




HAMILTON COUNTY BOARD OF COUNTY COMMISSIONERS PUBLIC RECORD REQUEST FORM

Help us to serve you responsibly & respectfully...

Instructions: To help us fill your request, please complete the top portion of this form. The first ten pages are free and all pages thereafter are \$.05 per page (two-sided pages are counted as one page). You may make payment in cash or a check written to "Hamilton County Treasurer."

Information Requested: Voter registration and voter participation history of Gabriel Aaron Davis (DOB 2/82), who has lived at the following addresses: 5926 Lester Road, Cincinnati, OH 45213 and 8540 Hallridge Ct., Cincinnati, OH 35231	
Name: Allan Blutstein	Company/Organization: America Rising Corp.
Street Address: 1500 Wilson Blvd., 5th Fl.	
City/ State/ Zip: Arlington, VA 22209	Phone #: (703) 672-3776
Email: ablutstein@americarisingllc.com	Fax #:
Signature: 	Date: 10-4-19
FOR OFFICE USE ONLY	
Public Records Released? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If released, was any information redacted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, list what type of information was redacted and the ORC code granting legal authority for the redaction:	
Voter SSN/OH.I.D.	
If NOT released, please check the reason below:	
<input type="checkbox"/> Record is not kept in this office	
<input type="checkbox"/> Record has met retention period and has been disposed of	
<input type="checkbox"/> Record is exempt from disclosure per ORC Section: _____	
<input type="checkbox"/> Record does not exist (or does not exist in format requested)	
Was assistance provided to help with the specifics of the request? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, please explain:	
Was a copy of the Policy and/or Retention Schedule given to the Requestor? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
In what format were the records provided? <input type="checkbox"/> Paper <input type="checkbox"/> Disk/CD <input checked="" type="checkbox"/> Electronic	
By what method of delivery? <input type="checkbox"/> In-Person <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email	
Employee Filling Request: <u>Chad A. Eckert III</u>	Date: <u>10/7/19</u>

Online Voter Registration Information

Field	Value
Confirmation #	23118100700018985
Batch Id	20181007
Date Received	10/07/2018
Handled Date	10/08/2018
Src Code	ONLINE
Resolved	Y
How Resolved	Updated
Reason	
Voter ID	01978120
Name	DAVIS, GABRIEL AARON
First Name	GABRIEL
Middle Name	AARON
Last Name	DAVIS
Address1	5962 LESTER RD
City, State, Zip	CINCINNATI OH 45213
SSN	
Birthdate	02/10/1985
DL#	
RegDate	
Phone	513-652-5640
Email Addr	GABRIEL.AARON.DAVIS@GMAIL.COM

The Signature was not imported.

Display Linked Voter Record

Exit

RE3167 07/16/18 005

3150

1. Are you a U.S. citizen? Yes No
2. Will you be at least 18 years of age on or before the next general election? Yes No
If you answered NO to either of the questions, do not complete this form.

3. Last Name: DAVIS First Name: GABRIEL Middle Name or Initial: AARON Jr., II, etc.

4. House Number and Street (Enter new address if changed): 913 LAKESHORE DR Apt or Lot #: 5. City or Post Office: CINCINNATI 6. Zip Code: 45231-2570

7. Additional Rural or Mailing Address (if necessary): County where you live: HAMILTON

8. Birthdate (MO-DAY-YR): 2/10/1985 10. Ohio driver's license No. OR last 4 digits of Social Security No. (required): 11. Phone No. (voluntary):

12. PREVIOUS ADDRESS IF UPDATING: City, Village, Twp.

Previous House Number and Street: Precinct:

Previous City or Post Office: County: State:

13. CHANGE OF NAME ONLY: Former Legal Name: Former Signature:

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and I will be at least 18 years of age at the time of the general election.

