

**Matter of Mayer v Gates**

2024 NY Slip Op 31576(U)

May 1, 2024

Supreme Court, Kings County

Docket Number: Index No. 510951/24

Judge: Peter P. Sweeney

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This opinion is uncorrected and not selected for official publication.

At the Special Election Part 1 of the Supreme Court of the State of New York, held in and for the County of Kings, at the Courthouse, at 360 Adams Street, Brooklyn, New York, on the 1<sup>st</sup> day of May, 2024.

P R E S E N T:

HON. PETER P. SWEENEY,  
Justice.

-----X  
In the Matter of the Application of  
TERESA MAYER,

Petitioners-Objectors,

-and-

LYDIA B. GREEN  
Petitioner-Candidate-Aggrieved,

-against-

Index No.: 510951/24

SABRINA GATES,  
Respondent-Candidate,

BOARD OF ELECTIONS IN THE CITY OF  
NEW YORK,

For an order, pursuant to sections 16-100, 16-102, and 16-116 of the Election Law, declaring invalid and striking out the petition purporting to designate the Respondent-Candidate named herein as a Candidate for the Party Position of Member of the Democratic State Committee from the 52nd Assembly District, New York State, in the Democratic primary election to be held on the 25th day of June, 2024, and restraining the Board of Elections from placing the name of said Respondent-Candidate on the ballots to be used at such primary election.

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The following e-filed papers read herein:

NYSCEF Doc Nos.:

Notice of Motion/Order to Show Cause/  
Petition/Cross Motion and  
Affidavits (Affirmations) Annexed \_\_\_\_\_  
Opposing Affidavits/Answer (Affirmations) \_\_\_\_\_

1, 5, 9-12  
8

Affidavits/ Affirmations in Reply \_\_\_\_\_  
Other Papers: BOE voter registration records Exhibits 1-22

Upon the foregoing papers, petitioner-objector Theresa Mayer and petitioner-candidate aggrieved Lydia B. Green (collectively the objectors) seek an order declaring invalid respondent-candidate Sabrina Gates' (respondent-candidate) designating petition for the party position of Member of the Democratic State Committee from the 52nd Assembly District, New York State, in the Democratic primary election to be held on June 25, 2024.

Respondent-candidate filed a designating petition for this position with the New York City Board of Elections (the Board) consisting of three volumes (KG 24000541, KG 24000542 and KG 54000572 (hereinafter volume 541, volume 542 and volume 572, respectively). Subsequently, the objectors filed general and specifications of objections against the designating petition. The Board reviewed the specifications of objections and prepared a clerk's report which found that the designating petition contained 513 valid signatures, which was 13 more than the 500 valid signatures required for placement on the ballot for this position. The clerk's report was later adopted by the Board's Commissioners. Court-appointed special referees conducted a line-by-line review of the Board's "As Specified" (AS) and "Not as Specified" (NAS) rulings, as well as de novo specifications of objections to the designating petition that were filed with the court by the objectors on the return date, April 22, 2024. The special referees found that the designating petition contained 533 valid signatures.

On April 30, 2024, the parties appeared before this court, at which point the special referees' report was read into the record. The court notes that upon further review of the special referees' rulings on the specifications of objections, a mathematical error was detected in Volume 541, on sheet 15 in that there were only 5 valid signatures, not 6 as previously reported by the special referees, bringing the total number of valid signatures to 532 rather than 533. Following the special referees' report, counsel for the objectors and the respondent-candidate presented their exceptions to the special referees' rulings. Upon a careful review, the court sustained the following exceptions which fell into the categories set forth below:

*Objectors' Exceptions to Line-By-Line Review*

**Printed Signature (PR)**

The objectors contested several of the special referees' rulings determining that a signature was not a print. After reviewing copies of the voter registration records of all contested signatories (which was submitted by objectors), the court overrules five of the special referees' rulings pertaining to signatures appearing at: (1) volume 542, sheet 14, line 8; (2) volume 542, sheet 39, line 6; (3) volume 542, sheet 49, line 7; (4) volume 542, sheet 60, line 4; and (5) volume 542, sheet 60, line 9. As to these signatures, the court finds that they were in fact printed, which is contrary to the cursive signature appearing on each signatory's voter registration record. Therefore, the above-referenced signatures are invalidated.

**Signatory Not Registered at Address Stated in Board's Records (NR)**

In Volume 572, sheet 4, line 1, signatory Lee Seltzer affixed the address 129 Smith Street, Brooklyn, next to his signature. This address is located in the 52<sup>nd</sup> Assembly District, the district involved herein. However, a review of the Board's records indicates that Seltzer is registered to vote at 298 12<sup>th</sup> Street in Brooklyn, which is located in the 44<sup>th</sup> Assembly District. Accordingly, the court overrules the special referees' determination and finds that this signature is invalid (*see generally Robleto v Gowda*, 183 AD3d 673 [2020]).

**Out of District (OD)**

The special referees ruled that the signature in volume 572, sheet 17, at line 7 was valid. The signature was objected to on the basis that the address listed adjacent to the signature on this line was out of district. The court overrules the special referees' ruling as a review of the Board's records indicated that the address listed on the petition sheet is not located within the 52<sup>nd</sup> Assembly District and, thus, is out of district and invalid.

**Subscribing Witness No Name (SWNN)**

In volume 541, at sheet 15, the subscribing witness failed to insert a printed name in the subscribing witness statement section and the subscribing witness' signature appearing at the bottom portion of the witness statement is completely illegible. As the identity of the subscribing witness could not be determined based on their signature alone, the court finds that the five signatures that were found valid on this sheet by the special referees are invalid.

**Similar Handwriting (SH)**

The objectors alleged that the signatures appearing in volume 542, sheet 64, lines 7 and 8 should be invalidated based on the “similar handwriting” objection. Upon review of the signatures set forth on the petition sheet, as well as each voter’s registration record, the court finds that the signature appearing on line 8 matches the voter’s registration record and is therefore valid. However, the court finds that the signature on line 7 does not match the voter’s registration record and, in fact, appears to be written in handwriting similar to that on line 8, thereby invalidating that signature.

**Subscribing Witness - Karen McCreary**

As to subscribing witness Karen McCreary, counsel for objectors argued that all signatures witnessed by Ms. McCreary should be invalidated on the basis that she has committed fraud throughout her witnessed petition pages as they contain signatures with “strikingly similar handwriting.” Initially, the court finds that the objectors have failed to allege fraud with the requisite specificity (*see Matter of Baldeo v Board of Elections in the City of New York*, 205 AD3d 844, 845-846 [2d Dept 2023]; *Matter of Malone v Rockland County Bd. of Elections*, 110 AD3d 723, 723 [2d Dept 2013]; *Matter of Robinson v Edwards*, 54 AD3d 682, 683 [2d Dept 2008]). Here, objectors’ bill of particulars was not sufficiently detailed to apprise the respondent-candidate of the allegations being made against the sheets witnessed by McCreary. In this regard, the bill of particulars only addresses volume 542, sheet 10. As to that sheet, the objectors submitted an affidavit from Candida Mejia, whose name is listed as the signatory on volume 542, sheet 10, line 4. Ms. Mejia states that she reviewed the petition sheet at issue and avers that she never signed a

designating petition to support respondent-candidate Gates as a candidate for this position and that her signature had been forged (NYSCEF Doc No. 12). In addition, upon review of the ten signatures on sheet 10, the court finds that all of the signatures appear to be in the same "strikingly similar handwriting," as contended by the objectors. As a result, the four signatures that were not ruled invalid on other grounds are hereby found to be invalid.

