marked the ballot.
- **N Cohen** – One witness certified they viewed the marking of the ballot when the date the voter signed, dated and marked the ballot the other witness certified they viewed the same occurrence 4 days later.
- **J Seddon** – Both witnesses certified they viewed the marking of the ballot nearly two months prior to the voter actually signing, dating and marking the ballot. The ballot was not mailed to the voter until 9/25/2018 but the witness certification occurred on 8/19/18.
- **M Thacker** – One witness certified they viewed the marking of the ballot when the date the voter signed, dated and marked the ballot the other witness certified they viewed the same occurrence 6 days prior to the voter actually marking the ballot.
- **A Avila** – Both witnesses certified they viewed the marking of the ballot 11 days prior to the voter actually signing, dating and marking the ballot.
- **D Roland** – The voter indicated they marked the ballot on 8/24/18 and one witness certified they witness this event on 10/12/18 while the other witnessed the same event twelve days later.
- **J Bentley** – Both witnesses certified they viewed the marking of the ballot 6 days prior to the voter actually signing, dating and marking the ballot.
- **S Blunt** – One witness certified they viewed the marking of the ballot when the date the voter signed, dated and marked the ballot the other witness certified they viewed the same occurrence 9 days prior to the voter actually marking the ballot.

Exhibit Sample List of Absentee Ballot Date Irregularities Found in Mecklenburg County NC-103 House 2018 Election

Unaffiliated Voters

- **E Todd** – Both witnesses certified they viewed the marking of the ballot 8 days prior to the voter actually signing, dating and marking the ballot.
- **N-Zheng** – Both witnesses certified they viewed the marking of the ballot more than 11 days prior to the voter actually signing, dating and marking the ballot.
- **A Smith** – Both witnesses certified they viewed the marking of the ballot more than 24 days after to the voter actually signing, dating and marking the ballot.
- **J Sapienza** -A notary certified they witnessed the voter mark the ballot three days after the voter marked the ballot.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county, precinct, political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Received Mecklenburg County

OCT 2 2018

Board of Elections

SHARON ELAINE BLUNT
9249 GLENWATER DR # 1308
CHARLOTTE, NC 28262

DEM - MECKLENBURG COUNTY

CIV-4050 Ballot: G063
SHARON ELAINE BLUNT
PCT/VTD:212/212 Muni: CLT
11/06/2018 - GENERAL

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

9249 Glenwater SB
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/23/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot a described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot I my presence, or caused it to be marked in the Voter's presence according to his/her instruction The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respecte the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reques [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
3100 Cherrywood Dr	9231 Glenwater Drive
Street Address (Required)	Street Address (Required)
Charlotte, NC 28210	Charlotte, NC 28262
City, State and Zip (Required)	City, State and Zip (Required)
Oct 14, 2018	10.23.18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20 _____

the Voter: _____
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

Mecklenburg Coun

OCT 30 2018

Board of Elections

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WALTER BRYANT HOLLIFIELD
3908 MINTWOOD DR
CHARLOTTE, NC 28227

REP - MECKLENBURG COUNTY

[redacted] Ballot: G090
WALTER BRYANT HOLLIFIELD
PCT/VTD:221/221 Muni: MH
11/06/2018 - GENERAL

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/29/18
Signature of Voter (required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respecte the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reque [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the 29th day of OCTOBER, 2018
the Voter: WALTER B. HOLLIFIELD
Printed Name of Voter
personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF SC
COUNTY OF Spartanburg

[redacted] 6/24/2014
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

MECKLENBURG COUNTY
NOV 02 2018
BOARD OF ELECTIONS

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or [illegible] party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES KERSHAW SAPIENZA
2309 WHARTON LN
CHARLOTTE, NC 28270

UNA - MECKLENBURG COUNTY

[redacted] Ballot: G051
JAMES KERSHAW SAPIENZA
PCT/VTD:091/091 Muni: CLT
11/06/2018 - GENERAL

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☒ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-27-18
Signature of Voter (Required) Date

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the 30 day of October, 20 18,

the Voter: James Kershaw Sapienza
Printed Name of Voter

personally appeared before me, was positively identified, and [illegible] presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and [illegible] a notarial seal to an absentee [illegible] application or certificate. [N.C.S. § 10B-30].

