

Superintendent of Elections & Commissioner of Registration Catherine DiCostanzo

SUPERINTENDENT FusionPro Text

POLL BOOK INFO

FusionPro Text

ELECTION INFO FusionPro Text **POLL BOOK**

A-K

for

GENERAL ELECTION NOVEMBER 6, 2012

MUNICIPALI INFO FusionPro Text

Hamilton District 24



CERTIFICATION OF SIGNATURE COMPARISON RECORD

The undersigned constituting the district board of election in the County of

in the
Ward District
hereby certify that () is the correct total of the number
(Figures)
of names of voters who actually signed the signature comparison records and voted
in the(General, Special or other Election as the case may be)
election held on the
DISTRICT
Clerk.
BOARD OF
Inspector
ELECTION
Remarks:

Disability Certificates for Assistanc 6	istance	Disability Certificates for Assistance	
To. (Name of Voter)	.No. (Voter's No.) Do you solemnly swear [or affirm] that you are	(Name of Voter)	No. (Voter's No.) Do you solemnly swear (or affirm) that you are
(Physical Disat	bility ± State Nature Of)	(Physical Disability ± State Nature Of)	e Nature Of)
(*Blindness)at that by reason thereof, you are unable t ballot therein for voting in this election, w	(*Blindness)at that by reason thereof, you are unable to enter and remain in a booth, or prepare your ballot therein for voting in this election, without assistance; so help me God. [R.S. 19:31 A-8]	(*Blindness)	d remain in a booth, or prepare your stance; so help me God. [R.S. 19:31 A-8]
Name of men	Name of member of Board of Registry and Election taking oath.	Name of member of Boa	Name of member of Board of Registry and Election taking oath.
Must be signed by 2 members of board of Registry and Election of opposite political parry assisting voter.		Must be signed by 2 members of board of Registry and Election ofopposite political party assisting voter.	
	Name of Voter assisting blind Voter		Name of Voter assisting blind Voter
General 20 Special	Address of Voter assisting blind Voter	General 20 Address	Address of Voter assisting blind Voter
Disability Certificates for Ass	Assistance	Disability Certificates for Assistance	
To (Name of Voter)	No. (Voter's No.) Do you solemnly swear [or affirm] that you are	To	No. (Voter's No.) Do you solemnly swear [or affirm] that you are
(Physical Disat	ibility ± State Nature Of)	(Physical Disability ± Stat	± State Nature Of)
(*Blindness)	(*Blindness)at that by reason thereof, you are unable to enter and remain in a booth, or prepare your ballot therein for voting in this election, without assistance; so help me God. [R.S. 19:31 A-8]	(*Blindness)	d remain in a booth, or prepare your stance; so help me God. [R.S. 19:31 A-8]
	Name of member of Board of Registry and Election taking oath.	Name of member of Board of Registry	rd of Registry and Election taking oath.
Must be signed by 2 members of board of Registry and Election of opposite political party assisting voter.		Must be signed by 2 members of board of Registry and Election of copposite political party assisting voter.	
Primory	Name of Voter assisting blind Voter		Name of Voter assisting blind Voter
General 20	Address of Voter assisting blind Voter	General 20 Address	Address of Voter assisting blind Voter
sability Certificates for	Assistance	Disability Certificates for Assistance	
To (Name of Voter)	No. (Voter's No.) Do you solemnly swear [or affirm] that you are	o. (Name of Voter)	No. (Voter's No.) Do you solemnly swear [or affirm] that you are
(Physical Disat	(Physical Disability ± State Nature Of)	(Physical Disability ± State Nature Of)	e Nature Of)
(*Blindness)	(*Blindness)	(*Blindness)	d remain in a booth, or prepare your stance: so help me God. [R.S. 19:31 A-8]
Name of men	Name of member of Board of Registry and Election taking oath.	Name of member of Boa	Name of member of Board of Registry and Election taking oath.
Must be signed by 2 members of board of Registry and Election of commopposite political party assisting voter.		Must be signed by 2 members of board of Registry and Election of copposite political party assisting voter.	
	Name of Voter assisting blind Voter	0.0	Name of Voter assisting blind Voter
General 20 Special	Address of Voter assisting blind Voter	Special 20 Address	Address of Voter assisting blind Voter

(Primary, General or Special)	(Primary, General or Special)
ELECTION DAY 20	ELECTION DAY 20
Name of Voter	Name of Voter
What is, or Was Your Father's Full Name?	What is, or Was Your Father's Full Name?
What is, or Was Your Mother's Full Name?	What is, or Was Your Mother's Full Name?
Where Did You Actually Reside Prior to Taking Up Your Present Residence State Floor and Character of Residence	Where Did You Actually Reside Prior to Taking Up Your Present Residence State Floor and Character of Residence
I certify that I have read to the elector each of the foregoing questions and that I have truly recorded his answer to each of said questions.	I certify that I have read to the elector each of the foregoing questions and that I have truly recorded his answer to each of said questions.
Signature of Member of the Board	Signature of Member of the Board
IDENTIFICATION STATEMENT FOR (Primary, General or Special)	IDENTIFICATION STATEMENT FOR (Primary, General or Special)
ELECTION DAY 20	ELECTION DAY 20
Name of Voter	Name of Voter
What is, or Was Your Father's Full Name?	What is, or Was Your Father's Full Name?
What is, or Was Your Mother's Full Name?	What is, or Was Your Mother's Full Name?
Where Did You Actually Reside Prior to Taking Up Your Present Residence State Floor and Character of Residence	Where Did You Actually Reside Prior to Taking Up Your Present Residence State Floor and Character of Residence
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Signature of Member of the Board	Signature of Member of the Board
IDENTIFICATION STATEMENT FOR(Primary, General or Special)	IDENTIFICATION STATEMENT FOR (Primary, General or Special)
ELECTION DAY 20	ELECTION DAY 20
Name of Voter	Name of Voter
What is, or Was Your Father's Full Name?	What is, or Was Your Father's Full Name?
What is, or Was Your Mother's Full Name?	What is, or Was Your Mother's Full Name?
Where Did You Actually Reside Prior to Taking Up Your Present Residence State Floor and Character of Residence	Where Did You Actually Reside Prior to Taking Up Your Present Residence State Floor and Character of Residence
I certify that I have read to the elector each of the foregoing questions and that I have truly recorded his answer to each of said questions.	I certify that I have read to the elector each of the foregoing questions and that I have truly recorded his answer to each of said questions.
Signature of Member of the Board	Signature of Member of the Board

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Name Pos1 FusionPro Text	BC1 FusionPro Tayt	voterid Pos1	Party1	DOB Pos1
Picture1 FusionPro Graphic	affirmaeidenTEE1 FusionPro Text	chk1		Auth No FusionPro Text Show_ID1
Hide Name Pos2		CHAI		
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Picture2 FusionPro Graphic	affirm id2 ABSENTEE2 FusionPro Text			Auth No FusionPro Text Show ID2
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	chk4			
Name Pos5 Hide5 FusionPro Text FusionPro Graphic	BC5	VO.0.1.0.0	Party5	DOB Pos5
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		chk5		