However, as to the other sheets witnessed by this subscribing witness, the objectors failed to specifically plead in their bill of particulars<sup>1</sup> which other pages McCreary witnessed and merely seek to invalidate every signature she witnessed based on the invalidation of sheet 10 due to the forged/similar handwriting allegation (*see Matter of Baldeo*, 205 AD3d at 845-846 [holding that the objectors failed to allege fraud with the requisite specificity where they failed to specifically identify, among other things, the page numbers and line numbers of the purportedly fraudulent signatures and failed to indicate the total number of signatures objected to]; *Matter of Malone*, 110 AD3d at 723; *Matter of Robinson, Edwards*, 54 AD3d at 683). Moreover, the objectors failed to proffer any evidence (i.e., copies of signatories' voter registration records) of forgery and/or similar handwriting as to any other signatures witnessed by McCreary.

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<sup>1</sup> The Kings County Special Election Part Rules provide that: "In matters alleging questions of fraud, a complete written offer of proof including a statement as to the number of witnesses expected to be called, the identification of each such witness (by name, address, volume, page and line) and the status of each such witness (i.e., candidate, signatory, subscribing witness, notary public, etc. . . .), shall be filed with the Court no later than the time the calendar call on the first return date. Failure to serve and file such offer of proof shall be deemed a waiver and further proof shall be precluded."

*Respondent-Candidate's Exceptions to Line-By-Line Review*

The special referees ruled that all of the signatures on sheets 36 and 37 in Volume 542 were invalid. On sheet 36, the signatures are all dated between March 15<sup>th</sup> and March 17<sup>th</sup> (2024). However, in the subscribing witness statement, the subscribing witness set forth multiple dates (“March 14, 15 2024”), rather than one date, next to his signature. Additionally, on sheet 37, all of the signatures are dated between March 17<sup>th</sup> and March 20<sup>th</sup> (2024). However, the subscribing witness again set forth multiple dates (“March 14, 15, 2024”) next to his signature. The court finds that the special referees properly invalidated all signatures on these sheets (*see MacKay v Cochran*, 264 AD2d 699, 699-700 [2d Dept 1999] [noting that “Election Law § 6-132 (2) requires that each sheet of a designating petition must contain a statement of a subscribing witness which shall be dated and signed by that witness. The date is a matter of prescribed content and therefore strict compliance is required”]; *see also Matter Avella v Johnson*, 142 AD3d 1111, 1113 [2d Dept 2016] [failure of subscribing witness to include the date next to his or her signature on certain designating petition sheets rendered the signatures on those sheets invalid]). Here, the subscribing witness on these two sheets placed multiple dates in the witness statement, which in and of itself is impermissible. Indeed, it is unclear as to when the subscribing witness actually witnessed signatures or when said subscribing witness signed the witness statement. Moreover, in several instances, the dates listed in the witness statements are prior to the dates appearing next to signatories (*see generally Matter of Stevens v Collins*, 120 AD3d 696 [2d Dept 2014] [signatures dated after the date of the notary’s jurat purporting to authenticate signatures were invalidated]).




Based upon all of the foregoing, a total of 17 additional signatures are invalidated, rendering the total number of valid signatures in respondent-candidate Sabrina Gates' designating petition for the party position of Member of the Democratic State Committee from the 52nd AD to 515 (532 - 17 = 515).

Accordingly, it is

**ORDERED** that the petition to invalidate is denied.

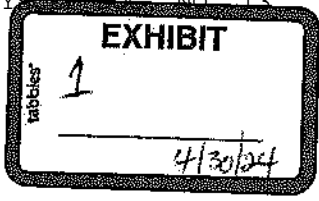
This constitutes the decision, order and judgment of the court.

ENTER  


J.S.C.

**HON. PETER P. SWEENEY, J.S.C.**

KINGS COUNTY CLERK  
FILED  
2024 MAY -2 A 10:47



PR

index NO  
510951/24

The Board of Elections in the City of New York

**DMV e-Notification**

Is Citizen: YES Is Over 18: YES Submitted: 2020-08-18-13.56

Voter Name: KATHRYN LEE HOWORTH

Address: 135 HICKS ST APT 2A BROOKLYN NY 11201

Mailing Address:

Birth: 04/16/1988 Gender: F Phone: License: [REDACTED]

Last Year Voted: 2016

Prev. Address: 310 NORTH 16TH ST OXFORD MS 38655

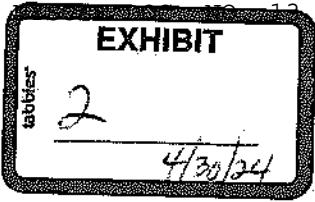
Prev. County: Prev. State: MS

Prev. Name: KATHRYN HOWORTH

Party: DEM



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PR

510951/24

The Board of Elections in the City of New York

DMV e-Notification

Is Citizen: YES Is Over 18: YES Submitted: 2021-03-02-18.53

Voter Name: LOUISE A HAZLE

Address: 239 CARROLL ST APT 1 BROOKLYN NY 11231

Mailing Address:

Birth: 07/27/1971 Gender: F Phone: License: [REDACTED]

Last Year Voted: 2020 Email:

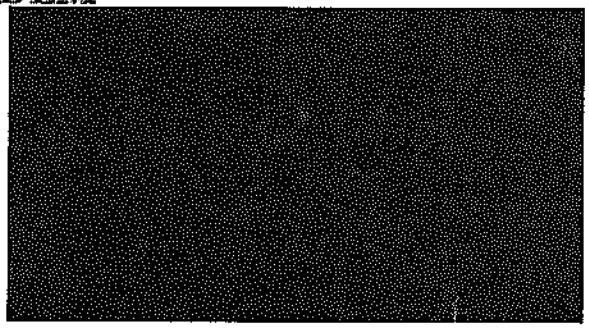
Prev. Address: 239 CARROLL ST APT 1 BROOKLYN NY 11231

Prev. County: Prev. State:

Prev. Name: LOUISE HAZLE

Party: DEM

[Handwritten signature]



Print by: wwatson , Printed on: 4/30/2024 9:45:50 AM , ScanDate: 2021 03 03 , BatchNumber: 11 , DocumentNumber: 49

EXHIBIT  
3  
4/30/24



The Board of Elections in the City of New York

510951/24

11168  
Affidavit Oath  
Remove  
Feed  
Status

15/52  
VALID

85  
87  
VALID  
ABS Type 4 5/7-8-22  
LOCANA

**A** Please provide the following required information

Your name: Last name BOSSARD Middle initial IE  
 First name SCOTT  
 Address (not P.O. box): 111 HICKS ST  
 Apt. Number 15C Zip code 11201  
 City/Town/Village BROOKLYN  
 New York State County KINGS  
 Date of birth 10/12/1988 Party enrollment DEM

**B** Please check each box that applies to you and fill in the appropriate blanks

I have been informed by the inspectors that my registration record is not available to them, however I have duly registered to vote in this election district from the address given above, and I remain a duly qualified voter in this district. (If you check this box, please ask the inspectors to check the address given above to make certain that you are at the correct poll site.)

