

EXHIBIT E



FLORIDA DEPARTMENT of STATE

RON DESANTIS
Governor

CORD BYRD
Secretary of State

December 22, 2023

Wendy Sartory Link
Palm Beach County Supervisor of Elections
c/o Stacey J. Manning, Esq.
240 South Military Trail
West Palm Beach, Florida 33415

FILED
ST. PETERSBURG BRANCH
2024 AUG 20 PM 2:34
KEN BURKE
CLERK OF CIRCUIT COURT

Re: DE 23-01 Vote-by-Mail Ballots – Public
Records – Political Purposes § 101.62(2),
Florida Statutes

Dear Supervisor Link:

This letter responds to your request for an advisory opinion concerning whether the statute prohibits you from providing certain vote-by-mail information prior to "8 a.m. of each day...beginning 60 days before the primary until 15 days after the general election" to the entities entitled to this information. See §101.62(2), Fla. Stat. (2023). Additionally, you ask whether it is the Division's position that the term, found at the conclusion of section 101.62(2), "for political purposes only," refers only to registered political committees. Because you are a supervisor of elections, are acting related to this statute, and have taken or propose to take action related to whether you must provide the vote-by-mail request information outside of the window specified in the statute, the Division of Elections is authorized to issue an opinion to you pursuant to section 106.23(2), Florida Statutes (2023).

FACTS

Your request for an advisory opinion asks whether under section 101.62(2), Florida Statutes, you are allowed to, or forbidden from, providing the confidential and exempt voter information submitted with the vote-by-mail request, to the entities entitled to this information as specified in the statute, prior to 60 days before the primary and/or later than 15 days after the general election. You also ask whether it is the Division's position that the term "for political

Division of Elections
R.A. Gray Building, Suite 316 • 500 South Bronough Street • Tallahassee, Florida 32399
850.245.6200 • 850.245.6217 (Fax) • dos.fl.gov/elections



purposes only,” which is at the end of section 101.62(2), refers only to registered political committees. See § 101.62(2), Fla. Stat.

ANALYSIS

Florida law requires that supervisors of elections record the following information when receiving a vote-by-mail request:

For each request for a vote-by-mail ballot received, the supervisor shall record the following information: the date the request was made; the identity of the voter’s designee making the request, if any; the Florida driver license number, Florida identification card number, or last four digits of the social security number of the voter provided with a written request; the date the vote-by-mail ballot was delivered to the voter or the voter’s designee or the date the vote-by-mail ballot was delivered to the post office or other carrier; the address to which the ballot was mailed or the identity of the voter’s designee to whom the ballot was delivered; the date the ballot was received by the supervisor; the absence of the voter’s signature on the voter’s certificate, if applicable; whether the voter’s certificate contains a signature that does not match the voter’s signature in the registration books or precinct register; and such other information he or she may deem necessary.

§ 101.62(2), Fla. Stat.

This same statute then explains that vote-by-mail information shall remain confidential and exempt except that “this information” is provided as follows:

1. This information must be provided in electronic format as provided by division rule. The information must be updated and made available no later than 8 a.m. of each day, including weekends, beginning 60 days before the primary until 15 days after the general election and shall be contemporaneously provided to the division.
2. This information is confidential and exempt from section 119.07(1) and shall be made available to or reproduced only for the voter requesting the ballot, a canvassing board, an election official, a political party or official thereof, a candidate who has filed qualification papers and is opposed in an upcoming election, and registered political committees for political purposes only.

Id.

In response to your first question, the statute states that “this information” is confidential and exempt and shall be “made available to or reproduced only for” the specific entities¹. The

1. For the purposes of this Advisory Opinion, “specific entities” means “the voter requesting the ballot, a canvassing board, an election official, a political party or official thereof,

Wendy Sartory Link
December 22, 2023
Page 3 of 3

statute explains that “[t]he information must be updated and made available no later than 8 a.m. of each day, including weekends, beginning 60 days before the primary until 15 days after the general election and shall be contemporaneously provided to the division.” The Division interprets this to mean that “this information” is confidential and exempt except during the window “beginning 60 days before the primary until 15 days after the general election.” During that window, the information “must be updated and made available,” to the six entities. “[M]ade available” is a constraint on when the supervisors may release this confidential and exempt information. Thus, under the statute, “this information” remains confidential and exempt except for 60 days before the primary until 15 days after the general election.” Moreover, only the six entities may request this information during that window.

Likewise, per this statute and Florida Administrative Code Rule 1S-2.043, you are required to provide this information to the Division during the same timeframe. See §101.62(2) (“This information must be provided in electronic format as provided by division rule.”). Rule 1S-2.043 states that any one of the six entities, “may access online daily county files of vote-by-mail ballot request information as directly received from the Supervisor and posted on the Division’s website.” However, consistent with the time constraint in section 101.62(2), the Division removes “this information” from access the day after the last file is transmitted on the 15th day after the election.²

Regarding your second question, the Division has previously stated that “for political purposes only,” as used at the end of section 101.62(2), refers only to the registered political committees. See DE 18-02 n.1 (“The phrase “for political purposes only” modifies only “registered political committees.”³ See § 101.62([2]), Fla. Stat.).

