

Use Pen - Please Print Clearly

FOLD HERE SECOND

1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	2	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	For Official Use Only

*NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this fo

3	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Last Name	First Name	Middle Initial	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
	Murphy		Wally	I		
4	Address Where You Live		City or Town	ZIP Code		
	3701 188th St. SW		Lynnwood	98037		
5	Address Where You Get Your Mail (If Different Than #4)		City or Town	State	ZIP Code	
	Same as above		Lynnwood	WA.	98037	
6	Date of Birth (Month/Day/Year)	Daytime Phone Number (w/ area code)	E-Mail Address (Optional)			
	[REDACTED]	(425) 775-9222	N/A			

Federal Law requires you to provide your Driver's License number. If you do not have a Washington Driver's License, you must provide the last 4 digits of your Social Security Number. Failure to provide this information may prevent your registration from being processed.

Voter Declaration - Read and Sign Boxes 9 and 11.

"I declare that the facts on this voter registration form are true:

- I am a citizen of the United States
- I am not presently denied my civil rights as a result of being convicted of a
- I will have lived in Washington at this address for thirty days immediately before the next election at which I vote
- I will be at least eighteen years old when I vote."

8	WA Driver's License #	Last 4 Digits of Social Security #
	N/A	5551

ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections:

YES CHECK ONE NO

Date Signed 3/19/04

SIGN HERE X

Witnessed Barbara Butcher AD

FOLD HERE FIRST

2004 MAR 11 PM 2:56

Use Pen - Please Print Clearly

FOLD HERE SECOND

1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	2	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	For Official Use Only

***NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this form**

3	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
		Rosen	Raymond	W		

4	Address Where You Live		City or Town	ZIP Code
	3701 188 th St. SW		Lynnwood	98037

5	Address Where You Get Your Mail (If Different Than #4)		City or Town	State	ZIP Code
	Same as above		Lynnwood	WA.	98037

6	Date of Birth (Month/Day/Year)	7	Daytime Phone Number (w/ area code)	E-Mail Address (Optional)
	[REDACTED]		(425) 775-9222	N/A

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Voter Declaration - Read and Sign Boxes 9 and 11.

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- I will have lived in Washington at this address for thirty days immediately before the next election at which I vote
- I will be at least eighteen years old when I vote."

8	WA Driver's License #	Last 4 Digits of Social Security #
	ROSEN RW 745 LR	3434

9

ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections:

YES CHECK ONE NO

Date Signed 3 / 9 / 04
month day year

SIGN HERE

X *Raymond W Rosen*

FOLD HERE FIRST

2004 MAR 11 PM 2:55

7 Election Day November 2, 2004

IMPORTANT: Ballots in unsigned envelopes cannot be counted.

NOTICE: This ballot MUST be returned or postmarked by election day to be counted.

9

AFFIDAVIT

I solemnly swear or affirm under penalty of law that I am a legal resident of the state of Washington entitled to vote in this election. I have not voted another ballot, and I understand that any person attempting to vote when he or she is not entitled or who falsely signs this ballot shall be guilty of a felony, punishable by imprisonment of not more than five years or a fine of not more than ten thousand dollars, or both such fine and imprisonment.

For the purpose of this ballot, I am unable to sign his/her signature above due to a disability, the voter shall make a mark or attempted signature on the line provided for the voter's signature. If this mark or attempted signature is witnessed below, the ballot will be accepted.

WITNESS CERTIFICATION: I witnessed the voter, whose name appears on this envelope, make his/her mark or attempted signature on the line above. I certify, under penalty of law, under the laws of the State of Washington, that the foregoing is true and correct.

Signature of Voter: Wally I Murphy Date Ballot Voted: 11-02-04

Signature: Barbara Butcher Date and Place: 11-2-04

Signature: _____ Date and Place: _____

DO NOT note Address/ Name changes on this envelope. Call 425-388-3444 for assistance.

LYNNWOOD 29 23031229

113 11/04 213279.00 23031229

WALLY I MURPHY
3701 188TH ST SW
LYNNWOOD WA 98037-7626

21445 - 166196



1223447

7 Election Day November 2, 2004

IMPORTANT: Ballots in unsigned envelopes cannot be counted.

NOTICE: This ballot MUST be returned or postmarked by election day to be counted.

9

AFFIDAVIT

I solemnly swear or affirm under penalty of law that I am a legal resident of the state of Washington entitled to vote in this election. I have not voted another ballot, and I understand that any person attempting to vote when he or she is not entitled or who falsely signs this ballot shall be guilty of a felony, punishable by imprisonment of not more than five years or a fine of not more than ten thousand dollars, or both such fine and imprisonment.