I have moved within New York State since my last registration and have lived at the address listed above for at least 30 days before the date of the election. My previous address was:

I was required to present identification when I voted today, but I did not do so.

I have not voted in this election, but the records of the Board indicate that I have already voted.

Records of the Board indicate that I have been issued an absentee ballot.

For Primary Elections Only: I am enrolled in the political party stated in the election above, but the poll book does not reflect my correct enrollment.

**C** Additional information to register to vote in the event that you do not have a valid voter registration on file:

Are you a citizen of the U.S.?  Yes  No  
 If you answer No, you cannot register to vote.

**D** Qualifications:

A) Will you be 18 years of age or older on or before election day?  Yes  No  
 B) Are you at least 18 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election?  Yes  No  
 If you answer No to both of the prior questions, you cannot register to vote.

More information: Telephone (optional) \_\_\_\_\_ Gender (optional) \_\_\_\_\_  
 Email (optional) \_\_\_\_\_

The address where you receive mail: Address or P.O. Box \_\_\_\_\_  
 P.O. Box \_\_\_\_\_ Zip code \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_

Voting history: Have you voted before?  Yes  No What year? \_\_\_\_\_

Voting information that has changed: Your name was \_\_\_\_\_  
 Your address was \_\_\_\_\_  
 Your previous state or New York State County was \_\_\_\_\_

Identification:  New York State D.M.V. number \_\_\_\_\_  
 Last four digits of your Social Security number: \* \* \* \* \*  
 I do not have a New York State driver's license or a Social Security number.

Political party: You must make 1 selection  
 Democratic party  Working Families party  
 Republican party  Other \_\_\_\_\_  
 Conservative party  
 No party

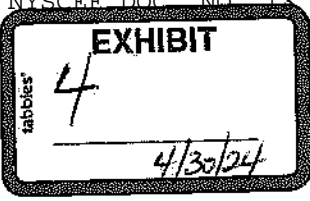
**E** All voters must date and sign the oath below.

**F** It is a crime to procure a false registration or to furnish false information to the Board of Elections

Affidavit: I swear or affirm that  
 • I am a citizen of the United States.  
 • I will have lived in the county, city or village for at least 30 days before the election.  
 • I meet all requirements to register to vote in New York State.  
 • This is my signature or mark in the box to the right.  
 • The above information is true, I understand that if it is not true, I can be punished and fined up to \$5,000 and/or jailed for up to four years.

Sign: [Signature]  
 Date: 8/19/22

15/52



510951/24

The Board of Elections in the City of New York

DMV e-Notification

Is Citizen: YES Is Over 18: YES Submitted: 2022-11-08-08.25

Voter Name: KATHERINE E STEARNS

Address: 410 BERGEN ST BROOKLYN NY 11217

Mailing Address:

Birth: 11/29/1990 Gender: F Phone: License: [REDACTED]

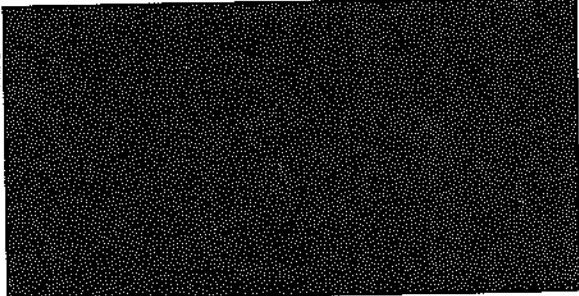
Last Year Voted: 2020 Email:

Prev. Address: 675 MONMOUTH ST

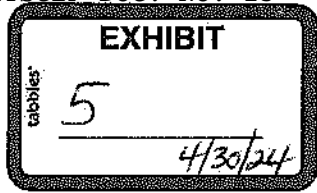
Prev. County: Prev. State: NJ

Prev. Name: Party: DEM

*Katherine Stearns*



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510951/24

The Board of Elections in the City of New York

DMV e-Notification

Is Citizen: YES Is Over 18: YES Submitted: 2023-10-06-18.28

Voter Name: ADELAIDE CUSHING MACKINTOSH

Address: 346A STATE ST APT 3R BROOKLYN NY 11217

Mailing Address:

Birth: 09/09/1993 Gender: F Phone: License: [REDACTED]

Last Year Voted: 2022 Email:

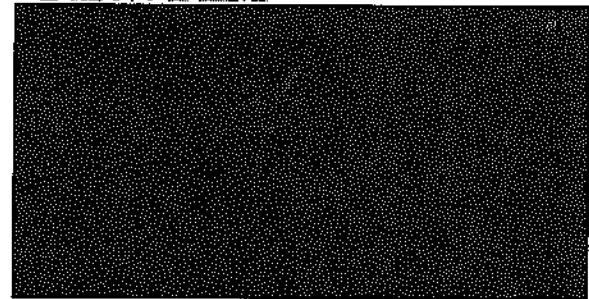
Prev. Address: 493 ATLANTIC AVE BROOKLYN NY 11217

Prev. County: Prev. State: NH

Prev. Name: ADELAIDE MACKINTOSH

Party: DEM

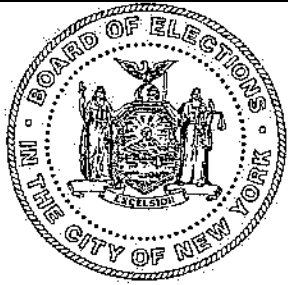
[Handwritten signature]



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EXHIBIT No. 13  
tabbles: 6  
4/30/24



510951/24

The Board of Elections in the City of New York

It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

**1 Qualifications**

1 Are you a citizen of the U.S.?  Yes  No  
If you answer No, you cannot register to vote.

2 A) Will you be 18 years of age or older on or before election day?  Yes  No  
B) Are you at least 18 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you are 18 years of age at the time of such election your registration will be marked "pending" and will be unable to cast a ballot in any election?  Yes  No  
If you answer No to both of the prior questions, you cannot register to vote.

**Your name**

3 Last name Garrett Suffix \_\_\_\_\_  
First name Camsyn Middle Initial \_\_\_\_\_

**More information** (Items 6, 6 & 7 are optional)

4 Birth date 01/04/2000 5 Gender Female  
6 Phone 631-741-1321 7 Email heiro300@gmail.com

**The address where you live**

8 Address (not P.O. box) 78 4th Place  
Apt. Number 2D Zip code 11217-0511  
City/Town/Village Brooklyn  
New York State County New York City

**The address where you receive mail** (Skip if same as above)

9 Address or P.O. box \_\_\_\_\_  
P.O. Box \_\_\_\_\_ Zip code \_\_\_\_\_  
City/Town/Village \_\_\_\_\_

**Voting history**

10 Have you voted before?  Yes  No 11 What year? 2022

**Voting information that has changed** (Skip if this has not changed or you have not voted before)

12 Your name was \_\_\_\_\_  
Your address was 21 Redmond Ave  
Your previous state or New York State County was Suffolk

**Identification** (You must make 1 selection. For questions, please refer to Verifying Your Identity above.)

13  New York State DMV number \_\_\_\_\_  
 Last four digits of your Social Security number xxxx-xx-0  
 Do not have a New York State driver's license or a Social Security number.