SUMMARY

The confidential and exempt information that you record can only be “[made] available” beginning 60 days before the primary until 15 days after the general election. As to the second question, at the conclusion of Florida Statute section 101.62(2), “for political purposes only” refers only to the registered political committees.

Respectfully,



Maria I. Matthews, Esq.
Director, Division of Elections

a candidate who has filed qualification papers and is opposed in an upcoming election, and registered political committees for political purposes only.

2. This timeline applies to the presidential preference primary election, primary election, general election, and special elections.

3. “Political committee” is defined in section 106.011(16), Florida Statutes (2023).



Christopher Gleason <gleasonforpinellas@gmail.com>

24-3717CJ

PUBLIC RECORDS REQUEST- VOTE BY MAIL BALLOT REQUESTS

Christopher Gleason <gleasonforpinellas@gmail.com>

Wed, Jul 17, 2024 at 12:05 PM

cc: Matt <masmith@votepinellas.gov>, Dustin Chase <dchase@votepinellas.gov>, OECS@dos.myflorida.com, publicrecordsrequest@publicrecordsrequest@votepinellas.gov, Maria.Matthews@dos.myflorida.com, "Byrd, Cord" <cord.byrd@dos.myflorida.com>

Dear Custodian of Records,

I am writing to submit an open records request under the Article I, section 24 of the Florida Constitution, and Chapter 119, Florida Statutes seeking access to public records, Florida State Election Records, and Federal Election Records related to the following:

- Copies of any and all Logs, List(s) and/or documents of the Pinellas County Voters who have requested a Vote by Mail Ballot be mailed to them for the August 20th Primary Election

I am requesting these public records in the electronic file format .PDF.

I understand that some of this information may already be publicly available, but I am seeking the official and comprehensive records directly from the county's election authorities to ensure accuracy and completeness.

Please consider this letter as a formal request for disclosure under the Article I, section 24 of the Florida Constitution, and Chapter 119, Florida Statutes.

Please provide these records in a format that is consistent with the requirements of the Article I, section 24 of the Florida Constitution, and Chapter 119, Florida Statutes if possible. We request that the records be provided electronically, via email or a secure file-sharing platform.

If portions of the requested records are exempt from disclosure under the Article I, section 24 of the Florida Constitution, and Chapter 119, Florida Statutes, please provide us with a written explanation of the specific legal basis for any redactions or withholdings.

We request that this public records request be processed promptly and in accordance with the statutory timelines for response and production of records under the Article I, section 24 of the Florida Constitution, and Chapter 119, Florida Statutes.

I hereby certify that I will not:

(A) Use any list of name(s) or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed

(B) Sell, give, or otherwise make available to any person any list of name(s) or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

As per Article I, section 24 of the Florida Constitution, and Chapter 119, Florida Statutes, we expect a prompt response to this request. If, for any reason, you cannot comply with this request within the specified timeframe, please provide a written explanation for the delay and indicate when we can expect the records to be made available.

Please take appropriate steps to ensure that records responsive to this request are not deleted by your office before the completion of processing for this request. If records potentially responsive to this request are likely to be located on systems where they are subject to potential deletion, including on a scheduled basis, please take steps to prevent that deletion, including, as appropriate, by instituting a litigation hold on those records. To ensure that this request is properly construed, that searches are conducted in an adequate but efficient manner and that extraneous costs are not incurred.

By working together at the outset, The Justice Society and your agency can decrease the likelihood of costly and time-consuming litigation in the future.

Where possible, please provide responsive material in electronic format by email or via a shared online drive.

Warmest Regards,

Christopher Gleason

Candidate for Supervisor of Elections Pinellas County, Florida

FILED
ST. PETERS
2024 AUG 20 PM 2:34
CLERK OF CIRCUIT COURT
ST. PETERS



Christopher Gleason <gleasonforpinellas@gmail.com>

PUBLIC RECORDS REQUEST- VOTE BY MAIL BALLOT REQUESTS

Chase, Dustin <dchase@votepinellas.gov>
From: "GleasonforPinellas@gmail.com" <gleasonforpinellas@gmail.com>, [REDACTED]
To: publicrecordsrequest <publicrecordsrequest@votepinellas.gov>

Thu, Jul 25, 2024 at 4:01 F

Dear Mr. Gleason,

As a candidate with opposition, you are entitled to the list of mail ballot requests after filing your oath of acquisition.

Additionally, please be advised that fulfilling your request as stated would require an estimated 18,000 hours to compile the logs and documents for each voter who requested a mail ballot. Given this substantial time requirement, there will be significant costs associated with the retrieval, review, and redaction of these records.

Under Florida law, we are permitted to charge a special service fee for the extensive use of information technology resources and/or clerical or supervisory assistance required to process your request. The estimated cost for fulfilling your request will be provided upon determining the exact scope and volume of records responsive to your request. Please note that these costs are based on actual labor and resources incurred by the Supervisor of Elections Office.

We are prepared to work with you to narrow the scope of your request to make it more manageable and cost-effective. For instance, if there are specific types of logs or subsets of information you are most interested in, please let us know so we can focus our efforts accordingly.