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WITNESS CERTIFICATION: I witnessed the voter, whose name appears on this envelope, make his/her mark or attempted signature on the line above. I certify, under penalty of law, under the laws of the State of Washington, that the foregoing is true and correct.

Signature of Voter: Raymond W Rosen Date Ballot Voted: 11-2-04

Signature: Barbara Butcher Date and Place: 11-2-04

Signature: _____ Date and Place: _____

DO NOT note Address/ Name changes on this envelope. Call 425-388-3444 for assistance.

LYNNWOOD 29 23031226

113 11/04 213279.00 23031226

RAYMOND W ROSEN
3701 188TH ST SW
LYNNWOOD WA 98037-7626

21443 - 166194



1223445

Use Pen - Please Print Clearly

FOLD HERE SECOND

1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	2	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	For Official Use Only

*NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this form

3	<input type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Last Name Durocher	First Name PATRICIA	Middle Initial A	<input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
	4		5		6	
Address Where You Live 3701 188th St. SW		City or Town Lynnwood		ZIP Code 98037		
Address Where You Get Your Mail (If Different Than #4) Same as above		City or Town Lynnwood		State WA		
Date of Birth (Month/Day/Year) [REDACTED]		Daytime Phone Number (w/ area code) 7 (425) 775-9222		E-Mail Address (Optional) N/A		

Federal Law requires you to provide your Driver's License number. If you do not have a Washington Driver's License, you must provide the last 4 digits of your Social Security Number. Failure to provide this information may prevent your registration from being processed.

8	WA Driver's License # DVR0EPA7B NB	Last 4 Digits of Social Security # 5391
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ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections:

YES CHECK ONE NO

Voter Declaration - Read and Sign Boxes 9 and 11.

"I declare that the facts on this voter registration form are true:

- I am a citizen of the United States
- I am not presently denied my civil rights as a result of being convicted of a felony
- I will have lived in Washington at this address for thirty days immediately before the next election at which I vote
- I will be at least eighteen years old when I vote."

Date Signed 3 / 19 / 04
month day year

SIGN HERE X

Patricia A Durocher

FOLD HERE FIRST

2004 MAR 11 PM 2:56

Use Pen - Please Print Clearly

FOLD HERE SECOND

1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	2	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	For Official Use Only
---	---	---	---	-----------------------

***NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this form.**

3	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Last Name Erickson	First Name Hubert	Middle Initial B	<input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II <input type="checkbox"/> III	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
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4	Address Where You Live 3701 188 th St. SW	City or Town Lynnwood	ZIP Code 98037
---	---	--------------------------	-------------------

5	Address Where You Get Your Mail (If Different Than #4) Same as above	City or Town Lynnwood	State WA	ZIP Code 98037
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6	Date of Birth (Month/Day/Year) [REDACTED]	7	Daytime Phone Number (w/ area code) (425) 775-9222	E-Mail Address (Optional) N/A
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Federal Law requires you to provide your Driver's License number. If you do not have a Washington Driver's License, you must provide the last 4 digits of your Social Security Number. Failure to provide this information may prevent your registration from being processed.

Voter Declaration - Read and Sign Boxes 9 and 11.

"I declare that the facts on this voter registration form are true:

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- I am not presently denied my civil rights as a result of being convicted of a felony
- I will have lived in Washington at this address for thirty days immediately before the next election at which I vote
- I will be at least eighteen years old when I vote."

8	WA Driver's License # ERICKA B 851MB	Last 4 Digits of Social Security # 6512	9
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ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections:

YES CHECK ONE NO

Date Signed 3 / 9 / 04
month day year

SIGN HERE

X *Hubert B. Erickson*

FOLD HERE FIRST

2004 MAR 11 PM 2:55

7
-
Election Day November 2, 2004

IMPORTANT: Ballots in unsigned envelopes cannot be counted.

NOTICE: This ballot MUST be returned or postmarked by election day to be counted.

9

AFFIDAVIT

I solemnly swear or affirm under penalty of law that I am a legal resident of the state of Washington entitled to vote in this election. I have not voted another ballot, and I understand that any person attempting to vote when he or she is not entitled or who falsely signs this ballot shall be guilty of a felony, punishable by imprisonment of not more than five years or a fine of not more than ten thousand dollars, or both such fine and imprisonment.

Signature of Voter: H B E. Date Ballot Voted: 10/31/2004

If the voter is unable to sign his/her signature above due to a disability, the voter shall make a mark or attempted signature on the line provided for the voter's signature. If this mark or attempted signature is witnessed below, the ballot will be accepted.

WITNESS CERTIFICATION: I witnessed the voter, whose name appears on this envelope, make a mark or attempted signature on the line above. I certify, under penalty of law, that under the laws of the State of Washington, that the foregoing is true and correct.