**Political party** (You must make 1 selection. Political party enrollment is optional but this, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.)

14 I wish to enroll in a political party:  
 Democratic party  
 Republican party  
 Conservative party  
 Working Families party  
 Other \_\_\_\_\_  
 I do not want to enroll in any political party and wish to be an independent voter.  
 No party

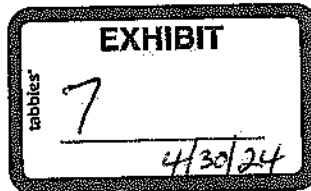
**15 Affidavit: I swear or affirm that**

- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark in the box below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

Sign: Camsyn Garrett  
Date: 1/16/2022

**Optional questions**

15  I need to apply for an Absentee ballot.  
 I would like to be an Election Day worker.



510951/24

The Board of Elections in the City of New York

It is a crime to procure a fake registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

1. Are you a citizen of the U.S.? [X] Yes [ ] No

2. Will you be 18 years of age or older on or before election day? [X] Yes [ ] No

3. Your name: Last name Ogg, First name Katharine, Suffix, Middle Initial

4. Birth date 06/11/1972, 5. Sex [ ] M [X] F, 6. Phone 718462543888, 7. Email katebieber@yahoo.com

8. The address where you live: Address 19 Monroe Place, Apt. Number, Zip code 11120, City/Town/Village Brooklyn, New York State County Kings

9. The address where you receive mail: Address or P.O. box 19 Monroe Place, P.O. Box, Zip code 11120, City/Town/Village Brooklyn

10. Have you voted before? [X] Yes [ ] No, 11. What year? 2016

12. Voting information that has changed: Your name was, Your address was, Your previous state or New York State County was

13. Identification: [ ] New York State DMV number, [X] Last four digits of your Social Security number, [ ] I do not have a New York State driver's license or a Social Security number.

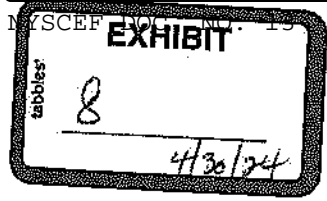
14. Political party: [X] Democratic party, [ ] Republican party, [ ] Conservative party, [ ] Green party, [ ] Working Families party, [ ] Independence party, [ ] Women's Equality party, [ ] Reform party, [ ] Other, [ ] I do not wish to enroll in a political party. [ ] No party

15. Affidavit: I swear or affirm that I am a citizen of the United States, I will have lived in the county, city or village for at least 30 days before the election, I meet all requirements to register to vote in New York State, This is my signature or mark in the box below, The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

16. Optional questions: [ ] I need to apply for an Absentee ballot, [ ] I would like to be an Election Day worker. Sign: [Signature], Date: 9/13/17

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510951/24

The Board of Elections in the City of New York

New York State Absentee Ballot Application

Please print clearly

I am requesting, in good faith, an absentee ballot due to (check one reason):

- absence from county or New York City on election day
- temporary illness or physical disability (including affected/potential COVID19)
- permanent illness or physical disability
- duties related to primary care of one or more individuals who are ill or physically disabled

**BOARD USE ONLY:**  
 Town/City/Ward/Dist.: \_\_\_\_\_  
 Registration No.: \_\_\_\_\_  
 Party: \_\_\_\_\_  
 voted in office

absentee ballot(s) requested for the following election(s):

Primary Election ONLY       General Election only       Special Election only

Any election held between these dates:  
 absence begins: \_\_\_\_/\_\_\_\_/\_\_\_\_      absence ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

last name or surname: Potashnik      first name: Romy      middle initial: E      suffix: \_\_\_\_\_

date of birth: MM/DD/YYYY: 12/13/1977      county: Bk      phone number (optional): \_\_\_\_\_  
 email (optional): \_\_\_\_\_

mailing address: street: 152 Smith St      apt#: Apt 2L  
 city: Brooklyn      state: NY      zip code: 11201-6315

**6** Delivery of Primary Election Ballot (check one)       Deliver to me in person at the board of elections

I authorize (give name): \_\_\_\_\_  
 to pick up my ballot at the board of elections/  
 Mail ballot to me at (check box and complete ONLY if address is different than mailing address)

street no/ street name apt/ city state zip code

**7** Delivery of General (or Special) Election Ballot (check one)

Deliver to me in person at the board of elections:

I authorize (give name): \_\_\_\_\_  
 to pick up my ballot at the board of elections/  
 Mail ballot to me at (check box and complete ONLY if address is different than mailing address)

street no/ street name apt/ city state zip code

**8** Applicant must sign below. I certify that I am a qualified and a registered (and for primary, enrolled) voter and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Sign Here: X [Signature]      Date: 5/25/2020

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed. By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read/ I have made, or have the assistance in making, my mark in lieu of my signature/ (No power of attorney or preprinted name stamps allowed/ See detailed instructions)

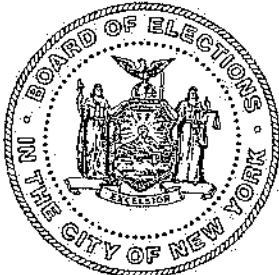
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Name of Voter: \_\_\_\_\_      Mark: \_\_\_\_\_

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

(address of witness to mark) \_\_\_\_\_ (signature of witness to mark) \_\_\_\_\_

Board Use Only  
2020 Absentee  
Ballot Application

NYSCEF EXHIBIT 13  
tabbles 9  
4/30/24



510951/24

The Board of Elections in the City of New York

It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

**1** Are you a citizen of the U.S.?  Yes  No

**2** Qualifications  
 A) Will you be 18 years of age or older on or before election day?  Yes  No  
 B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election.  Yes  No  
 If you answer No to both of the prior questions, you cannot register to vote.

**3** Your name  
 Last name: Mahony  
 First name: Justin  
 Suffix:  Esq.  
 Middle Initial: R

**4** More information (Items 5, 6 & 7 are optional)  
 Birth date: 04/10/24/1984  
 Gender: Male  
 Phone: 917 459 6483  
 Email: justin.mahony@gmail.com

**8** The address where you live  
 Address (not P.O. box): 195 Adams St.  
 Apt. Number: 12E  
 Zip code: 11120-11  
 City/Town/Village: Brooklyn  
 New York State County: Kings

**9** The address where you receive mail (Skip if same as above)  
 Address or P.O. box:  
 P.O. Box:  
 City/Town/Village:  
 Zip code:

**10** Voting history  
 Have you voted before?  Yes  No  
 What year? 2020

**12** Voting information that has changed (Skip if this has not changed or you have not voted before)  
 Your name was: Justin R Mahony  
 Your address was: 5400 Fieldston Road Apt 418 Bronx, NY 10471  
 Your previous state or New York State County was: Bronx

**13** Identification (You must make 1 selection. For questions, please refer to Verifying your identity above.)  
 New York State DMV number  
 Last four digits of your Social Security number: x x x - x x - [redacted]  
 I do not have a New York State driver's license or a Social Security number.