Furthermore, please be informed that any exempt or confidential information will be redacted in accordance with the applicable Florida Statutes.

To proceed, we invite you to either narrow the scope of your request to reduce the estimated time and resources required, or we can provide a full cost estimate for processing the entire request as currently stated. Please let us know your preference and any specific subsets of the requested information you are requesting. If a response is not received within 30 days of this correspondence, we will consider the request closed.

Sincerely,

Dustin Chase, Deputy Supervisor of Elections

Representing Julie Marcus, Pinellas County Supervisor of Elections

13001 Starkey Rd., Largo, FL 33773

Phone: (727) 464-4988

Fax: (727) 464-6239

dchase@votepinellas.gov

Follow us @VotePinellas

Like us on Facebook

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing. — F.S. 668.6076

24-3717C I

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

KEN BURSE
CLERK OF CIRCUIT COURT

2024 AUG 20 PM 2:34

FILED
ST. PETERSBURG BRANCH

I, JAMES M. BROWN JR., am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:

100 BLUFF VIEW DR. APT 211A BELLEAIR BLUFFS FL 33770

2. On OR ABOUT JULY 16²⁰²⁴, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)

3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.

4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.

5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.

6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.

7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.

8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August, 19, 2024.

James M. Brown Jr
Signature

JAMES M. BROWN JR
Full Name

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 19th
day of August, 2024, by James M. Brown Jr.



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

Christine Peters
(Signature of Notary Public Florida)

Christine Peters
(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Anna Whisher, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
99 Dolphin Dr N. Oldsmar, FL 34677
2. On APRIL 7/6/24, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August 16, _____, 2024.

Ann Whisher
Signature

Ann Whisher
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 16
day of August, 2024, by Ann Whisher.



CHRISTINE PETERS
Commission # HH 496853
Expires February 26, 2028

Christine Peters
(Signature of Notary Public Florida)

Christine Peters
(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Kathleen A. Shanks, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
2755 Curlew Rd Lot 76 Palm Harbor, FL 34654.
2. On or about July 16, 24, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on 08-27, 2024.

Kathleen A. Shanks
Signature

Kathleen A. Shanks
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 27th
day of August, 2024, by Kathleen A. Shanks.

Christine Peters
(Signature of Notary Public Florida)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(S. 107.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____/____/____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number: _____

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing address for ballot: _____ City: _____

(only if different than home address) State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____/____/____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

If no
DL or
ID, then
provide

last 4 digits of Social Security Number: _____

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ Date: ____/____/____
The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Karol Kay Prarda, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
1500 Edna Ave. NW, Largo, FL 33770.
2. ~~On August 20th, 2024~~ On about July 16, 2024 I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August 27, 2024.

Karol Kay Pravda
Signature

Karol Kay Pravda
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 27th
day of August, 2024, by Karol Kay Pravda.

Christine Peters
(Signature of Notary Public Florida)

(Print, Type, or Stamp Commissioned
Name of Notary Public)



CHRISTINE PETERS
Commission # HH 496633
Expires February 26, 2028

Personally Known OR
Produced Identification

Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(S. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____/____/____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing address for ballot: _____ City: _____

(only if different than home address) State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____/____/____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ Date: ____/____/____
The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, THOMAS ROMANO, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
5313 18th ST. NE. ST. PETERS FL 33703
2. On OR ABOUT July 16th I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August, 27, 2024.

Thomas G. Romano
Signature

THOMAS G. ROMANO
Full Name

STATE OF FLORIDA
COUNTY OF Pineellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 27th
day of August, 2024, by Thomas Romano.

Christine Peters
(Signature of Notary Public Florida)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(S. 101.02, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing address for ballot: _____ City: _____

(only if different than home address) State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

Spouse

Grandparent

Parent of voter's spouse

Child of voter's spouse

Sibling of voter's spouse

Voter's legal guardian

Parent

Grandchild

Grandparent of voter's spouse

Grandchild of voter's spouse

Designee for a voter with a disability

Child

Sibling

Designee's Signature: _____ Date: ____ / ____ / ____
The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Rhonda Romano, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
5313 18th St. NE
2. On or about July I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August, 27, 2024.

Rhonda Romano
Signature

Rhonda Romano
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 27th
day of August, 2027, by Rhonda Romano.

Christine Peter
(Signature of Notary Public Florida)

(Print, Type, or Stamp Commissioned
Name of Notary Public)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

Personally Known OR
Produced Identification

Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(S 101.02, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

If no FL DL or FL ID, then provide last 4 digits of Social Security Number: _____

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing address for ballot: _____ City: _____

(only if different than home address) State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

If no DL or ID, then provide last 4 digits of Social Security Number: _____

Phone number (optional): _____ Email address (optional): _____

- Designee's relationship to the voter:
- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ Date: ____ / ____ / ____
The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, MAUREEN ZULLCS, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
8392 Meadowbrook Dr East Largo, FL 33777.
2. On or about 7/25/24, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August 28, 2024.

Maureen Zilles
Signature

MAUREEN ZILLES
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 28th
day of August, 2024, by Maureen Zilles.