ALYSSA K. STARKWEATHER
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 9, 2024

STATE OF Massachusetts
COUNTY OF Barnstable

Alyssa K Starkweather
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

MECKLENBURG COUN

OCT 24 2018

BOARD OF ELECTIONS

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALWYN PETRUS SMITH
9538 SARDIS GLEN DR
MATTHEWS, NC 28105

UNA - MECKLENBURG COUNTY

[redacted] Ballot: G068
ALWYN PETRUS SMITH
PCT/VTD:217/217 Muni: MAT
11/06/2018 - GENERAL

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted] (if applicable)

69 Blown St Mail #4986 Providence, RI
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9/26/18
Signature (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballo my presence, or caused it to be marked in the Voter's presence according to his/her instructio The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her requ (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
9538 Sardis Glen Dr	9538 Sardis Glen Dr
Street Address (Required)	Street Address (Required)
Matthews NC 28105	Matthews NC 28105
City, State and Zip (Required)	City, State and Zip (Required)
10/21/18 Date	10/21/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20____

the Voter: _____
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public Commission Expiration Date

NCSBE v2018.02

MECKLENBURG COUNTY

Absentee Application and Certificate

OCT 22 2018

BOARD OF ELECTIONS

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NAIQUAN ZHENG
9128 KALANCHOE DR
MATTHEWS, NC 28105

UNA - MECKLENBURG COUNTY

[redacted] Ballot: G055
NAIQUAN ZHENG
PCT/VTD:103/103 Muni: CLT
11/06/2018 - GENERAL

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-24-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot a described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot I my presence, or caused it to be marked in the Voter's presence according to his/her instruction The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respecte the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reques [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
2621 Greyabbey Ct	8304 Skyelochs Dr.
Street Address (Required)	Street Address (Required)
Charlotte NC 28270	Waxhaw, NC 28173
City, State and Zip (Required)	City, State and Zip (Required)
10/11/18 Date	10/13/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided In Option 1)

I certify that: on the _____ day of _____, 20 _____

the Voter: MECKLENBURG COUNTY
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public BOARD OF ELECTIONS Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

MECKLENBURG COUNTY MECKLENBURG COUNTY

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

OCT 26 2018 OCT 26 2018

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BOARD OF ELECTIONS BOARD OF ELECTIONS

EUGENE SIMPSON TODD
733 PLANTATION ESTATES DR # E216
MATTHEWS, NC 28105

UNA MECKLENBURG COUNTY

[redacted] Ballot: G068
EUGENE SIMPSON TODD
PCT/VTD:233/233 Muni: MAT
11/06/2018 - GENERAL

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted] Apt E216
Signature of Voter (If applicable)

733 Plantation Est Dr, Matthews NC 28105
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-31-2018
Signature of Voter (required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Anne H Todd 733 Plant Est Dr Apt E216 Matthews NC 28105
Name of Assistant Address of Assistant

x Anne H Todd 10/23/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respecte the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reque [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Anne H Todd Apt E216	Frances E. Chern
Signature (Required)	Signature (Required)
733 Plantation Est Dr	733 Plantation Estates Dr. Apt. E216
Street Address (Required)	Street Address (Required)
Matthews NC 28105	Matthews, N.C. 28105
City, State and Zip (Required)	City, State and Zip (Required)
10/23/2018	10/23/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20____

the Voter: MECKLENBURG COUNTY
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am a least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

BOARD OF ELEC

STATE OF _____

COUNTY OF _____

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

MECKLENBURG COUNTY
MECKLENBURG COUNTY
NOV 03 2018
OCT 29 2018
BOARD OF ELECTIONS
BOARD OF ELECTIONS

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SIGN HERE

JUDITH WILSON BENTLEY
425 CLAIRVIEW LN
MATTHEWS, NC 28105

DEM - MECKLENBURG COUNTY

[redacted] Ballot: G068
JUDITH WILSON BENTLEY
PCT/VTD:233/233 Muni: MAT
11/06/2018 - GENERAL

Board Approval Date _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me [illegible] mailed to me. (Check the box to receive eligible ballots.)

[illegible]nual Request for Illness/Disability
[illegible]ue to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

425 Clairview Lane
Address where application and ballots should be mailed

Mathews, NC 28105

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

[X] two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[ ] a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/31/18
Signature of Voter Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X [redacted]
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	[redacted]
Signature (Required)	Signature (Required)
424 Clairview Ln	424 Clairview Lane
Street Address (Required)	Street Address (Required)
Mathews, NC 28105	Mathews, NC 28105
City, State and Zip (Required)	City, State and Zip (Required)
10-25-18	10-25-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20 _____,
the Voter: _____
Printed Name of Voter
personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____
COUNTY OF _____

Notary Public Commission Expiration Date

Absentee Application and Certificate

MECKLENBURG COU

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 29 2018

BOARD OF ELECTIO

DEANNA LYNN ROLAND
8137 MATTINGRIDGE DR
CHARLOTTE, NC 28270

DEM - MECKLENBURG COUNTY

[redacted] Ballot: G053
DEANNA LYNN ROLAND
PCT/VTD:096/096 Muni: CLT
11/06/2018 - GENERAL