**14** Political party (You must make 1 selection. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.)  
 I wish to enroll in a political party:  
 Democratic party  
 Republican party  
 Conservative party  
 Working Families party  
 Green party  
 Libertarian party  
 Independence party  
 SAM party  
 Other  
 I do not want to enroll in any political party and wish to be an independent voter.  
 No party

**15** Optional questions  
 I need to apply for an Absentee ballot.  
 I would like to be an Election Day worker.

**16** Affidavit: I swear or affirm that  
 • I am a citizen of the United States.  
 • I will have lived in the county, city or village for at least 30 days before the election.  
 • I meet all requirements to register to vote in New York State.  
 • This is my signature or mark in the box below.  
 • The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.  
 Sign: [Signature]  
 Date: 8/15/2020

EXHIBIT  
10  
4/30/24



510951/24

The Board of Elections in the City of New York

It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

1 Are you a citizen of the U.S.?  Yes  No

2 Qualifications  
a) Will you be 18 years of age or older on or before election day?  Yes  No  
b) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election?  Yes  No

3 Your name  
Last name: DUBOIS  
First name: MARY  
Suffix:   
Middle Initial:   
Date: JUN 26 2024

4 Birth date: 08/10/1986  
5 Gender:   
6 Phone:   
7 Email:   
More information items 5, 6 & 7 are optional

8 The address where you live  
Address (not P.O. box): 195 Adams St  
Apt. Number: 2E  
Zip code: 11201  
City/Town/Village: Brooklyn  
New York State County: Kings

9 The address where you receive mail  
Address or P.O. box:   
P.O. Box:   
City/Town/Village:   
Zip code:   
Skip if same as above

10 Voting history  
Have you voted before?  Yes  No  
11 What year? 2022

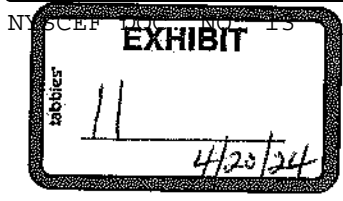
12 Voting information that has changed  
Your name was:   
Your address was: 154 W. 70th St New York, NY 10023  
Your previous state or New York State County was: New York

13 Identification  
You must make 1 selection  
For questions, please refer to Verifying your identity above.  
 New York State DMV number  
 Last four digits of your Social Security number  
 I do not have a New York State driver's license or a Social Security number.

14 Political party  
You must make 1 selection  
Political party enrollment is optional. Not that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.  
I wish to enroll in a political party:  
 Democratic party  
 Republican party  
 Conservative party  
 Working Families party  
 Other  
I do not want to enroll in any political party, and wish to be an independent voter:  
 No party

15 Affidavit: I swear or affirm that  
- I am a citizen of the United States.  
- I will have lived in the county, city or village for at least 30 days before the election.  
- I meet all requirements to register to vote in New York State.  
- This is my signature or mark in the box below.  
- The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

16 Optional questions  
15  I need to apply for an Absentee ballot.  
 I would like to be an Election Day worker.  
Sign:   
Date: 4/21/24



510951/24



The Board of Elections in the City of New York

DMV e-Notification

Is Citizen: YES Is Over 18: YES Submitted: 2022-07-13-09.24

Voter Name: SAMUEL CHRISTOPHER GARCIA

Address: 105 BUTLER ST APT 2R BROOKLYN NY 11231

Mailing Address:

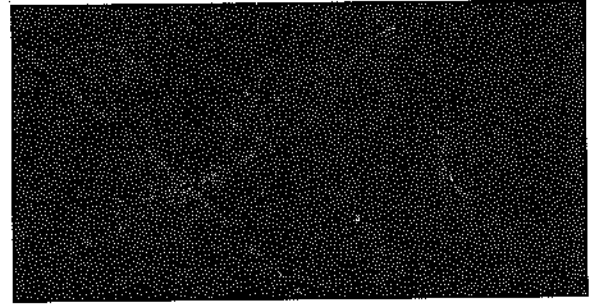
Birth: 11/03/1991 Gender: M Phone: License: [REDACTED]

Last Year Voted: Email:

Prev. Address:

Prev. County: Prev. State:

Prev. Name: Party: DEM



Print by: watson, Printed on: 4/30/2024 9:58:32 AM, ScanDate: 2022-07-14, BatchNumber: 4, DocumentNumber: 5

NYSCE EXHIBIT NO. 13  
tabbies 12  
4/30/24



510951/24

The Board of Elections in the City of New York

New York State Absentee Ballot Application

Please print clearly. See detailed instructions.

This application must either be personally delivered to your county board of elections not later than the day before the election, or postmarked by a governmental postal service not later than 7th day before election day. The ballot itself must either be personally delivered to the board of elections no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day of the election and received no later than the 7th day after the election.

BOARD USE ONLY:  
Town/City/Ward/Dist:  
Registration No:  
Party:  
 voted in office

1. I am requesting, in good faith, an absentee ballot due to (check one reason):  
 absence from county or New York City on election day.  
 temporary illness or physical disability  
 permanent illness or physical disability  
 duties related to primary care of one or more individuals who are ill or physically disabled  
 resident or patient of a Veterans Health Administration Hospital  
 detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony

2. absentee ballot(s) requested for the following election(s):  
 Primary Election only  
 General Election only  
 Special Election only  
Any election held between these dates: absence begins: MM/DD/YYYY absence ends: MM/DD/YYYY

3. last name or surname: LITTLE first name: CORA middle initial: D suffix:

4. date of birth: MM/DD/YYYY county where you live: phone number (optional): email (optional):

5. address where you live (residence) street: 235 HOYT ST APT 6A apt: BROOKLYN city: NY state: 11217-2933 zip code:

6. Delivery of Primary Election Ballot (check one)  
 I authorize (give name): Cora Little to pick up my ballot at the board of elections.  
 Mail ballot to me at: (mailing address) 235 HOYT ST. APT. 6A BROOKLYN NY 11217-2933  
street no. street name apt. city state zip code

7. Delivery of General (or Special) Election Ballot (check one)  
 I authorize (give name): Cora Little to pick up my ballot at the board of elections.  
 Mail ballot to me at: (mailing address) 235 HOYT ST APT 6A BROOKLYN NY 11217  
street no. street name apt. city state zip code

Applicant Must Sign Below

8. I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.  
Sign Here: X Cora Little Date: 5/14/24  
MM/DD/YYYY

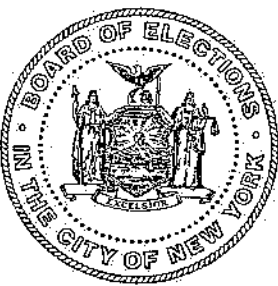
If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date: MM/DD/YYYY Name of Voter: Mark:  
I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.  
[address of witness to mark] [signature of witness to mark]

RECEIVED  
IN THE CITY OF N.Y.  
BOARD OF ELECTIONS  
2023 Absentee Ballot Application