Christine Peters
(Signature of Notary Public Florida)



CHRISTINE PETERS
Commission # HH 498653
Expires February 26, 2028

(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(§ 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

If no FL DL or FL ID, then provide last 4 digits of Social Security Number: _____

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing address for ballot: _____ City: _____

(only if different than home address) State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

If no DL or ID, then provide last 4 digits of Social Security Number: _____

Phone number (optional): _____ Email address (optional): _____

- Designee's relationship to the voter:
- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ Date: ____ / ____ / ____
The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, LouAnn M. Rice
on behalf of Simone M. Rice (mother) Now Deceased, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
1209 E. Boyer St., Tarpon Springs, FL 34689
2. On or about 7/16/24 I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
→ on behalf of my mother
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on Aug 29th, _____, 2024.

Lauren M. Rice
Signature

on behalf of
Simone M. Rice

Lauren M. Rice
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 29th
day of August, 2024, by Lauren Marie Rice.

Christine Peters

(Signature of Notary Public Florida)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing address for ballot: _____ City: _____

(only if different than home address) State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ Date: ____ / ____ / ____
The voter directly instructed me to make this request for them.

LouAnn Rice
1209 E Boyer St.
Tarpon Springs, FL 34689
(also Simone Rice's address)
8/27/2024

Reference:

**Simone Marie Rice's Request for a mail in ballot
6/23/2024, as seen on Pinellas County web site.**

At age 90 and a few years previous, I helped my mother obtain her mail in vote when she was not capable.

I also drove my mother to the polls to turn in her mail in ballot and vote later when she was capable.

This week I looked back I looked back at files I had because I could not remember re-requesting a mail in ballot this spring as I understand was required if mom wanted to continue to vote by mail.

Initially I mistakenly saw in my files the Vote by mail ballot envelope I copied 2/22/2024 and thought that was it but it was actually her return envelope for the 2024 Presidential Primary.

I am sure I would have saved a copy of the website page confirming if I had RE-requested to continue her voting by mail but I have none and know I put it off because I was unsure about my mother's multiple health issues at that point, June 2024.

By June 23rd 2024, the supposed date my mother requested to continue with Mail-In Voting, my mother was on a fast decline.

Simone had been on pain killers and recently anti-depressants both making wading through political conversation impossible and un-important.

My mother was bed ridden since her last operation, had no computer and was incapable of using her smart phone to navigate to any website.

I swear, because of her state of health, there is **No Way** I requested a Mail in ballot for my mother on June 23rd, 2024.

I knew she would not last much longer and unfortunately was proven to be correct as she passed away 16 days later.

I still have the unopened mailed ballot received shortly before she passed.

I do not see any Postal Stamped Date indicating when it was mailed.

LouAnn M Rice



JULIE MARCUS
 SUPERVISOR OF ELECTIONS
 PINELLAS COUNTY
 13001 StarKey Rd., Largo FL 33773-1416



NON PROFIT ORG
 US POSTAGE
 PAID
 ST. PETERSBURG, FL
 PERMIT #4020

OFFICIAL BALLOTING MATERIAL
 FIRST-CLASS MAIL

DO NOT FORWARD

SIMONE M RICE

1209 E BOYER ST TARPON SPRINGS FL 34689
 84270000150



11451125 7031 408 1427 2547



SIMONE M RICE
 1209 E BOYER ST
 TARPON SPRINGS FL 34689

G113

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Nancy Skinner-Ericson am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
1449 Ridge Shore Dr Tarpon Springs Fl 34689
2. On or about 7-16-24 I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot.
Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August, 29, 2024.

Nancy Skinner-Ericsson
Signature

Nancy Skinner-Ericsson
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 29th
day of August, 2024, by Nancy Skinner-Ericsson



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

Christine Peters
(Signature of Notary Public Florida)

Christine Peters
(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Christina M. Ott, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
3300 Fox Chase Cir #216 Palm Harbor FL 34683
2. On July 16, 2024, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on AUG 27, 27, 2024.

[Handwritten Signature]
Signature
Christina Ott
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 24th
day of August, 2024, by Christina Ott.

[Handwritten Signature: Christine Peters]
(Signature of Notary Public Florida)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(S. 10162, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no FL DL or FL ID, then provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing address for ballot:

_____ City: _____

(only if different than home address)

State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no DL or ID, then provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ Date: ____ / ____ / ____
The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Marianne Segal, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:

2416 World Parkway Blvd #14 Clearwater, Fl. 33763

2. On July 16, 2024, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)

3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.

4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.

5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.

6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot.
Ex. A.

7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.

8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on Aug 24, 24, 2024.

M Segal
Signature

Marianne Segal
Full Name

STATE OF FLORIDA
COUNTY OF Pineellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 24th
day of August, 2024, by Marianne Segal.

Christine Peters
(Signature of Notary Public Florida)

Christine Peters
(Print, Type, or Stamp Commissioned
Name of Notary Public)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

Personally Known OR
Produced Identification

Type of Identification Produced

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Robin Devine, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:

12760 Indian Rocks Rd Unit 571 Largo FL 33774

2. On approx 8/10/24, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)

3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.

4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.

5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.

6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.

