

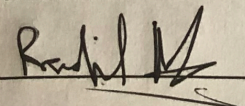
COMMONWEALTH OF MASSACHUSETTS OFFICIAL ELECTION MATERIALS ELECTRONIC TRANSMISSION SHEET

Transmission Cover Sheet from UOCAVA Voter to Massachusetts Local Election Official

TO LOCAL ELECTION OFFICIALS OF:	City of Somerville
Fax Number:	617-625-6243
E-mail address:	marruda@somervillema.gov
Mailing Address:	93 Highland Ave Somerville MA 02143

FROM:	
Last Name:	Raahil
First Name:	Madhok
Middle Name/Initial:	
Telephone Number:	+1-647-745-4482
Fax Number:	
E-mail address:	madhok.raahil@gmail.com
Voting Address: (address in the city or town named above)	43 Curtis Street, Somerville, Middlesex, MA, 02144

I understand that by faxing or emailing my voted ballot, I am voluntarily waiving my right to a secret ballot.

Signature:  Date: 10/6/2020

Number of pages being transmitted, including this sheet: 4

THIS COVER SHEET MUST BE SIGNED AND SENT
IF YOU ARE RETURNING YOUR VOTED BALLOT ELECTRONICALLY.