14. Your Signature: 

Date: 07 / 07 / 2018
MO DAY YR

FOR BOARD
USE ONLY
SEC4010 (Rev.8/08)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

10-07-2019
09:05:10

HAMILTON COUNTY ELECTION ADMINISTRATOR
VOTING HISTORY REPORT

PAGE 1

GABRIEL AARON DAVIS

Registered Address : 5962 LESTER RD
CINCINNATI OH 45213

Voter-ID: 01978120 Registered: 07-07-2018
Status: Active Total Items: 1

181106 A non 1407 11/06/2018 GENERAL_NOV_2018

State of OHIO
HAMILTON COUNTY

I, HAMILTON COUNTY, ELECTION ADMINISTRATOR, hereby certify
the foregoing to be a true and correct copy of the voting record
of GABRIEL AARON DAVIS as it appears on record in my office.

Witness my hand and seal on October 7, 2019.

HAMILTON COUNTY
ELECTION ADMINISTRATOR

By: Charles A. Eckert III
Deputy

181106 003207 095 12/07/18



Early Voting

97895

1407 CINCINNATI 14-G
97895 1106 01978120 N1407-0
GABRIEL AARON DAVIS
5962 LESTER RD
CINCINNATI OH 45213

I am a registered voter in Hamilton County and want to vote in the General Election to be held on Tuesday, November 6, 2018.

You Must Provide Your Birth Date: month 02 / day 10 / year 85 and one of the following:

The last four digits of your social security number

OR

Your Ohio driver's license number (2 letters & 6 numbers)

OR

Copy of current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a voter registration notification mailed by a board of elections) that shows your name and current address.

I hereby declare, under penalty of election falsification, I am a qualified voter and the statements above are true to the best of my knowledge and belief. I understand that if I do not provide the requested information, my application cannot be processed.

Voter Signature X [Signature] Date Signed 11/4/18



IDENTIFICATION ENVELOPE - STATEMENT OF VOTER

I declare under penalty of election falsification that the within ballot or ballots contained no voting marks of any kind when I received them, and that I caused the ballot or ballots to be marked, enclosed in the identification envelope, and sealed in the envelope.

You must provide your birth date: mo 02 /day 10 /year 85

AND you must provide ONE of the following:

- Your Ohio driver license number

--	--	--	--	--	--

 OR
- The last four digits of your social security number

--	--	--	--

 OR

(begins with two letters followed by six numbers)

- In lieu of providing either of the above numbers, I am enclosing a COPY of one of the following in the return (outside) envelope in which this identification envelope will be mailed: a current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck or other government document (other than a notice of voter registration mailed by a board of elections) that shows my name and current address.

Election at which I am voting:

- 1. General Election: year _____
- 2. Special Election: year _____

I am a qualified elector of the state and my name and voting residence in Ohio is below. I hereby declare, under penalty of election falsification, that the statements above are complete and true to the best of my knowledge and belief.

X 

SIGNATURE OF VOTER

11/4/18
DATE SIGNED

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.



1407 CINCINNATI 14-G
11/06/2018 01978120 N1407-0
97895 VOTE IN OFFICE
GABRIEL AARON DAVIS
5962 LESTER RD
CINCINNATI OH 45213

OHIO VOTER REGISTRATION CANCELTATION AUTHORIZATION (R.C. 3503.33)

I hereby authorize the cancelation of my voter registration in the State of Ohio, my last registration address therein being:

100588-067

NAME: Gabriel Davis 01545061

FORMER OHIO ADDRESS: 8540 Hallidge Court
Cincinnati, OH 45231

DATE OF BIRTH: 02/10/1985 (MM/DD/YYYY)

LAST 4 DIGITS OF SSN: _____

SIGNATURE: [Signature]

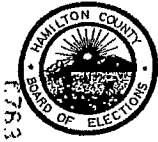
TODAY'S DATE: 8/3/14 (MM/DD/YYYY)

RECEIVED
AUG 07 2014
Secretary of State

CANCELLED

Complete this form and promptly return it to the Ohio Secretary of State's Office attn: Elections Division,
180 East Broad Street, 15th Floor, Columbus, Ohio 43215.