7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.

8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August 14, _____, 2024.

Robin L. Devine
Signature

Robin L. Devine
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 14th
day of August, 2024, by Robin L. Devine.

Christine Peters
(Signature of Notary Public Florida)

Christine Peters
(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

[REDACTED]
Type of Identification Produced

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF PINELLAS

I, [Your Full Name] Robert A. Ferris, being duly sworn, depose and say:

1. Personal Information:

- I am a resident of Pinellas County, Florida.
- My current address is [Your Full Address] 7602 Ridge Rd. Seminole FL 33772
- My date of birth is [Your Date of Birth] 08/12/1956.

2. Statement of Facts:

- On [Date You Received the Ballot] 06/23/24, I received a vote-by-mail ballot at my residence.
- I did not request a vote-by-mail ballot for the 2024 Primary Election on 06/23/2024.
- I have not authorized anyone to request a vote-by-mail ballot on my behalf on 06/23/2024.
- I have confirmed with that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
- I did not sign a DS-DE 160 Form requesting a Vote-By-Mail Ballot a copy of attached.

3. Conclusion:

- To the best of my knowledge, this vote-by-mail ballot was sent to me without my request or authorization.
- I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on [Date] 8/14/24 at Clearwater, FL [City, State].

[Your Full Name] Robert A. Ferris
[Your Signature] Robt A Ferris

****NOTARY ACKNOWLEDGMENT****

STATE OF FLORIDA

COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 14th day of August, 2024, by [Your Full Name].

Christine Peters

(Signature of Notary Public)

Christine Peters

(Name of Notary, typed, printed, or stamped)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

Personally Known OR Produced Identification

Type of Identification Produced: DL [REDACTED]

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____/____/____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no FL DL or FL ID, then provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing address for ballot: _____ City: _____

(only if different than home address) State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____/____/____
(not required if voter is an absent, uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no DL or ID, then provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Phone number (optional): _____ Email address (optional): _____

- Designee's relationship to the voter:
- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ Date: ____/____/____
The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, CATHI CHAMBERLAIN, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:

10520 SAN FERNANDO BLVD NE; ST. PETERSBURG, FL 33702

2. On 7-18-2024, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)

3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.

4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.

5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.

6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot.
Ex. A.

7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.

8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on AUGUST, 17, 2024.

Cathi Chamberlain
Signature

CATHI CHAMBERLAIN
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 17th
day of August, 2024, by Cathi Chamberlain.



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

Christine Peters
(Signature of Notary Public Florida)

Christine Peters
(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

AFFIDAVIT
(Amendment to AFFIDAVIT Signed Aug. 17, 2024)
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Cathi Chamberlain, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is: 10520 San Fernando Boulevard, NE; St. Petersburg, FL 33702.
2. I am adding documents related to my Affidavit signed on August 17, 2024 (ATTACHMENT A)
3. "5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election." (ATTACHMENT B and C)
4. "6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot." (ATTACHMENTS B and D)
5. The Pinellas Supervisor of Elections (SOE) and I both agree I did not request a Vote by Mail Ballot on June 23, 2024, yet when I researched my name on the SOE Website, a side portal seemingly shows that I did. (ATTACHMENTS B and E).
6. I am concerned about the integrity of my voter registration information even more at this point than I was when I submitted my previous affidavit signed on August 17th, 2024 (Attachment A) and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on 27th of August, 2024.



Signature

Cathi Chamberlain

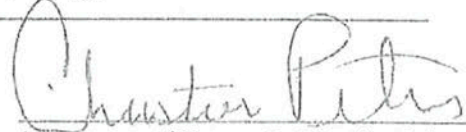
Full Name

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 27th day of August, 2024, by Cathi Chamberlain. Type of Identification Produced: personally known



CHRISTINE PETERS
Commission # HH 486653
Expires February 25, 2028



(Signature of Notary Public Florida)

Commissioned Name of Notary Public

ATTACHMENT A

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, CAROL CHAMBERLAIN am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:

10520 SAN FERNANDO BLVD NW, #1000, PALM HARBOR, FL 34782

2. On 7-15-2024, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence (Date Received the Vote By Mail Ballot)

3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024 which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.

4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.

5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.

6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.

7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.

8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August 17, 2024.

Cathi Chamberlain
Signature

CATHI CHAMBERLAIN
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 17th
day of August, 2024, by Cathi Chamberlain



CHRISTINE PETERS
Commission # 001490853
Expires February 28, 2028

Christine Peters
(Signature of Notary Public Florida)

Christine Peters
(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

ATTACHMENT B

FW: public records request

Chase, Dustin <dchase@votepinellas.gov>

Thu 8/15/2024 11:59 AM

To: Rules for Deplorables <cathi@rulesfordeplorablesbook.com>

Cc: Chase, Dustin <dchase@votepinellas.gov>; Smith, Matt <masmith@votepinellas.gov>; McKnight-Taylor, Ashley <ataylor@votepinellas.gov>

Dear Cathi,

It was nice to talk to you today.