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted] 28270
Signature of Voter (if applicable)
8137 Mattingridge Dr. Charlotte
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 8/24/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballo described in the WARNING on the flap of this envelope • The Voter marked the enclosed ball my presence, or caused it to be marked in the Voter's presence according to his/her instructi The Voter signed this *Absenteé Application and Certificate*, or caused it to be signed • I respe the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her req [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
3401 Alenwood Road	8137 Mattingridge Dr.
Street Address (Required)	Street Address (Required)
Charlotte, NC 28270	Charlotte, NC 2827
City, State and Zip (Required)	City, State and Zip (Required)
10-12-18 Date	10/24/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20 ____

the Voter: _____
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I a least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-3

STATE OF _____

COUNTY OF _____

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

MECKLENBURG COUNTY

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NOV 03 2018

BOARD OF ELECTIONS

MECKLENBURG COUNTY

AMOS EDGARDO AVILA
9126 PROVIDENCE COLONY DR
CHARLOTTE, NC 28277

DEM - MECKLENBURG COUNTY

[redacted] Ballot: G050
AMOS EDGARDO AVILA
PCT/VTD:090/090 Muni: CLT
11/06/2018 - GENERAL

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certificate*)

X [redacted] 11/1/18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reque [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Adriana Gomez	[redacted]
Signature (Required)	Signature (Required)
9128 Providence Colony Dr.	6001 Fairview Ln # 210
Street Address (Required)	Street Address (Required)
Charlotte, NC. 28277	Charlotte NC. 28277
City, State and Zip (Required)	City, State and Zip (Required)
10/20/2018 Date	10/20/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20 _____

the Voter: _____
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter. • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Mecklenburg County
OCT 24 2018
Board of Elections

MARY ANNE THACKER
825 PLANTATION CROSSING DR # 32
MATTHEWS, NC 28105

DEM - MECKLENBURG COUNTY

[redacted] Ballot: G068
MARY ANNE THACKER
PCT/VTD:233/233 Muni: MAT
11/06/2018 - GENERAL

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/22/2018
Signature of Voter (Required) Date

Name Correction (If applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot a described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respecte the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reque [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
825 Plantation Crossing Dr #11	825 Plantation Crossing Dr Apt 32
Street Address (Required)	Street Address (Required)
Matthews NC 28105	MATTHEWS NC 28105
City, State and Zip (Required)	City, State and Zip (Required)
Oct 16 2018	10/22/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20 _____

the Voter: _____
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am a least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

MECKLENBURG COUNTY

OCT 25 2018

BOARD OF ELECTIONS

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES NATHANIEL SEDDON
1621 HUGH FOREST RD
CHARLOTTE, NC 28270

DEM - MECKLENBURG COUNTY

[redacted] Ballot: G051
JAMES NATHANIEL SEDDON
PCT/VTD:091/091 Muni: CLT
11/06/2018 - GENERAL

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] Oct 17 2018
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot e described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot i my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respecte the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reques [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
72 Riverside Dr	11604 Hidden Valley Cv
Street Address (Required)	Street Address (Required)
New York, NY 10023	Orland Park, IL 60462
City, State and Zip (Required)	City, State and Zip (Required)
8/19/18 Date	8/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20 _____,

the Voter: _____
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

MECKLENBURG COUNTY

OCT 23 2018

BOARD OF ELECTIONS

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NICK REID COHEN
1215 ASHCLIFF LN
CHARLOTTE, NC 28270

DEM - MECKLENBURG COUNTY

[redacted] Ballot: G051
NICK REID COHEN
PCT/VTD:091/091 Muni: CLT
11/06/2018 - GENERAL

rd Approval Date _____

cond Primary Request or Runoff Request
ne event that a Second Primary (or Runoff Election) is called, quest that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

nual Request for Illness/Disability
to continued or expected illness or disability, I request that application be a request for absentee ballots for any other tions to be held this calendar year in which I am eligible to icipate. (Check the box to receive eligible ballots.)

ture of Voter (if applicable)

ess where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/19/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
600 Merrimon Ave	2215 Ashcliff Ln.
Street Address (Required)	Street Address (Required)
Asheville NC 28804	Charlotte, NC, 28270
City, State and Zip (Required)	City, State and Zip (Required)
10/19/18 Date	10/23/18 Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided In Option 1)

I certify that: on the _____ day of _____, 20 _____,

the Voter: _____
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public Commission Expiration Date

NCSBE v2018.02

[redacted]

Absentee Application and Certificate

MECKLENBURG COUNTY
OCT 31 2018
BOARD OF ELECTIONS

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA LYNN NOON
3800 TILLEY MORRIS RD
MATTHEWS, NC 28105