EXHIBIT  
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4/30/24



510951/24

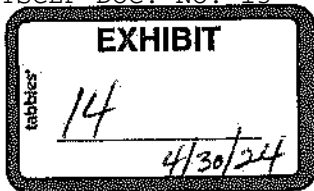
The Board of Elections in the City of New York

VOTER REGISTRATION APPLICATION (instructions on back)

Yes, I need an application for an Absentee Ballot      Please print or type in blue or black ink       Yes, I would like to be an Election Day worker

1	Are you a U.S. citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO, do not complete this form	2	Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO, do not complete this form unless you will be 18 by the end of the year	For Board Use Only	
3	Last Name Little	First Name Jasmine	Middle Initial N	RECEIVED KINGS BOARD OF ELECTIONS IN THE CITY OF NEW YORK	
4	Address where you live (do not give P.O. box) 235 Hoyt St Apt 6A BKlyn NY 11221		Apt. No.	City/Town/Village	Zip Code    County A 2: 261
5	Address where you get your mail (if different than above)		P.O. Box, Star Route, etc.	Post Office	Zip Code
6	Date of Birth 6/13/85	7	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	8	Telephone (optional) 646 972 0498
10	The last year you voted 2019	Your address was (give house number, street and city)		9	
	In county/state BKlyn NY	Under the name (if different from your name now)		ID Number (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number <input checked="" type="checkbox"/> Last four digits of your Social Security number <input type="checkbox"/> I do not have a New York State DMV or Social Security number	
11	Political Party I wish to enroll in a political party <input checked="" type="checkbox"/> Democratic party <input type="checkbox"/> Independence party <input type="checkbox"/> Republican party <input type="checkbox"/> Women's Equality party <input type="checkbox"/> Conservative party <input type="checkbox"/> Reform party <input type="checkbox"/> Green party <input type="checkbox"/> Other _____ <input type="checkbox"/> Working Families party I do not wish to enroll in a political party <input type="checkbox"/> No party		12		
			Affidavit: I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city or village for at least 30 days before the election. • I will meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. Signature or Mark in ink: _____ Date: 3/17/2024		

Print by: watson , Printed on: 4/30/2024 9:58:57 AM , ScanDate: 2020 04 10 , BatchNumber: 5 , DocumentNumber: 12



510951/24

The Board of Elections in the City of New York

DMV e-Notification

Is Citizen: YES Is Over 18: YES Submitted: 2023-08-14-12.31

Voter Name: LEE HENRY SELTZER

Address: 298 12TH ST APT 4R BROOKLYN NY 11215

Mailing Address:

Birth: 09/22/1991 Gender: M Phone: License: [REDACTED]

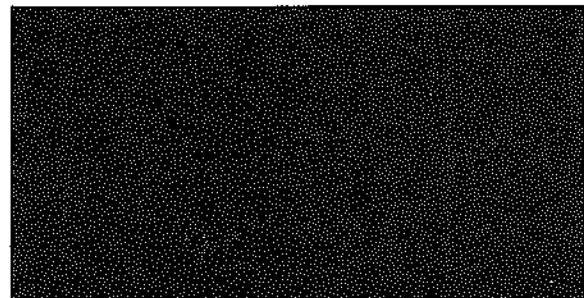
Last Year Voted: 2022 Email: leeseltzer@gmail.com

Prev. Address: 155 WASHINGTON ST APT 406

Prev. County: Prev. State: NJ

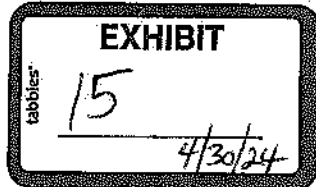
Prev. Name: Party: DEM

[Handwritten signature]



Print by: watson , Printed on: 4/30/2024 10:00:07 AM , ScanDate: 2023 08 15 , BatchNumber: 28 , DocumentNumber: 33

510951/24



The Board of Elections in the City of New York

DMV e-Notification

Is Citizen: YES Is Over 18: YES Submitted: 2018-07-25-10.37

Voter Name: JADA IMANI FAULKNER

Address: 244 BOND ST APT 1E BROOKLYN NY 11217

Mailing Address:

Birth: 04/06/2000 Gender: F Phone: License: [REDACTED]

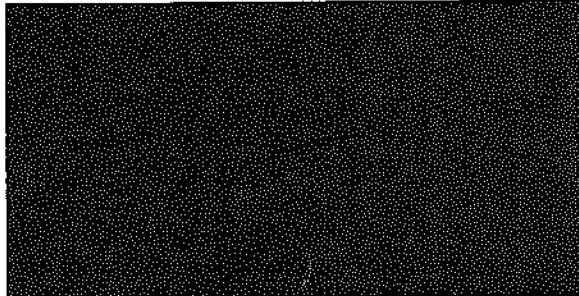
Last Year Voted:

Prev. Address:

Prev. County: Prev. State:

Prev. Name: Party: DEM

[Handwritten Signature]



Print by: vwatson, Printed on: 4/30/2024 10:01:54 AM, ScanDate: 2018 07 26, BatchNumber: 13, DocumentNumber: 18



510951/24



The Board of Elections in the City of New York

3/8/2024	<i>[Signature]</i>	Kyasha Faulkner - 244 Bond St. apt 1E	KINGS
		410890649	
ELECTIONS			

RECEIVED NYSCEF: 05/02/2024

EXHIBIT 13  
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The Board of Elections in the City of New York

FAULKNER  
KYESHA, CHARECE

05/31/92 F

244 BOND ST 1E  
BROOKLYN NY 11217 \*\*\*KING\*\*\*

NEW YORK STATE VOTER REGISTRATION APPLICATION - (Fill out this part only if you want to register to vote or change your address or other information with the Board of Elections, and if you are also filling out the DMV application above.)

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form.</i>	I will be 18 years old on or before election day: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form, unless you will be 18 by the end of the year.</i>	Home Telephone Number (optional) Area Code
Last year voted	Your Address was (give house number, street, and city) 844 Bond St Brooklyn, NY	In county/state Kings
Under the name (if different from your name now)		

- Choose a Party - Check one box only
- DEMOCRATIC PARTY
  - REPUBLICAN PARTY
  - INDEPENDENCE PARTY
  - CONSERVATIVE PARTY
  - WORKING FAMILIES PARTY
  - OTHER (write in)
  - I DO NOT WISH TO ENROLL IN A PARTY

Please note: In order to vote in a primary election, you must be enrolled in a party. \*Except the Independence Party which permits non-enrolled voters to vote in their primary election.

AFFIDAVIT: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and jailed for up to four years.