The information you've requested is confidential and exempt from disclosure under Florida law ([see Section 101.62\(2\), Florida Statutes](#)). Granted, there is an exception for the voter themselves. Typically, we require the voter to visit our office and present identification to obtain this information. In your case, we are making an exception because we know you, you confirmed with us you sent the email and you verified the last four of your social security number with me.

You mentioned you believe you requested your mail ballot on June 23, 2024. Our records indicate you actually requested it last year on May 19, 2023, at 4:41 p.m. This aligns with the fact that we sent you a mail ballot for the Presidential Preference Primary, which was not returned as undeliverable or voted. Our records also show you voted in person at your polling place on March 19.

Regarding the DS-DE 160 form, The Florida Division of Elections did not finalize the form until nearly a year after you submitted your request. The law does not require all voters requesting mail ballots to file a DS-DE 160: only voters requesting a mail ballot in writing. Since you requested your mail ballot online using your driver license number, there is no DS-DE 160 on file for you. Thereby, we have no records responsive to your request.

We hope that you will help to clarify this process and dispel any misinformation.

Sincerely,

Dustin Chase, Deputy Supervisor of Elections
Representing Julie Marcus, Pinellas County Supervisor of Elections
13001 Starkey Rd., Largo, FL 33773
Phone: (727) 464-4988
Fax: (727) 464-6239
dchase@votepinellas.gov
Follow us [@VotePinellas](#)
Like us on [Facebook](#)

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing. -- F.S. 668.6076

Conforme a la legislación de Florida, las direcciones de correo electrónico son registros públicos. Si no desea que su correo electrónico se divulgue como respuesta a una solicitud de registros públicos, no envíe un correo electrónico a esta entidad. En su lugar, póngase en contacto con esta oficina por teléfono o por escrito. -- F.S. 668.6076

From: Rules for Deplorables <cathi@rulesfordeplorablesbook.com>

Sent: Tuesday, August 13, 2024 7:34 PM

To: Mail, Election <election@votepinellas.gov>; Chase, Dustin <dchase@votepinellas.gov>; Marcus, Julie <jmarcus@votepinellas.gov>

Subject: public records request

Amendment C

Form Name: View Web Absentee Request
Captured: 8/26/2024 8:48:51

View Web Absentee Request

Print Console Voters Help Exit

Print 107682957 CATHI CHAMBERLAIN 10326 SAN FERNANDO BLVD NE
Mailing Address 1 Mailing Address 2 City State Zip Country

Voter Classification: Citizen, Domestic
Email Address: cathichamberlain0022@gmail.com
Phone Number: 7273207746 Submitted Date: May 19/2023
DIN: [REDACTED] Last4SSN: [REDACTED]

Absentee Ballot Address

Line 1
Line 2
Line 3
City
State Zip
Country
Fax

Requester Information

First Name
Last Name
Address
Relationship
DIN
Last4SSN

Voter provided UOCAVA Address Remarks

Requested Delivery: Mail

VR Systems Voter Focus

AMENDMENT D

Statewide Vote-By-Mail Ballot Request Form

(S. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ **Voter's Date of Birth:** ____/____/____

Voter's Florida driver license (FL DL) or Florida Identification (FL ID) card number:

If no FL DL or FL ID, then provide last 4 digits of Social Security Number: _____

Voter's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Voter's mailing address for ballot: _____ **City:** _____

(only if different than home address) **State:** _____ **Zip code:** _____ **Country, if outside US:** _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ **Date:** ____/____/____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Designee's driver license or identification card number:

If no DL or ID, then provide last 4 digits of Social Security Number: _____

Phone number (optional): _____ Email address (optional): _____

- Designee's relationship to the voter:**
- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ **Date:** ____/____/____
The voter directly instructed me to make this request for them.

AMENDMENT E

Complete the form to:

- Check the status of your mail ballot
- View where to vote on Election Day
- View sample ballots
- See upcoming elections
- Review/update your voter registration information
- Review your voting activity for the past 12 months

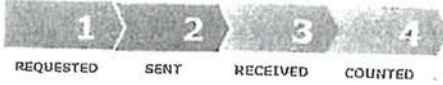
2024 Primary Election

Voter Status: You are scheduled to receive a mail ballot for this election.

[View Sample Ballot](#)

Your Mail Ballot Information

Ballot 1 Status



Ballot 1 Requested by Voter

Date Requested: Sunday, June 23, 2024

Ballot Destination:

10520 SAN FERRIANDO BLVD NE
ST PETERSBURG, FL 33702

Important Dates

Election Day: Tuesday, August 20, 2024

Registration Closes: Monday, July 22, 2024

Early Voting Begins: Saturday, August 16, 2024

Early Voting Ends: Sunday, August 18, 2024

Election Day Polling Location:

Epiphany Ukrainian Catholic Church
131 9th Ave N
St Petersburg, FL 33702

[View Early Voting Locations](#)

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF PINELLAS

I, [Your Full Name] Robert A. Ferri, being duly sworn, depose and say:

1. Personal Information:

- I am a resident of Pinellas County, Florida.
- My current address is [Your Full Address] 7602 Ridge Rd. Seminole FL 33772
- My date of birth is [Your Date of Birth] 08/12/1956.