Signature: John K. Anderson Date and Place: 10/31/04
Witnessed by: Mane... of Lynnwood

DO NOT note Address/ Name changes on this envelope. Call 425-388-3444 for assistance.

LYNNWOOD 29 21016773

113 11/04 213279.00 21016773

HUBERT B ERICKSON
3701 188TH ST SW
LYNNWOOD WA 98037-7626

21447 - 166198



1223076

7
-
Election Day November 2, 2004

IMPORTANT: Ballots in unsigned envelopes cannot be counted.

NOTICE: This ballot MUST be returned or postmarked by election day to be counted.

9

AFFIDAVIT

I solemnly swear or affirm under penalty of law that I am a legal resident of the state of Washington entitled to vote in this election. I have not voted another ballot, and I understand that any person attempting to vote when he or she is not entitled or who falsely signs this ballot shall be guilty of a felony, punishable by imprisonment of not more than five years or a fine of not more than ten thousand dollars, or both such fine and imprisonment.

Signature of Voter: Patricia A. DuRocher Date Ballot Voted: 10-25-04

If the voter is unable to sign his/her signature above due to a disability, the voter shall make a mark or attempted signature on the line provided for the voter's signature. If this mark or attempted signature is witnessed below, the ballot will be accepted.

WITNESS CERTIFICATION: I witnessed the voter, whose name appears on this envelope, make a mark or attempted signature on the line above. I certify, under penalty of law, that under the laws of the State of Washington, that the foregoing is true and correct.

Signature: _____ Date and Place: _____

DO NOT note Address/ Name changes on this envelope. Call 425-388-3444 for assistance.

LYNNWOOD 29 23031181

113 11/04 213279.00 23031181

PATRICIA A DUROCHER
3701 188TH ST SW
LYNNWOOD WA 98037-7626

21438 - 166189



1223441

Use Pen - Please Print Clearly

FOLD HERE SECOND

1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	2	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	For Official Use Only

***NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this form**

3	<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
		Wehde	Zelta	E		

4	Address Where You Live		City or Town	ZIP Code
	3701 188th St. SW		Lynnwood	98034

5	Address Where You Get Your Mail (If Different Than #4)		City or Town	State	ZIP Code
	Same as above		Lynnwood	WA.	98034

6	Date of Birth (Month/Day/Year)	7	Daytime Phone Number (w/ area code)	E-Mail Address (Optional)
	[REDACTED]		(425) 475-9222	N/A

Federal Law requires you to provide your Driver's License number. If you do not have a Washington Driver's License, you must provide the last 4 digits of your Social Security Number. Failure to provide this information may prevent your registration from being processed.

8	WA Driver's License #	Last 4 Digits of Social Security #
	NA	6699

9

Voter Declaration - Read and Sign Boxes 9 and 11.

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- I am not presently denied my civil rights as a result of being convicted of a felony
- I will have lived in Washington at this address for thirty days immediately before the next election at which I vote
- I will be at least eighteen years old when I vote."

Date Signed _____ / _____ / _____
month day year

SIGN HERE X

[Handwritten Signature]

ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections:

YES CHECK ONE NO

FOLD HERE FIRST

2004 MAR 11 PM 2:55

Use Pen - Please Print Clearly

FOLD HERE SECOND

1 Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	2 Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	For Official Use Only
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***NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this form.**

3 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms Last Name Olson	First Name Velma	Middle Initial J	<input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
--	---------------------	---------------------	---	---

4 Address Where You Live 3701 188 th St. SW	City or Town Lynnwood	ZIP Code 98037
--	--------------------------	-------------------

5 Address Where You Get Your Mail (If Different Than #4) Same as above	City or Town Lynnwood	State WA.	ZIP Code 98037
--	--------------------------	--------------	-------------------

6 Date of Birth (Month/Day/Year) [REDACTED]	7 Daytime Phone Number (w/ area code) (425) 775-9222	E-Mail Address (Optional) N/A
---	--	----------------------------------

Federal Law requires you to provide your Driver's License number. If you do not have a Washington Driver's License, you must provide the last 4 digits of your Social Security Number. Failure to provide this information may prevent your registration from being processed.

Voter Declaration - Read and Sign Boxes 9 and 11.

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- I will be at least eighteen years old when I vote."

8 WA Driver's License # OLSONVJ682MY	Last 4 Digits of Social Security # 9997
--	--

9

ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections:

YES CHECK ONE NO

Date Signed 3 / 9 / 04
month day year

SIGN HERE

X Velma J. Olson

FOLD HERE FIRST

2004 MAR 11 PM 2:56

Election Day November 2, 2004

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9

AFFIDAVIT

I solemnly swear or affirm under penalty of law that I am a legal resident of the state of Washington entitled to vote in this election. I have not voted another ballot, and I understand that any person attempting to vote when he or she is not entitled or who falsely signs this ballot shall be guilty of a felony, punishable by imprisonment of not more than five years or not more than ten thousand dollars, or both such fine and imprisonment.