DEM - MECKLENBURG COUNTY

[redacted] Ballot: G050
CYNTHIA LYNN NOON
PCT/VTD:227/227 Muni: CLT
11/06/2018 - GENERAL

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/22/18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot a described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot i my presence, or caused it to be marked in the Voter's presence according to his/her instruction The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respecte the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reques [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Robert R. Noon	Eileen Carroll
Signature (Required)	Signature (Required)
3800 Tilley Morris Rd	1351 Savandon Drive
Street Address (Required)	Street Address (Required)
Matthews, NC 28105	Matthews, NC 28104
City, State and Zip (Required) 10/27/18 Date	City, State and Zip (Required) 10/28/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided In Option 1)

I certify that: on the _____ day of _____, 20 _____

the Voter: _____
Printed Name of Voter
personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am a least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

_____ _____
Notary Public Commission Expiration Date

MECKLENBURG COUNTY

Absentee Application and Certificate

MECKLENBURG COUNTY
NOV 05 2018
BOARD OF ELECTIONS

MECKLENBURG COUNTY
OCT 29 2018
BOARD OF ELECTIONS

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATHY T KRITZER
3440 TWELVE OAKS PL
CHARLOTTE, NC 28270

REP - MECKLENBURG COUNTY

[redacted] Ballot: G051
KATHY T KRITZER
PCT/VTD:113/113 Muni: CLT
11/06/2018 - GENERAL

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Kathy T Kritzer
Signature of Voter (if applicable)

3440 Twelve Oaks PL.
Address where application and ballots should be mailed
Charlotte, NC 28270

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]
Date 10/31/18
Name Correction

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot a described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot i my presence, or caused it to be marked in the Voter's presence according to his/her instruction The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respecte the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reques [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
3440 Twelve Oaks Pl.	3440 Twelve Oaks Pl
Street Address (Required)	Street Address (Required)
Charlotte NC 28270	Charlotte, NC 28270
City, State and Zip (Required)	City, State and Zip (Required)
26 OCT 2018	10-27-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20 _____

the Voter: _____
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

MECKLENBURG COUNTY

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

BOARD OF ELECTIONS

HANNAH NOELLE SILVER
14500 THOMPSON RD
CHARLOTTE, NC 28227

REP - MECKLENBURG COUNTY

[redacted] Ballot: G090
HANNAH NOELLE SILVER
PCT/VTD:221/221 Muni: MH
11/06/2018 - GENERAL

oard Approval Date _____

econd Primary Request or Runoff Request
n the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me nd mailed to me. (Check the box to receive eligible ballots.)

nnual Request for Illness/Disability
ue to continued or expected illness or disability, I request that is application be a request for absentee ballots for any other lections to be held this calendar year in which I am eligible to articipate. (Check the box to receive eligible ballots.)

_____
nature of Voter (if applicable)

_____
dress where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/8/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Emily Nunn	Laura Geisen
Signature (Required)	Signature (Required)
484 E 74th St, Apt 3	
Street Address (Required)	Street Address (Required)
484 E 74th St. Apt. 3	484 E 74th St. Apt. 3
City, State and Zip (Required) 10/22/18	City, State and Zip (Required) 10/22/18
New York, NY 10021 Date	New York, NY 10021 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the _____ day of _____, 20 _____,

the Voter: _____
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

[redacted]

Absentee Application and Certificate

MECKLENBURG COUNTY

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 23 2018

BOARD OF ELECTIONS

CAROLE LYNNE VAN DYKE
983 MCKIRKLAND CT
MATTHEWS, NC 28105

REP - MECKLENBURG COUNTY

[redacted] Ballot: G068
CAROLE LYNNE VAN DYKE
PCT/VTD:136/136 Muni: MAT
11/06/2018 - GENERAL

ard Approval Date _____

econd Primary Request or Runoff Request
the event that a Second Primary (or Runoff Election) is called, equest that an absentee application and ballot be issued to me id mailed to me. (Check the box to receive eligible ballots.)

nual Request for Illness/Disability
ue to continued or expected illness or disability, I request that s application be a request for absentee ballots for any other ections to be held this calendar year in which I am eligible to ticipate. (Check the box to receive eligible ballots.)

[redacted]
ature of Voter (If applicable)

983 MCKIRKLAND CT
ress where application and ballots should be mailed
MATTHEWS, NC 28105

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☒ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/20/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided in Option 1)

I certify that: on the 19th day of October, 2018

the Voter: Carole Van Dyke
Printed Name of Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-20].

STATE OF North Carolina
COUNTY OF Mecklenburg

SUSAN A. TODD
NOTARY PUBLIC
MECKLENBURG COUNTY, NC

Susan A. Todd 2-2-20
Notary Public Commission Expiration Date

NCSBE v2018.02

[redacted]