

*Received
8/23/08
S. Dickey*

Mark P. Montoya
Bureau of Elections Coordinator
One Civic Plaza, NW-6th Floor
Albuquerque, New Mexico 87102

Dear Sir:

Please find attached a copy of a New Mexico voter registration card. I have not been a resident of New Mexico for 9+ Years. I am a Arizona resident currently living in Tucson AZ . The address on the card is my parents. The name is same as mine and the date of birth is the same a mine, but the identification number (SSN) in not my Social Security Number. I do believe the card to be fraudulent. I am currently a registered voter in Arizona and do not wish to be registered as voter in New Mexico.

If you should have an questions please don't hesitate to contact me.

Thanks you for your help

James G Dickey

James G Dickey

1282 w feather Grass
Tucson AZ 85737
520-219-4392
Greg.Dickey@Per-se.com



PERSONAL INFORMATION									
1	NAME Last	First	Middle Name or Initial	Gender	DOB	SSN			
	Dickey	James	G	M	[redacted]/58	[redacted]			
ADDRESS WHERE YOU LIVE NOW									
2	Street Address	Apartment, Unit, or Lot #	City	State	Zip				
	304 Calle Amor		Albuquerque	NM	87123				
ADDRESS WHERE YOU GET YOUR MAIL									
3	Address	City	State	Zip					
	Same				WALKED				
4	If you are changing your name on this application, under what full name were you previously registered?					Last Name - First Name - Middle Name or Initial			
POLITICAL PARTY									
5	NOTE: You must name a major political party to vote in primary elections.	Party	If you choose NO PARTY, check this box:	DAYTIME TELEPHONE NUMBER (optional)	ROLL WORKER				
			<input checked="" type="checkbox"/>	62	Would you like to serve as an election day precinct worker?	<input checked="" type="checkbox"/> YES			
7	I hereby authorize you to cancel my previous registration in the following county and state.		City or Township	County	State				
Please answer the following questions:									
1	Are you a citizen of the United States?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No						
	Will you be 18 years of age on or before election day?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No						
	Are you a resident of New Mexico?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No						
If you checked "NO" to any of the questions above, do not complete this form.									
ATTESTATION OF QUALIFICATION									
I swear/affirm that I am a citizen of the United States and a resident of the state of New Mexico; that I have not been denied the right to vote by a court of law by reason of mental incapacity; that I am, or will be at the time of the next election, 18 years of age; and, if I have been convicted of a felony, I have completed all conditions of probation or parole, served the entirety of a sentence or have been granted a pardon by the governor. I further swear/affirm that I am authorizing cancellation of any prior registration to vote in the jurisdiction of my prior residence.									
SIGN YOUR FULL NAME OR MARK ON THE RED LINE BELOW:									
<i>James Dickey</i>									
AREAS FOR OFFICIAL USE ONLY									
	I.D.	PCT.	MUN.	PRC DIST.	REP. DIST.	SEN. DIST.	SCHOOL	C.C.	
									6/10/08

3718723

DATE: 05 / 29 / 04

NEW 06/23/04 M

PCT: 289

DICKEY JAMES G
804 CALLE AMOR SE
ALBUQUERQUE NM 87123

AREAS FOR OFFICIAL USE ONLY

I.D.	PCT.	MUN.	PRC DIST.	REP. DIST.	SEN. DIST.	SCHOOL	C.C.
							6/10/08

1958

A DTS

Clerk



MARY HERRERA
BERNALILLO COUNTY CLERK
 1 ONE CIVIC PLZ NW RM 8007
 ALBUQUERQUE, NEW MEXICO 87102-2167

LOOK AT CLERK WEB PAGE HTTP://WWW.BERNCO.GOV
 OR NEWSPAPER BEFORE ELECTION FOR POLLING LOC
 CALL 768-4085 IF YOU HAVE ANY QUESTIONS

PLEASE SIGN AND KEEP THIS
 CARD IN YOUR POSSESSION,
 YOU MAY BE REQUIRED TO
 PRODUCE IT AS PROOF OF
 YOUR REGISTRATION ON
 ELECTION DAY.

FAVOR DE FIRMAR Y
 MANTENER ESTA TARJETA,
 DEBE PRODUCIR ESTA
 TARJETA COMO APUERBA
 DE SU REGISTRACION EN
 EL DIA DE LA ELECCION.

MR JAMES G DICKEY
804 CALLE AMDR SE
ALBUQUERQUE NM 87123

James G Dickey
 STATE OF NEW MEXICO • BERNALILLO COUNTY
 COUNTY CLERK
 ESTADO DE NUEVO MEXICO • CONDADO DE BERNALILLO
 VOTER NAME AND ADDRESS
 NOMBRE Y DIRECCION DE VOTANTE

SIGNATURE OF REGISTERED VOTER
 FIRMA DE VOTANTE REGISTRADO

DATE
 FECHA
06/23/2004

FOLD HERE
 DOBLAR AQUÍ

THIS IS YOUR VOTER INFORMATION CARD. IT CONTAINS THE INFORMATION YOU
 NEED TO BE SURE THAT YOU VOTE IN THE CORRECT PRECINCT AND AT THE
 CORRECT POLLING PLACE. PLEASE SIGN THIS CARD. DETACH IT FROM THE
 FORM AND RETAIN IT FOR YOUR INFORMATION.

ESTA ES LA TARJETA DE INFORMACION PARA EL VOTANTE. CONTIENE LA
 INFORMACION QUE USTED NECESITA PARA ASEGURAR QUE USTED VOTE EN EL
 RECINTO Y URNA CORRECTO. FAVOR DE FIRMAR. SEPARA ESTA TARJETA A
 MANTENGA LA PARA SU INFORMACION.

IDENTIFICATION NO. NUM. DE IDENTIFICACION	DATE OF BIRTH FECHA DE NACIMIENTO	GENDER GENERO
US STATE ESTADO	CITY COUNCIL DISTRICT DISTR. DE CONCELLO DE LA CIUDAD	BOARD OF EDUCATION DISTRICT DISTRITO DE JUNTA DE EDUCACION
COUNTY COMMISSION DISTRICT DISTR. DE COMISION DEL CONDADO	PARTY PARTIDO	AMARCA DISTRICT DISTRITO DE AMARCA
PRECINCT RECINTO	DTS	05
TVI: 02	APR: 06	
289		
POLLING PLACE FOR PRIMARY AND GENERAL ELECTION URNA DE VOTACION EN ELECCION PRIMARIA Y GENERAL		
FOR POLL LOCATION SEE SUNDAY PAPER PRIOR TO ELECTION DATE		

DETACH AT PERFORATION
 SEPARAR EN PERFORACION