AUG 07 2014
MOVED OUT
OF COUNTY



**BOARD OF ELECTIONS
HAMILTON COUNTY, OHIO**
824 BROADWAY
CINCINNATI, OHIO 45202
TELEPHONE: (513) 632-7000



CONFIRMATION NOTICE

(3501.01(w))

*****AUTO**6-DIGIT 45231
Gabriel Aaron Davis
8540 Hallridge Ct
Cincinnati OH 45231-5715



01545061



The Hamilton County Board of Elections asks that you confirm your current residential address. Please read these instructions carefully. Mail this completed and signed Confirmation Return Notice in the enclosed prepaid envelope.

If you have permanently changed the address where you live to a location within Hamilton County in the past 2 year(s):

- Please complete and return this form no later than March 5, 2010, even if you receive this notice at your correct current address. This change will be recorded in the voter registration list and you will be informed by mail of your correct polling place.
- If this form is not returned, you may be required to vote a provisional ballot on election day.
- If this form is not returned, and you do not vote by the November 6, 2012 General Election, then your name may be removed from the voter registration list.

If you have permanently moved to an address outside Hamilton County within the past 2 year(s):

- Please complete and return this form even if you receive this notice at your correct current address.
- Please note that in order to vote, you will have to register with the Board of Elections or place designated by the Board of Elections in your new location.
- Your voter registration in Hamilton County will be cancelled if your current address is outside of Hamilton County.

If you have not permanently moved to a new address within the past 2 year(s):

- Please complete and return this form no later than March 5, 2010.
- If this form is not returned, you may be required to vote a provisional ballot on election day.
- If this form is not returned and you do not vote by the November 6, 2012 General Election, then your name may be removed from the voter registration list.

CONFIRMATION RETURN NOTICE

DATE OF BIRTH 02/10/1985 TELEPHONE NO. (513) 652-5640

OHIO DRIVER'S LICENSE OR LAST 4 DIGITS OF SOC. SEC. NO. _____

NAME CHANGE (IF ANY) _____

CURRENT ADDRESS (required) 8540 Hallridge Ct

CITY Cincinnati STATE OH ZIP 45231

COUNTY _____

MAILING ADDRESS (optional)
(Provide only if necessary to receive mail service.)

**MUST BE SIGNED
BY VOTER**



[Signature]

3/5/2010
Date



BOARD OF ELECTIONS
HAMILTON COUNTY, OHIO
824 BROADWAY
CINCINNATI, OHIO 45202
TELEPHONE: (513) 632-7000



C681

CONFIRMATION NOTICE
(3501.01(w))

*****AUTO**MIXED AADC 450
Gabriel Aaron Davis
215 Holden Grm Apt B
Cambridge MA 02138-2055



00072009

The Hamilton County Board of Elections asks that you confirm your current residential address. Please read these instructions carefully. Mail this completed and signed Confirmation Return Notice in the enclosed prepaid envelope.

★ **If you have permanently changed the address where you live to a location within Hamilton County in the past 2 year(s):**

- Please complete and return this form no later than August 5, 2009 even if you receive this notice at your correct current address. This change will be recorded in the voter registration list and you will be informed by mail of your correct polling place.
- If this form is not returned, you may be required to vote a provisional ballot on election day.
- If this form is not returned, and you do not vote by the November 6, 2012 General Election, then your name may be removed from the voter registration list.

★ **If you have permanently moved to an address outside Hamilton County within the past 2 year(s):**

- Please complete and return this form even if you receive this notice at your correct current address.
- Please note that in order to vote, you will have to register with the Board of Elections or place designated by the Board of Elections in your new location.
- Your voter registration in Hamilton County will be cancelled if your current address is outside of Hamilton County.

★ **If you have not permanently moved to a new address within the past 2 year(s):**

- Please complete and return this form no later than August 5, 2009.
- If this form is not returned, you may be required to vote a provisional ballot on election day.
- If this form is not returned and you do not vote by the November 6, 2012 General Election, then your name may be removed from the voter registration list.