2. Statement of Facts:

- On [Date You Received the Ballot] 06/23/24, I received a vote-by-mail ballot at my residence.
- I did not request a vote-by-mail ballot for the 2024 Primary Election on 06/23/2024.
- I have not authorized anyone to request a vote-by-mail ballot on my behalf on 06/23/2024.
- I have confirmed with that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
- I did not sign a DS-DE 160 Form requesting a Vote-By-Mail Ballot a copy of attached.

3. Conclusion:

- To the best of my knowledge, this vote-by-mail ballot was sent to me without my request or authorization.
- I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on [Date] 8/14/24 at Clearwater, FL [City, State].

[Your Full Name] Robert A. Ferris
[Your Signature] Robt A Ferris

****NOTARY ACKNOWLEDGMENT****

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 14th day of August, 2024, by [Your Full Name].

Christine Peters

(Signature of Notary Public)

Christine Peters

(Name of Notary, typed, printed, or stamped)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

Personally Known OR Produced Identification

Type of Identification Produced: DL [REDACTED]

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____/____/____

Voter's Florida driver license (FL DL) or Florida Identification (FL ID) card number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing address for ballot: _____ City: _____

(only if different than home address) State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____/____/____
(not required if voter is an absent, uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ Date: ____/____/____
The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Robin Devine, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:

12760 Indian Rocks Rd Out 571 Largo FL 33774

2. On approx 8/10/24, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)

3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.

4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.

5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.

6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.

7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.

8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August 14, _____, 2024.

Robin L. Devine

Signature

Robin L. Devine

Full Name

STATE OF FLORIDA
COUNTY OF Pineellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 14th
day of August, 2024, by Robin L. Devine.

Christine Peters

(Signature of Notary Public Florida)

Christine Peters

(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

D 

Type of Identification Produced

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Valerie Schoeman, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
2533 Skipper Trl, Clearwater, FL 33761
2. On or about July 16th, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot.
Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August, 26th, 2024.

Schoeman

Signature

Valerie Ann Schoeman

Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 26th
day of August, 2024, by Valerie Ann Schoeman.

Christine Peters

(Signature of Notary Public Florida)

(Print, Type, or Stamp Commissioned
Name of Notary Public)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2026

Personally Known OR
Produced Identification

FL-D L-



Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Nikki Schoeman, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
2533 Skipper Trl, Clearwater, FL 33761
2. On or about July 16th, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot.
Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August, 26th, 2024.

Nikki Schoeman

Signature

Nikki Schoeman

Full Name

STATE OF FLORIDA
COUNTY OF Pineellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 26th
day of August, 2024, by Nikki Schoeman.

Christine Peters

(Signature of Notary Public Florida)

(Print, Type, or Stamp Commissioned
Name of Notary Public)



CHRISTINE PETERS
Commission #HH 496653
Expires February 26, 2028

Personally Known OR
Produced Identification

FL DL



Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(S. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ **Voter's Date of Birth:** ____/____/____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number: _____

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no FL DL or FL ID, then provide _____

last 4 digits of Social Security Number: _____

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Voter's Home Address: _____
City: _____ **State:** _____ **Zip code:** _____

Voter's mailing address for ballot: _____
State: _____ **Zip code:** _____ **City:** _____

(only if different than home address) **Country, if outside US:** _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ **Date:** ____/____/____

(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____
Designee's Home Address: _____
City: _____ **State:** _____ **Zip code:** _____

Designee's driver license or identification card number: _____

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no DL or ID, then provide _____

last 4 digits of Social Security Number: _____

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

| | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ **Date:** ____/____/____

The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Vernon C. Verigan, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
10630 - 95 ST. N., SEMINOLE, FL 33777
2. On OR ABOUT 7-14-24, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot.
Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on AUGUST, 26, 2024.

[Handwritten Signature]
Signature

VERNON CLARE VERIGAN
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 26th
day of August, 2024, by Vernon Verigan.

[Handwritten Signature]
(Signature of Notary Public Florida)

(Print, Type, or Stamp Commissioned
Name of Notary Public)



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

Personally Known OR
Produced Identification

FL-DL [Redacted]
Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing
address for ballot:

(only if different than
home address)

State: _____ Zip code: _____ City: _____
Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ Date: ____ / ____ / ____
The voter directly instructed me to make this request for them.

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

I, Nancy Verigan, am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
10630-95th St. N. Seminole, FL 33777.
2. On or about July 16th, I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on July, 26, 2024.

Nancy Ann Verigan
Signature


Nancy Ann Verigan
Full Name

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 26th
day of August, 2024, by Nancy Ann Verigan.

Christine Peters
(Signature of Notary Public Florida)

(Print, Type, or Stamp Commissioned
Name of Notary Public)

 CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2026

Personally Known OR
Produced Identification

FL-DL [REDACTED]
Type of Identification Produced

EXHIBIT 1

DS-DE 160 (eff. 04/17/2024)

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ Voter's Date of Birth: ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Voter's Home Address: _____

City: _____ State: _____ Zip code: _____

Voter's mailing
address for ballot:

(only if different than
home address)

City: _____
State: _____ Zip code: _____ Country, if outside US: _____

Please update my residential address and/or my mailing address in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ State: _____ Zip code: _____

Designee's driver license or identification card number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- Spouse
- Parent
- Child

- Grandparent
- Grandchild
- Sibling

- Parent of voter's spouse
- Child of voter's spouse
- Grandparent of voter's spouse
- Grandchild of voter's spouse

- Sibling of voter's spouse
- Voter's legal guardian
- Designee for a voter with a disability

Designee's Signature: _____ Date: ____ / ____ / ____
The voter directly instructed me to make this request for them.

