



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
Harrisburg

STATEMENT OF COMPLAINT – VIOLATIONS OF TITLE III
OF THE HELP AMERICA VOTE ACT OF 2002
(PUBLIC LAW 107-252, 42 U.S.C. § 15301 *ET SEQ.*)

Under section 402(a)(2) of the Help America Vote Act of 2002 (HAVA) (42 U.S.C. § 15512(a)(2)) and section 1206.2(a) of the Pennsylvania Election Code (25 P.S. § 3046.2(a)), any person who believes that a violation of any provision of Title III of HAVA (42 U.S.C. §§ 15481-15501) has occurred, is occurring, or is about to occur, may file a complaint with the Department of State, Bureau of Commissions, Elections and Legislation. Complaints made against a local or county official or employee will be processed and considered by the Department of State under section 1206.2(b) of the Election Code (25 P.S. § 3046.2(b)). Complaints made against the Department of State will be processed and considered by the Commonwealth's Office of General Counsel under section 1206.2(c) of the Election Code (25 P.S. § 3046.2(c)).

In order for the Department of State or the Office of General Counsel to initiate complaint proceedings under section 402(a) of HAVA and section 1206.2 of the Election Code to consider possible violations of Title III of HAVA, a complainant must complete all applicable parts of this complaint form. Complaints should be typewritten or clearly printed in black or blue ink. Please state the facts briefly and clearly, and be sure to submit any documents you have to support your complaint.

YOU MUST SIGN THIS FORM, COMPLETE THE PRESCRIBED AFFIDAVIT BEFORE A LICENSED NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED UNDER PENNSYLVANIA LAW TO ADMINISTER OATHS, AND RETURN THE FORM, *WITH TWO COPIES*, TO THE DEPARTMENT OF STATE, BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION, 210 North Office Building, Harrisburg, PA 17120.

THIS FORM MUST BE SIGNED UNDER OATH, NOTARIZED, AND FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED. TO ASSURE PROMPT PROCESSING OF THE COMPLAINT, PLEASE FILE THE ORIGINAL AND TWO COPIES OF THE COMPLAINT WITH THE BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION

TYPE OF COMPLAINT (PLEASE CHECK ONE):

☐ ALLEGATIONS MADE AGAINST COUNTY OR LOCAL OFFICIAL (S) OR EMPLOYEE (S)

☒ ALLEGATIONS MADE AGAINST THE DEPARTMENT OF STATE

A. COMPLAINT INFORMATION

LAST NAME <i>Your name</i>	FIRST NAME <i>Your name</i>	MIDDLE INITIAL <i>[Redacted]</i>
STREET ADDRESS (Number and Name) <i>Your address</i>		
CITY <i>Your town</i>	COUNTY <i>county</i>	STATE <i>zip</i>
TEL. (Include Area Code) (HOME) <i>Your phone #</i>		(WORK)

B. COMPLAINANT'S ATTORNEY, IF ANY

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS (Number and Name)		
CITY	COUNTY	STATE
TEL. (Include Area Code)		FIRM NAME

C. NAME AND ADDRESS OF WITNESS, IF ANY

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS (Number and Name)		
CITY	COUNTY	STATE
TEL. (Include Area Code)		If needed, is this witness willing to support your complaint by appearing at a hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO

D. NAME AND ADDRESS OF SECOND WITNESS, IF ANY

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS (Number and Name)		
CITY	COUNTY	STATE
TEL. (Include Area Code)		If needed, is this witness willing to support your complaint by appearing at a hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: If additional witnesses are available, list names, addresses, and other pertinent data in a manner similar to above on 8½" x 11" paper.

INFORMATION REGARDING SUBJECT OF COMPLAINT

E. ENTITY INVOLVED (E.G., DEPARTMENT OF STATE, COUNTY BOARD OF ELECTIONS)

LAST NAME BOOCKVAR	FIRST NAME Kathy	MIDDLE INITIAL
STREET ADDRESS (Number and Name) 401 North St. 302 North office Bldg. office of Secy		
CITY HARRISBURG	COUNTY DAUPHIN	STATE PA
TEL. (Include Area Code) 717-787-6458		ZIP CODE 17120
PROPRIETOR		

F. INDIVIDUAL INVOLVED, IF ANY

LAST NAME BOOCKVAR	FIRST NAME KATHY	MIDDLE INITIAL
STREET ADDRESS (Number and Name) 401 North St. 302 North office Bldg. office of Secy		
CITY Harrisburg	COUNTY Dauphin	STATE PA
TEL. (Include Area Code) 717-787-6458		ZIP CODE 17120
LICENSE, REGISTRATION, CERTIFICATION, COMMISSION TYPE AND NUMBER IF KNOWN		

G. DESCRIPTION OF COMPLAINT:

Please describe your complaint in detail below. Please describe the nature and circumstances of the violation(s) of Title III of the Help America Vote Act of 2002 that you allege has occurred, is occurring, or is about to occur. Please provide dates. *Attach copies of documents that are related to your complaint.* If you need more space, please continue on page __ of this form and/or use additional 8 1/2 x 11" sheets of paper if necessary.

In violation of HAVA; Title III; Subtitle A; Section 303; Subsection 3 "Technological Security of Computerized List," Secretary of the Commonwealth of PA Shared Pennsylvania Voter rolls with the group "Rock the Vote". The Rock the Vote website has an area on their website where a person can check Am I Registered To Vote. The Secretary violated the personal privacy of all persons on the voter rolls with Rock the Vote without our permission. Furthermore, the Secretary violated HAVA III.A 303.3 by failing to "provide adequate technological security measures to prevent unauthorized access to the computerized list." Secretary Boockvar not only shared confidential voter rolls with an unauthorized third party Rock the Vote, but she is risking the security and confidentiality of citizen personal identifying information by permitting Rock the Vote employees to access this information; and Rock the Vote is susceptible to hacking and thereby permitting additional criminal hackers access to citizen information.

A. RESOLUTION

How would you like this complaint to be resolved?

Pennsylvania needs to dissolve its partnership with Rock the Vote; and an injunction against Rock the Vote using PA voter rolls information needs to be issued.

If additional space is needed, please attach 8 1/2 x 11" sheets.

B. AFFIDAVIT OF COMPLAINANT

I, print your name, having been duly sworn according to law, state under penalty of perjury that the facts stated in this Complaint are true and correct to the best of my knowledge, information and belief.

Sign here
✗ in the presence of a Notary ✗

Complainant Signature

SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, _____, at
_____, Pennsylvania

Notary Public

My commission expires _____

RETURN COMPLETED FORM,
WITH TWO COPIES, TO:

**Department of State
Bureau of Commissions, Elections and Legislation
210 North Office Building
Harrisburg, PA 17120
(717) 787-5280**



Am I Registered to Vote?

Check Your Voter Registration Status

Fill out the form below and we'll lookup your voter registration status. Remember, you can't vote unless you are registered (<https://register.rockthevote.com/?partner=1&source=wl-verify>). Take a few minutes and verify your registration status today.

First Name *

Last Name *

Gender

Street Address *