CONFIRMATION RETURN NOTICE

DATE OF BIRTH 02/10/1985 TELEPHONE NO. (513) 652-5640

OHIO DRIVER'S LICENSE OR LAST 4 DIGITS OF SOC. SEC. NO. _____

NAME CHANGE (IF ANY) _____

CURRENT ADDRESS (required) 8540 Hallidge Court

CITY Cincinnati STATE OH ZIP 45231

COUNTY Hamilton

MAILING ADDRESS (optional) 215 Holden Green Apt B
(Provide only if necessary to receive mail service.) Cambridge, MA 02138

MUST BE SIGNED BY VOTER

→ [Signature] 7/18/09
Date

P033

11292007

12:39

PROVISIONAL BALLOT AFFIRMATION ENVELOPE

ATTENTION PROVISIONAL VOTER

1. You **must** currently be registered in the State of Ohio.
2. You **must** vote in the precinct where you **currently** live.
3. You **must** complete and sign this provisional envelope.
4. You **must** provide a form of identification. (If Ohio drivers license, provide #)

YOUR BALLOT MAY NOT BE COUNTED IF THESE STEPS ARE NOT FOLLOWED

STEP 1 NAME

I, Gabriel A Davis, solemnly
(print name of voter)
swear or affirm that I am a registered voter living in the precinct in which I am voting this provisional ballot and that I am eligible to vote in the election in which I am voting this provisional ballot.

STEP 2 CURRENT ADDRESS

8540 Hallridge Court
Street Address
Cincinnati 45231 Hamilton
City Zip County

Mailing Address if other than above Phone Number

STEP 3 FORMER ADDRESS (If Applicable)

420 Dearview Drive
Street Address
Cincinnati OH Hamilton
City State County Zip
45231

STEP 4 NAME CHANGE (If Applicable)

Former Name

STEP 5 BIRTH DATE

02/10/1985
Month / Day / Year

8702 SPRINGFIELD B		
Office Use Only		
NEW	VC	OLD
<u>8702</u> <u>Springfield</u> <u>B</u>	<u>01545061</u>	<u>8719</u> <u>Springfield</u> <u>S</u>

STEP 6 REASON FOR VOTING PROVISIONAL BALLOT

- Change of address
- My name is not listed in the Signature Poll Book
- Change of name
- Requested, but did not receive absent voter's ballot
- Signature Poll Book say's "Must Vote Provisionally"
- Voter lacks required identification
- Challenged Voter
- Signature does not match signature in Poll Book

STEP 7 FORM OF IDENTIFICATION PROVIDED (YOU MUST CHECK A BOX)

- Ohio Drivers License Number (Provide the 2 letters and 6 Numbers)
- Other valid photo identification (specify) _____
- I cannot or will not provide valid photo identification; the last four digits of my social security number are _____
- Other _____
- None

STEP 8 SIGNATURE

I understand that, if the above-provided information is not fully completed and correct, if the Board of Elections determines that I am not registered to vote, a resident of this precinct, or eligible to vote in this election, or if the Board of Elections determines that I have already voted in this election, my provisional ballot will not be counted. I further understand that knowingly providing false information is a violation of law and subjects me to possible criminal prosecution. I hereby declare, under penalty of election falsification, that the above statements are true and correct to the best of my knowledge and belief. I further declare, if the election is a primary election, by requesting a ballot for the DEMOCRATIC Party, I hereby state that I desire to be affiliated with and support the party.