24-3717C I

AFFIDAVIT
STATE OF FLORIDA
COUNTY OF PINELLAS

KEN BURNS
CLERK OF CIRCUIT COURT

2024 AUG 20 PM 2:34

FILED
ST. PETERSBURG BRANCH

I, JAMES M. BROWN JR., am over the age of 18 and do swear the following:

1. I am a resident of Pinellas County, Florida. My current address is:
100 BLUFF VIEW DR. APT 211A BELLEAIR BLUFFS FL 33770
2. On ~~OR ABOUT~~ July 16, ²⁰²⁴ I received a vote-by-mail ballot for the primary election on August 20th, 2024 at my residence. (Date Received the Vote By Mail Ballot)
3. I did not request a vote-by-mail ballot for the 2024 Primary Election on June 23, 2024, which is the date Pinellas County Supervisor of Elections is showing that I requested my vote by mail ballot.
4. I have not authorized anyone to request a vote-by-mail ballot on my behalf.
5. I have confirmed with the Supervisor of Elections that my name was included in the list of voters who were sent vote-by-mail ballots for the 2024 Primary Election.
6. I did not sign or file a DS-DE 160 Form requesting a Vote-By-Mail Ballot. Ex. A.
7. Upon information and belief and to the best of my knowledge, this vote-by-mail ballot was sent to me unlawfully, and without my request or authorization.
8. I am concerned about the integrity of my voter registration information and request that this matter be investigated to prevent any potential voter fraud or errors, and I file this affidavit in good-faith with no other intention.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on August, 19, 2024.

JAMES M. BROWN JR
Signature

JAMES M. BROWN JR
Full Name

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 19th
day of August, 2024, by James M. Brown Jr.



CHRISTINE PETERS
Commission # HH 496653
Expires February 26, 2028

Christine Peters
(Signature of Notary Public Florida)

Christine Peters
(Print, Type, or Stamp Commissioned
Name of Notary Public)

Personally Known OR
Produced Identification

Type of Identification Produced

CC0114
S. Davis
9-23-22

PINELLAS COUNTY SUPERVISOR OF ELECTIONS
MAIL BALLOT REQUEST FORM
[F.S. 101.62(1)(b)]

TROXBURGH
CC0124
09-22-2022

BALLOTS ARE NOT FORWARDABLE **RECEIVED**

DATE 09-22-2022 DATE OF BIRTH (Required by Law) 2022 SEP 27 2AM 10:50 [REDACTED] ✓

VOTER'S NAME Brown James / VOTER ID # 1303287419 /

VOTER'S FL DL/FL ID# or SS# (last 4) [REDACTED] / PHONE # [REDACTED]

LEGAL RESIDENCE (Voting Residence/Home of Record)

added # 211A /

RESIDENCE ADDRESS CHANGE NO CHANGE

MAIL TO (if different from residence)

222 HILLTOP RD
TUMBLING SHOALS AR 72581

PERM MAILING TEMP ADDRESS OUT-OF-COUNTY PHONE #: _____

IF TEMPORARY, MAILING ADDRESS FOR BALLOTS IS VALID FROM: 09 / 22 / 22 TO _____

EMAIL ADDRESS FOR SAMPLE BALLOTS FOR EMAIL BALLOTS (absent military and overseas voters only)
JIM.BROWN.CGR @ [REDACTED]

VOTER'S SIGNATURE James Brown Jr ✓ /

BALLOT(S) REQUESTED FOR:

Replacement

ALL Elections OR

Nov 8 2022 Election(s)

Check if:

Military Active (or spouse/dependent)

Overseas

Deliver Ballots by:

Mail Email Fax

REQUESTER INFORMATION

(COMPLETE SECTION ONLY IF REQUESTER IS SOMEONE OTHER THAN VOTER)

REQUESTER'S NAME Self PHONE # _____

REQUESTER'S ADDRESS _____

REQUESTER'S FL DL/FL ID# or SS# (last 4) _____ (Required by Law)

RELATIONSHIP TO VOTER _____ MUST BE A SPOUSE, PARENT, CHILD, GRANDPARENT, GRANDCHILD, SIBLING, IN-LAW, OR LEGAL GUARDIAN

REQUESTER'S SIGNATURE _____

FORWARD MAIL BALLOT REQUESTS TO:

Supervisor of Elections, 13001 Starkey Rd, Largo, FL 33773

Phone: 727-464-VOTE (8683) Fax: 727-464-7836 Email: MailBallot@VotePinellas.com

CHECK YOUR MAIL BALLOT STATUS AT: VotePinellas.com

Official Use Only

Staff Initials: JM TR Request Received by: Telephone In Person Fax Mail