Zelta E. Wenke 10-09-04
Signature of Voter Date Ballot Voted

If the voter is unable to sign his/her signature above due to a disability, the voter shall make an attempted signature on the line provided for the voter's signature. If this mark or attempted signature is witnessed below, the ballot will be accepted.

CERTIFICATION: I witnessed the voter, whose name appears on this envelope, make his/her mark or attempted signature on the line above. I certify, under penalty of law, under the laws of the State of Washington, that the foregoing is true and correct.

Signature Date and Place

Signature Date and Place

DO NOT note Address/ Name changes on this envelope. Call 425-388-3444 for assistance.

LYNNWOOD 29 23031179

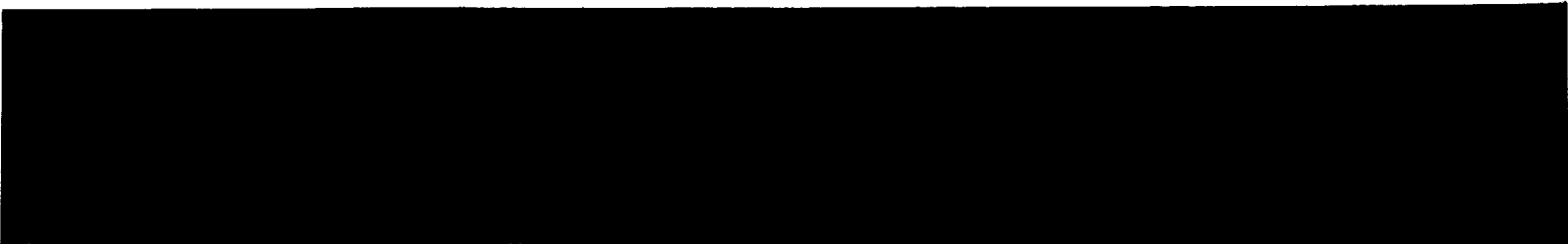
113 11/04 213279.00 23031179

ZELTA E WENDE
3701 188TH ST SW
LYNNWOOD WA 98037-7626

21446 - 166197



1223440



Election Day November 2, 2004

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9

AFFIDAVIT

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Velma J. Olson 10-23-04
Signature of Voter Date Ballot Voted

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CERTIFICATION: I witnessed the voter, whose name appears on this envelope, make his/her mark or attempted signature on the line above. I certify, under penalty of law, under the laws of the State of Washington, that the foregoing is true and correct.

Signature Date and Place

Signature Date and Place

DO NOT note Address/ Name changes on this envelope. Call 425-388-3444 for assistance.

LYNNWOOD 29 88052703

113 11/04 213279.00 88052703

VELMA J OLSON
3701 188TH ST SW
LYNNWOOD WA 98037-7626

21439 - 166190



1223382

Use Pen - Please Print Clearly

FOLD HERE SECOND

1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	2	Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	For Official Use Only

***NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this form**

3	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
	Fenning		Lucille	S		
4	Address Where You Live			City or Town	ZIP Code	
	3701 188 th St. SW			Lynnwood	98034	
5	Address Where You Get Your Mail (If Different Than #4)			City or Town	State	ZIP Code
	Same as above			Lynnwood	WA.	98034
6	Date of Birth (Month/Day/Year)	7	Daytime Phone Number (w/ area code)	E-Mail Address (Optional)		
	[REDACTED]		(425) 775-9222	N/A		

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- I will be at least eighteen years old when I vote."

8	WA Driver's License #	Last 4 Digits of Social Security #
	N/A	6114

9

ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections:

YES CHECK ONE NO

Date Signed 3 / 19 / 104
month day year

SIGN HERE X

Lucille Fenning

FOLD HERE FIRST

2004 MAR 11 PM 2:56

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AFFIDAVIT

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or
n
e
Lucille S. Fenning

Signature of Voter Date Ballot Voted

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WITNESS CERTIFICATION: I witnessed the voter, whose name appears on this envelope, make his/her mark or attempted signature on the line above. I certify, under penalty of law, that under the laws of the State of Washington, that the foregoing is true and correct.

Signature _____ Date and Place _____
Signature _____ Date and Place _____
AG 1
186
PM
WA

DO NOT note Address/ Name changes on this envelope. Call 425-388-3444 for assistance.

LYNNWOOD 29 23031175

113 11/04 213279.00 23031175
LUCILLE S FENNING
3701 188TH ST SW
LYNNWOOD WA 98037-7626

21437 - 166188

1223439