<input checked="" type="checkbox"/> <u>Gabriel Davis</u>	<u>11/6</u>
SIGNATURE OF VOTER	Date
<input checked="" type="checkbox"/> <u>Subroop Swarna</u>	
WITNESSING ELECTION OFFICIAL	Date
ID PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

THE ELECTION OFFICIAL VERIFICATION STATEMENT MUST BE COMPLETED ON THE BACKSIDE OF THIS ENVELOPE

ARE YOU A U.S. CITIZEN? YES NO **FOR U.S. CITIZENS ONLY**

THIS IS AN APPLICATION FOR A **NEW REGISTRATION** **ADDRESS CHANGE** **NAME CHANGE** 3150

1. Last Name: **DAVIS** First Name: **GABRIEL** Middle Name or Initial: **A** Jr., II, etc.

2. House Number and Street (Enter new address if changed): **420 DEANVIEW DR** Apt. or Lot #: City or Post Office: **CINCINNATI** Zip Code: **45224**

3. Additional Rural or Mailing Address (if necessary): County where you live: **HAMILTON**

7. Birthdate (MO - DAY - YR): **2/10/1985** 8. Birthplace (City and State): 9. Social Security No. (voluntary): 10. Phone No. (voluntary):

11. ADDRESS CHANGE ONLY - PREVIOUS ADDRESS

Previous House Number and Street: Previous City or Post Office: County: State:

12. CHANGE OF NAME ONLY Former Legal Name: Former Signature:

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and I will be at least 18 years of age at the time of the general election. YES NO

13. Signature of Applicant → *Gabriel Davis*

Date: 07 / 21 / 2006
MO DAY YR

FOR BOARD USE ONLY
SEC4010 (Rev. 5/05)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

Information that will remain confidential and will be used only for voter registration purposes: 1) the office where you submit your voter registration application or 2) the fact that you have declined to register. The penalty for election falsification is imprisonment for not more than 6 months, or a fine of \$1,000, or both.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE


Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

2777

10152004

15:02

Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register on or to age 18.)</small>		This space for office use only. <i>Hamilton</i>			
1	(Circle one) <input checked="" type="checkbox"/> Mrs. Miss Ms.	Last Name Davis	First Name Gabriel	Middle Name(s) Aaron	(Circle one) Jr Sr II III IV
2	Home Address 7710 View Place Dr		Apt. or Lot #	City/Town Cincinnati	State OH Zip Code 45224-1448
3	Address Where You Get Your Mail If Different From Above P.O. Box 203116		City/Town New Haven	State CT Zip Code 06520	
4	Date of Birth 2 / 10 / 85 <small>Month Day Year</small>	5	Telephone Number (optional) 513-307-2759	6	
7	Choice of Party <small>(see item 7 in the instructions for your state)</small> Democratic Party	8	Race or Ethnic Group <small>(see item 8 in the instructions for your state)</small>	ID Number - <small>(see item 6 in the instructions for your state)</small>	
9	I have reviewed my state's instructions and I swear/affirm that: <input checked="" type="checkbox"/> I am a United States citizen <input checked="" type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input checked="" type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.			Please sign full name (or put mark)  Date: 9 / 26 / 04 <small>Month Day Year</small>	

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

GABRIEL AARON DAVIS

Registered Address : 8540 HALLRIDGE CT
CINCINNATI OH 45231

Voter-ID: 01545061 Registered: 10-15-2004
Status: Moved out of County/State Total Items: 7

121106 A	non	8702	11/06/2012	GENERAL_NOV_2012
101102 A	non	8702	11/02/2010	GENERAL_NOV_2010
081104 A	non	8702	11/04/2008	GENERAL_NOV_2008
080304 A	DEM	8702	03/04/2008	2008_MARCH_PRIMARY
071106 P	non	8702	11/06/2007	GENERAL_NOVEMBER_2007
061107 A	non	8719	11/07/2006	2006_NOV_GENERAL
041102 P	non	8749	11/02/2004	GENERAL_NOV_2004

State of OHIO
HAMILTON COUNTY

I, HAMILTON COUNTY, ELECTION ADMINISTRATOR, hereby certify the foregoing to be a true and correct copy of the voting record of GABRIEL AARON DAVIS as it appears on record in my office.

Witness my hand and seal on October 7, 2019.

HAMILTON COUNTY
ELECTION ADMINISTRATOR

By: Charles A. Eckert III
Deputy