

PAL 127363273 Trump, Donald J

1100 S Ocean Blvd Palm Beach 33400

Florida Voter Registration Application
 Part 2 - Form (DS-DE 638, R18-2.040, F.A.C. (vfl. 7/2019))
 Form available online at FormsandApplications/Forms/registerforvoterflorida.gov

This is: New Registration Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) Request to Replace Voter Information Card

1 Are you a citizen of the United States of America? YES NO

2 I affirm I have never been convicted of a felony.
 If I have been convicted of a felony, I affirm my voting rights have been restored by the Board of Executive Clemency.
 If I have been convicted of a felony, I affirm my voting rights have been restored pursuant to s. 4, Art. VI of the State Constitution upon the completion of all terms of my sentence, including parole or probation.

3 I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

4 Date of Birth (MM-DD-YYYY) 06 - 14 - 1946

5 Florida Driver License (FL DL) or Florida Identification (FL ID) Card Number
 If no FL DL or FL ID, then provide: **redacted** I have NONE of these numbers.

6 Last Name: Trump, First Name: Donald, Middle Name: John, Name Suffix: (Jr., Sr., I, II, etc.):

7 Address Where You Live (legal residence-no P.O. Box): 1600 Pennsylvania Ave NW, Apt/Lot/Unit: Washington, City: Washington, County: Washington, Zip Code: 20500

8 Mailing Address (if different from above address): Mar-A-Lago, c/o Sean McCabe, 1100 S. Ocean Blvd, Apt/Lot/Unit: Palm Beach, City: Palm Beach, State or Country: Florida, Zip Code: 33480

9 Address Where You Were Last Registered to Vote: 721 5th Avenue, Apt/Lot/Unit: New York, City: New York, State: New York, Zip Code: 10022

10 Former Name (if name is changed):, Gender: M F, State or Country of Birth: New York, Telephone No. (optional):

11 Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:

Party Affiliation (Check only one. If left blank, you will be registered without party affiliation):
 Florida Democratic Party
 Republican Party of Florida
 No party affiliation
 Minor party (print party name):

Race/Ethnicity (Check only one):
 American Indian/Alaskan Native
 Asian/Pacific Islander
 Black, not of Hispanic Origin
 Hispanic
 White, not of Hispanic Origin
 Multi-racial
 Other:

(Check only one if applicable):
 I am an active duty Uniformed Services or Merchant Marine member
 I am a spouse or a dependent of an active duty uniformed services or merchant marine member
 I am a U.S. citizen residing outside the U.S. A state

I will need assistance with voting.
 I am interested in becoming a poll worker.


12 Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

redacted
 per F.S. 97.0585
 Date: 9/27/19

Date image scanned: 11/04/2019

Scan Date = 11/04/2019

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 Florida Voter Registration Application Part 2 - Form 423-DE (30, R13-2-046, F.A.C. (e)6, 17289)		Form available online at www.fl.gov or www.elections.fl.gov registermyvote.fl.gov	
This is: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) <input type="checkbox"/> Request to Replace Voter Information Card			
1 Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICIAL USE ONLY SUPERVISOR OF ELECTIONS 1000 N. W. 10th St. Palm Beach County, FL 33480	
2 <input checked="" type="checkbox"/> I affirm I have never been convicted of a felony. <input type="checkbox"/> If I have been convicted of a felony, I affirm my voting rights have been restored by the Board of Executive Clemency. <input type="checkbox"/> If I have been convicted of a felony, I affirm my voting rights have been restored pursuant to s. 4, Art. VI of the State Constitution upon the completion of all terms of my sentence, including parole or probation.			
3 <input checked="" type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.			
4 Date of Birth (MM-DD-YYYY) 0 8 - 1 4 - 1 9 4 6		FVRS No:	
5 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: redacted	
6 Last Name: Trump First Name: Donald Middle Name: John Name Suffix: (Mr., Sr., I, II, etc.):		I have NONE of these numbers.	
7 Address Where You Live (legal residence-no P.O. Box) Mar-A-Lago, 1100 S. Ocean Blvd		Apt/Lot/Unit: City: Palm Beach County: Palm Beach County Zip Code: 33480	
8 Mailing Address (if different from above address)		Apt/Lot/Unit: City: State or Country: Zip Code:	
9 Address Where You Were Last Registered to Vote 721 Fifth Avenue		Apt/Lot/Unit: City: New York State: New York Zip Code: 10022	
10 Former Name (if name is changed)		Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F State or Country of Birth: New York Telephone No. (optional):	
11 <input type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:			
Party Affiliation (Check only one. If left blank, you will be registered without party affiliation)		Race/Ethnicity (Check only one)	
<input type="checkbox"/> Florida Democratic Party <input checked="" type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No party affiliation <input type="checkbox"/> Minor party (print party name):		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other:	
		(Check only one if applicable)	
		<input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member <input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member <input type="checkbox"/> I am a U.S. citizen residing outside the U.S.	
		<input type="checkbox"/> I will need assistance with voting. <input type="checkbox"/> I am interested in becoming a poll worker.	
12 Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		Date: 10/28/17	

redacted
per F.S. 97.0585