↓ Signature or mark ↓  
*Kyesha Faulkner*

Date 5/24/11

RECEIVED  
IN THE CITY OF NEW YORK  
2011 MAY 31 3 58

EXHIBIT  
NYSCEF DOC. NO. 13  
17  
4/30/24



510951/24

The Board of Elections in the City of New York

**Affidavit Oath**

A: Please provide the following required information

Your name: Last name Santiago Suffix \_\_\_\_\_  
 First name Leida Middle initial J  
 The address where you live: Address (not P.O. Box) 3815 Rutnam Avenue West  
 Apt. Number 2K Zip code 10463  
 City/Town/Village BRONX  
 New York State County BRONX  
 Date of birth 03/10/1978 Party enrollment Democratic

B: Please check each box that applies to you and fill in the appropriate blanks

I have been informed by the inspectors that my registration record is not available to them, however I have duly registered to vote in this election district from the address given above, and I remain a duly qualified voter in this district.  
 I have moved within \_\_\_\_\_ (insert County or New York City) since my last registration, and my previous address was: \_\_\_\_\_  
 I was required to present identification when I voted today, but I did not do so.  
 For Primary Elections Only: I am enrolled in the political party stated in the section above, but the poll book does not reflect my correct enrollment.

C: Additional information to register to vote in the event that you do not have a valid registration on file

Qualifications: Are you a citizen of the U.S.?  Yes  No → If you answer No, you cannot register to vote.  
 Will you be 18 years of age or older on or before election day?  Yes  No  
 If you answer No, you cannot register to vote unless you will be 18 by the end of the year.  
 More information: Telephone (optional) 212-421-7284 Sex  M  F  
 Email (optional) l.santiago@tda.net  
 The address where you receive mail: Address or P.O. Box Same as above Apt. 2K  
 P.O. Box \_\_\_\_\_ Zip code 10463  
 Skip if same as above: City/Town/Village BRONX  
 Voting history: Have you voted before?  Yes  No What year? 2010  
 Voting Information that has changed: Your name was Leida Santiago  
 Your address was 3815 Rutnam Avenue West  
 Your previous state or New York State County was New York  
 Identification:  New York State DMV number \_\_\_\_\_  
 Last four digits of your Social Security number: x x x - x x - \_\_\_\_\_  
 I do not have a New York State driver's license or a Social Security number.  
 Political party: You must make 1 selection.  I wish to enroll in a political party of \_\_\_\_\_  
 Democratic party  Green party  Women's Equality party  
 Republican party  Working Families party  Reform party  
 Conservative party  Independence party  Other \_\_\_\_\_  
 I do not wish to enroll in a political party.  
 No party

D: All voters must date and sign the oath below

It is a crime to procure a false registration or to furnish false information to the Board of Elections.  
 Affidavit: I swear or affirm that:  
 - I am a citizen of the United States.  
 - I will have lived in this county, city or village for at least 30 days before the election.  
 - I meet all requirements to register to vote in New York State.  
 - This is my signature or mark in the box to the right.  
 - The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.  
 Sign: Leida Santiago  
 Date: 11-8-16

To be completed by an Election Inspector:  
 Town/City BRONX N.Y. AD/Ward 81 Election District 37

For BOE Borough Office Use Only  
 Not Registered  Miscellaneous  Cancelled (D) Count:  Yes  No MS  
 Registered too late  Address Change  Wrong ED (file) (R) Count:  Yes  No  
 Enrollment match  USN 303 195 349 (A) Transfer to CD: \_\_\_\_\_ AD

Line 401 SPN Rev. 5/15

M

PIC

add email

37/81

Dem

EXHIBIT 13  
18  
4/30/24



542,14,8

510951/24

The Board of Elections in the City of New York

New York State Absentee Ballot Application

Please print clearly

**1** I am requesting, in good faith, an absentee ballot due to (check one reason):

- absence from county or New York City on election day
- temporary illness or physical disability (including affected/potential COVID19)
- permanent illness or physical disability
- duties related to primary care of one or more individuals who are ill or physically disabled

**BOARD USE ONLY:**  
Town/City/Ward/Dist.: \_\_\_\_\_  
Registration No.: \_\_\_\_\_  
Party: \_\_\_\_\_  
 voted in office

**2** absentee ballot(s) requested for the following election(s):

Primary Election ONLY       General Election only       Special Election only

Any election held between these dates:  
absence begins: \_\_\_\_\_ absence ends: \_\_\_\_\_

**3** last name or surname: Douge      first name: Marie      middle initial: N      suffix: \_\_\_\_\_

**4** date of birth: MM/DD/YYYY: 12/21/1950      county: Bk      phone number (optional): \_\_\_\_\_  
email (optional): \_\_\_\_\_

**5** mailing address: street: 46 Berkeley Pl      apt#: \_\_\_\_\_ Bsrmt: \_\_\_\_\_  
city: Brooklyn      state: NY      zip code: 11217-3511

**6** Delivery of Primary Election Ballot (check one):  Deliver to me in person at the board of elections  
 I authorize (give name) MARIE-NICOLE DOUGE to pick up my ballot at the board of elections/  
 Mail ballot to me at (check box and complete ONLY if address is different than mailing address)

street no./ street name apt/ city state zip code

**7** Delivery of General (or Special) Election Ballot (check one):  
 Deliver to me in person at the board of elections  
 I authorize (give name) \_\_\_\_\_ to pick up my ballot at the board of elections/  
 Mail ballot to me at (check box and complete ONLY if address is different than mailing address)

street no./ street name apt/ city state zip code

**8** Applicant must sign below. I certify that I am a qualified and a registered (and for primary, enrolled) voter and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn/

Sign Here: X Marie Douge      Date: 5/25/2020

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed. By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature! (No power of attorney or preprinted name stamps allowed! See detailed instructions!)

Date: \_\_\_\_\_ Name of Voter: \_\_\_\_\_ Mark: \_\_\_\_\_

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn/

\_\_\_\_\_  
(address of witness to mark)      (signature of witness to mark)

Board Use Only  
2020 Absentee  
Ballot Application

NYSCEF EXHIBIT 13  
tabbies 19  
4/30/24



542,237  
RECEIVED NYSCEF: 05/02/2024

542,237  
possible to  
written  
down  
was  
wrong?  
MEX

510951/24

The Board of Elections in the City of New York

It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

**Qualifications**

1. Are you a citizen of the U.S.?  Yes  No  
If you answer No, you cannot register to vote.

2. A) Will you be 18 years of age or older on or before election day?  Yes  No  
B) Are you at least 18 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election?  Yes  No  
If you answer No to both of the prior questions, you cannot register to vote.

3. Your name  
Last name Steinmetz-Silber  
First name Joseph  
Middle Initial A

**More information** (Items 5, 6 & 7 are optional)

4. Birth date 04/23/1989  
5. Gender Male

6. Phone 917-657-2627  
7. Email

**The address where you live**

8. Address (not P.O. box) 113 Lincoln Place  
Apt. Number Zip code 11217  
City/Town/Village Brooklyn  
New York State County New York City

**The address where you receive mail** (Skip if same as above)

9. Address or P.O. box  
P.O. Box Zip code  
City/Town/Village

**Voting history**

10. Have you voted before?  Yes  No  
11. What year? 2020

**Voting information that has changed** (Skip if this has not changed or you have not voted before)

12. Your name was  
Your address was 525 W 238th Street, Apt 1B, Bronx NY 10463  
Your previous state or New York State County was Bronx

**Identification** (You must make 1 selection. For questions, please refer to Verifying your identity above.)

13.  New York State DMV number  
 Last four digits of your Social Security number x x x - x x -  
 I do not have a New York State driver's license or a Social Security number.

