

presented as President Obama's long form birth certificate to the American people and to citizens of Maricopa County by the White House on April 27, 2011.

6. The investigation led to a closer examination of the procedures regarding the registration of births at the Hawaii Department of Health and various statements made by Hawaii government officials regarding the Obama birth controversy over the last five years.
7. Upon close examination of the evidence, it is my belief that forgery and fraud was likely committed in key identity documents including President Obama's long-form birth certificate, his Selective Service Registration card, and his Social Security number.
8. My investigators and I believe that President Obama's long-form birth certificate is a computer-generated document, was manufactured electronically, and that it did not originate in a paper format, as claimed by the White House. Most importantly, the "registrar's stamp" in the computer generated document released by the White House and posted on the White House website, may have been imported from another unknown source document. The effect of the stamp not being placed on the document pursuant to state and federal laws means that there is probable cause that the document is a forgery, and therefore, it cannot be used as a verification, legal or otherwise, of the date, place or circumstances of Barack Obama's birth.
9. The Cold Case Posse law enforcement investigation into Barack Obama's birth certificate and his eligibility to be president is on-going. The on-going nature of the investigation is due to additional information that has come to light since we held the press conference in March, 2012. As soon as that information has been properly verified by the Cold Case Posse, I will release that information to the public.

Executed this 12 day of June, 2012, in
Maricopa County, Arizona.



Joseph M. Arpaio, Maricopa County Sheriff

Sworn to and subscribed before me this
12th day of June, 2012.

Lynda Jenise Moreno

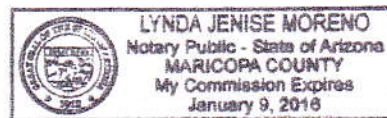


EXHIBIT 19

----- Forwarded message -----
From: **Public Records** <publicrecords@rrcc lacounty gov>
Date: Thu, Aug 30, 2012 at 4:50 PM
Subject: FW: Request Voter Registration Number
To: ~~XXXXXXXXXXXX~~

Good afternoon,
It seems that I mis-spoke (or typed). Please see the response below from a Division Manager in our Election Bureau.

The Federal Voting registration form do not request a birthplace. In my response I stated that if the person indicates that h/she is a US Citizen, then our data entry operator will update the applicant file with the birthplace US. The applicant do not list their birthplace as there is no place on the form for that information. If the person still insist on a copy, it is on our SOS website.

From: Cotton, Kay [mailto:Kay.Cotton@grow.orgov.com]
Sent: Thursday, August 09, 2012 9:11 PM
To: George Collins
Subject: RE: Direct flyers -correct information.

Mr. Collins,

In answer to your question regarding the birth date being out of range, we do consider those individuals as registered voters and they do receive voter information. I understand that many years ago, if there was not a birth date, the system would go back to the year 1900. That is why you see some birth dates out of range.

Kay

EXHIBIT20

STATE OF HAWAII

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

FILE NUMBER 151

61 10637

1a. Child's First Name (Type as given) SUSAN 1b. Middle Name ELIZABETH 1c. Last Name NORDYKE

2. Sex Female 3. This Birth 1st 2nd 4. If Twin or Triplet, 1st 2nd 3rd 5. Month Aug. 6. Day 5 7. Year 1961 8. Hour 2:12 P. M.

9a. Place of Birth: City, Town or Rural Location Honolulu 9b. Island Oahu

10. Name of Hospital or Institution (If not in hospital or institution, give street address) Epiolani Maternity & Gynecological Hospital 11. Is Place of Birth Inside City or Town Limits? Yes No 12. Cause and State or Foreign Country Honolulu, Oahu

13. Local Residence of Mother: City, Town or Rural Location Honolulu 14. Island Oahu 15. Residence Inside City or Town Limits? Yes No 16. Residence on a Farm or Plantation? Yes No

