

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA
CIVIL DIVISION

NEELAM TANEJA PERRY a/k/a
NEELAM TANEJA,

Plaintiff,

v.

CASE NO.: 24-003892-CI

ROBERT ROCHFORD, et. al.,

Defendants.

_____ /

DEFENDANT AMANDA COFFEY'S
MOTION TO STRIKE PLAINTIFF'S COMPLAINT

Exhibit C

FLORIDA VOTER REGISTRATION APPLICATION

DATED JUNE 30, 2021

EXHIBIT C

PIN 107159460

PERRY, NEELAM T

1407 GULF TO BAY BLVD, CLEARWATER, 33755

Declared to register or to update your voter registration record at a voter registration agency. Your signature can be viewed but not copied. (Section 97.0585, Fla. Stat.)		Race/Ethnicity: It is optional to list your race or ethnicity.	
Boxes: Please check boxes <input type="checkbox"/> where applicable.			
Numbered rows 1 through 7 and 12 must be completed for a new registration.			
Florida Voter Registration Application Part 2 - Form (DS-DE #33, R1S-2.040, F.A.C.) (eff. 10/2013)		The downloadable/printable online form is available at: register.vote.florida.gov	
This is: <input type="checkbox"/> New Registration <input checked="" type="checkbox"/> Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) <input type="checkbox"/> Request to Replace Voter Information Card		RECEIVED OFFICIAL USE JUL 30 PM 3:22 SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER	
1	Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
2	<input checked="" type="checkbox"/> I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.		
3	<input checked="" type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.		
4	Date of Birth (MM-DD-YYYY)	04 - 03 - 1960	FVRS No:
5	Florida Driver License (FL DL) or Florida Identification (FL ID) Card Number		If no FL DL or FL ID, then provide: <input type="checkbox"/> I have NONE of these numbers.
6	Last Name	First Name	Middle Name
	PERRY	NEELAM	TANEJA
7	Address Where You Live (legal residence-no P.O. Box)	Apt/Lot/Unit	City
	1407 Gulf-To-Bay Blvd		Clearwater
			County
			Pinellas
			Zip Code
			33755
8	Mailing Address (if different from above address)	Apt/Lot/Unit	City
	P.O. box 1002		Largo
			State or Country
			Pinellas
			Zip Code
			33779
9	Address Where You Were Last Registered to Vote	Apt/Lot/Unit	City
	17715 Gulf Blvd.	705	Reddington
			State
			FL
			Zip Code
			33708
10	Former Name (if name is changed)	Gender	State or Country of Birth
	Neelam Taneja Upad	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	India
			Telephone No. (optional)
			(727)
11	<input type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:		
	Party Affiliation (Check only one. If left blank, you will be registered without party affiliation) <input type="checkbox"/> Florida Democratic Party <input checked="" type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No party affiliation <input type="checkbox"/> Minor party (print party name):	Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin <input checked="" type="checkbox"/> Multi-racial <input type="checkbox"/> Other:	(Check only one if applicable) <input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member <input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member <input type="checkbox"/> I am a U.S. citizen residing outside the U.S.
			<input type="checkbox"/> I will need assistance with voting. <input type="checkbox"/> I am interested in becoming a poll worker.
			JUL 28 2021
12	Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		Date 04/30/2021
		SIGN/ MARK HERE 	

Scan Date = 07/30/2021