**Political party** (You must make 1 selection. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.)

14. I wish to enroll in a political party:  
 Democratic party  
 Republican party  
 Conservative party  
 Working Families party  
 Other  
I do not want to enroll in any political party and wish to be an independent voter:  
 No party

**Affidavit: I swear or affirm that**

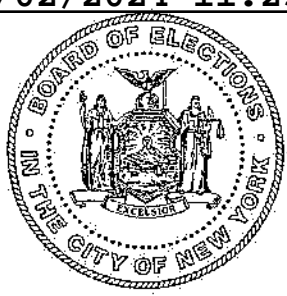
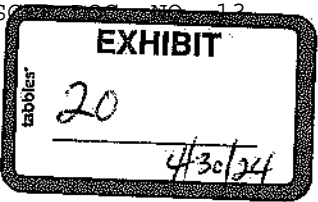
- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark in the box below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

**Optional questions**

15.  I need to apply for an Absentee ballot.  
 I would like to be an Election Day worker.

Sign  
Date 06/28/2022





547,243

510951/24

The Board of Elections in the City of New York

WILLIAMS STEPHANIE

NEW YORK STATE VOTER REGISTRATION APPLICATION

MV-44 (12/96)

(Complete only if you want to register to vote or change your address or other information with the Board of Elections.)

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check box(es) that apply: <input type="checkbox"/> new registration and enrollment <input type="checkbox"/> party enrollment change	<input checked="" type="checkbox"/> address change <input type="checkbox"/> name change	Home Telephone Number (optional)
If you answered NO, do not complete this form			718-622-3336
Last year voted	Your Address was (give house number, street, and city)	In county/state	Under the name (if different from your name now)
96	59 ST. JOHNS PLACE	NY	

Choose a Party - Check one box only

- DEMOCRATIC
- REPUBLICAN
- CONSERVATIVE
- INDEPENDENCE
- LIBERAL
- RIGHT TO LIFE
- FREEDOM
- I DO NOT WISH TO ENROLL IN A PARTY

Please note: In order to vote in a primary election, you must be enrolled in a party.

AFFIDAVIT: I swear or affirm that

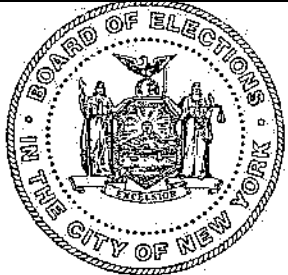
- I am a citizen of the United States.
- I will have lived in the county or in the city of New York for at least 30 days before the election.
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

Signature or mark: Stephanie Williams Date

59 ST. JOHNS PL. 1-11217

RECEIVED BOARD OF ELECTIONS THE CITY OF NEW YORK MAR 19 11 09 34

EXHIBIT  
21  
4/30/24



542,44,8-SH  
similar to line 9

510951/24

The Board of Elections in the City of New York

### New York State Absentee Ballot Application

Please print clearly

**1** I am requesting, in good faith, an absentee ballot due to (check one reason):

absence from county or New York City on election day

temporary illness or physical disability (including affected/potential COVID19)

permanent illness or physical disability

duties related to primary care of one or more individuals who are ill or physically disabled

**BOARD USE ONLY:**  
Town/City/Ward/Dist.: \_\_\_\_\_  
Registration No.: \_\_\_\_\_  
Party: \_\_\_\_\_  
 voted in office

**2** absentee ballot(s) requested for the following election(s)

Primary Election ONLY       General Election only       Special Election only

Any election held between these dates:  
absence begins: \_\_\_\_/\_\_\_\_/\_\_\_\_      absence ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

**3** last name or surname: Sidford      first name: Noel      middle initial: D      suffix: \_\_\_\_\_

**4** date of birth: MM/DD/YYYY: 07/14/1950      county: Bk      phone number (optional): \_\_\_\_\_  
email (optional): \_\_\_\_\_

**5** mailing address: street: 187 Baltic St      apt#: 2  
city: Brooklyn      state: NY      zip code: 11201-6173

**6** Delivery of Primary Election Ballot (check one)       Deliver to me in person at the board of elections

I authorize (give name) \_\_\_\_\_  
to pick up my ballot at the board of elections/  
Mail ballot to me at (check box and complete ONLY if address is different than mailing address)

street no/ street name apt/ city state zip code

**7** Delivery of General (or Special) Election Ballot (check one)

Deliver to me in person at the board of elections

I authorize (give name) \_\_\_\_\_  
to pick up my ballot at the board of elections/  
Mail ballot to me at (check box and complete ONLY if address is different than mailing address)

street no/ street name apt/ city state zip code

**8** Applicant must sign below. I certify that I am a qualified and a registered (and for primary, enrolled) voter, and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Sign Here: X Nhl Sidford      Date 06/15/2020

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed. By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read/ I have made, or have the assistance in making, my mark in lieu of my signature! (No power of attorney or preprinted name stamps allowed! See detailed instructions!)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Voter \_\_\_\_\_ Mark \_\_\_\_\_

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn!

\_\_\_\_\_  
(signature of witness to mark)

\_\_\_\_\_  
(address of witness to mark)

Board Use Only  
2020 Absentee  
Ballot Application

NYSCEF DOC. NO. 18

EXHIBIT  
 22  
 4/30/24

APR 30/2024  
 Patrick Buff  
 Card

Archive Where:  Archive  Where  Change

Requestor Address: 350 S AVENUE 3K  
 02228-1591 017 44 DEB A R

ED LIK:  ED:  AD:  DD:  DD:  A:  R:

ED LIK:  ED:  AD:  DD:  DD:  A:  R:

Post Site and Political District Information  
 Post Site: B0205-JHS 51  
 Mailer Info: 350 5th Avenue Brooklyn 11215

Absentee Information  
 Absentee ID: 017  
 Absentee Type:  Send Ballot & Mail  Mail  Mail  Mail  Mail  Mail

Address: 350 S AVENUE 3K  
 02228-1591 017 44 DEB A R

Activity:  Absentee  Absentee  Absentee  Absentee  Absentee  Absentee

Voting History:  Absent  Absent  Absent  Absent  Absent  Absent

1. Are you a U.S. citizen?  Yes  No

2. I will be 18 years old on or before election day  Yes  No

3. Last Name: KOFISSETT First Name: IAN Middle Initial: S Suffix: S

4. Address Where You Live: 5 AVENUE APT No. 1R City/Town/Village: BROOKLYN Zip Code: 11228

5. Address Where You Get Your Mail (if different from above):

6. Date of Birth: 08/28/1984 Sex: M Home Tel. Number: 718-485-1825

7. The last year you voted: 2024 Your Address was (give house number, street, and city): 343 S AVENUE 1 BROOKLYN NY 11215

8. In county/state: Kings County

9. Under the name (if different from your name now):

10. DEMOCRATIC PARTY  
 REPUBLICAN PARTY  
 CONSERVATIVE PARTY  
 WORKING FAMILIES PARTY  
 OTHER (write in):

11. I DO NOT WISH TO ENROLL IN A PARTY

12. Signature of mark: *Mark*

13. I do not have a New York Driver's License Number:  I do not have a New York Social Security Number:  I do not have a New York State Security Number:

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