17. Street Address 2013 Kamele Drive 18. Mother's Mailing Address

19. Full Name of Father ROBERT ALLAN NORDYKE 20. Race of Father Caucasian 21. Age of Father 42 22. Birthplace (omit state or foreign country) Woodland, California 23. Usual Occupation Doctor 24. Kind of Business or Industry Private Practice 25. Full Maiden Name of Mother ELEANOR LOUISE COLE 26. Race of Mother Caucasian 27. Age of Mother 34 28. Birthplace (omit state or foreign country) Los Angeles, California 29. Type of Occupation Outside Home During Pregnancy None 30. Date Last Worked

31. I certify that the above stated information is true and correct to the best of my knowledge. 32. Signature of Parent or Other Informant Eleanor Cole Nordyke 33. Date of Signature 6-7-61 34. I hereby certify that this child was born alive on the date and hour stated above. 35. Signature of Attendant C. G. Bennett 36. Date of Signature 8/11/61 37. Date Accepted by Local Reg. 8/11/61 38. Signature of Local Registrar Patricia L. Young 39. Date Accepted by Reg. General 8/11/61

40. Evidence for Delayed Filing or Abandonment

THIS CERTIFIES THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE RESEARCH, PLANNING AND STATISTICS OFFICE HAWAII STATE DEPARTMENT OF HEALTH

Leo Bernstein, M.D. Director of Health

DATE 5-3-1966

Charles G. Bennett Registrar General

EXHIBIT21

STATE OF HAWAII		CERTIFICATE OF LIVE BIRTH			DEPARTMENT OF HEALTH		
		FILE NUMBER 151			61 10641		
1a. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name			
BARACK		HUSSEIN		OBAMA, II			
2. Sex	3. This Birth	4. If Twin or Triplet, Was Child Born	5a. Birth Date	Month	Day	Year	5b. Hour /
Male	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		August	4,	1961	7:24 P.M.
6a. Place of Birth: City, Town or Rural Location						6b. Island	
Honolulu						Oahu	
6c. Name of Hospital or Institution (If not in hospital or institution, give street address)						6d. Is Place of Birth inside City or Town Limits? If no, give judicial district	
Kapiolani Maternity & Gynecological Hospital						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7a. Usual Residence of Mother: City, Town or Rural Location				7b. Island		7c. County and State or Foreign Country	
Honolulu				Oahu		Honolulu, Hawaii	
7d. Street Address				7e. Is Residence inside City or Town Limits? If no, give judicial district			
6085 Kalaniana'ole Highway				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
7f. Mother's Mailing Address						7g. Is Residence on a Farm or Plantation?	
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
8. Full Name of Father				9. Race of Father			
BARACK HUSSEIN OBAMA				African			
10. Age of Father	11. Birthplace (Island, State or Foreign Country)		12a. Usual Occupation		12b. Kind of Business or Industry		
25	Kenya, East Africa		Student		University		
13. Full Maiden Name of Mother				14. Race of Mother			
STANLEY ANN DUNHAM				Caucasian			
15. Age of Mother	16. Birthplace (Island, State or Foreign Country)		17a. Type of Occupation Outside Home During Pregnancy		17b. Date Last Worked		
18	Wichita, Kansas		None				
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant		Parent <input checked="" type="checkbox"/> Other <input type="checkbox"/>		18b. Date of Signature	
		<i>Stanley Dunham Obama</i>				8-7-61	
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant		M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/>		19b. Date of Signature	
		<i>David A. Simlan</i>				8-8-61	
20. Date Accepted by Local Reg.		21. Signature of Local Registrar		22. Date Accepted by Reg. General			
AUG - 8 1961		<i>U.K. Lee</i>		AUG - 8 1961			
23. Evidence for Delayed Filing or Alteration							

I CERTIFY THIS IS A TRUE COPY OR ABSTRACT OF THE RECORD ON FILE IN THE HAWAII STATE DEPARTMENT OF HEALTH

APR 25 2011

Alvin T. Onaka, Ph.D.
STATE REGISTRAR