

# **Exhibit A**

Texas Voter Registration Application

Prescribed by the Office of the Secretary of State

VR17.09E.13

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local Voter Registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2969, www.sos.state.tx.us.



284875878

1 These Questions Must Be Completed Before Proceeding

Check one

- New Application, Change of Address, Name, or Other Information, Request for a Replacement Card

Are you a United States Citizen? Yes No
Will you be 18 years of age on or before election day? Yes

Are you interested in serving as an election worker?

2 Last Name include Suffix if any (Jr, Sr, III) CASTRO
First Name BAYRON Middle Name LEO Former Name (if any)

3 Residence Address: Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)
City Houston State TEXAS Zip Code 77005

4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)
City State Zip Code

5 Date of Birth: (mm/dd/yyyy)
6 Gender (Optional) Male Female
7 Telephone Number (Optional) Include Area Code

8 Texas Driver's License No. Texas Personal I.D. No. (issued by the Department of Public Safety)
If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number XXX-XX-XXXX

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

9 I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. Please read all three statements to affirm before signing.

- I am a resident of this county and a U.S. citizen;
I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

X Bayron L Castro Date 7/21/10\*
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

113860 Deputy Number (if applicable)
Original application must be delivered to Voter Registrar no later than 5 days after receipt (TBC 13.042).
Mina Lopez Volunteer Deputy Signature (if applicable) Date 7/21/10

Detach the receipt below for your records. To mail: Wet the glue strip, fold in half and seal.
\*If this application is delivered to the Voter Registrar via US mail, the post office postmark date will be used to determine the effective date of this application (TBC 13.143).

Card # 6672499-8
VOID # 1171875324
ID Required
File # 0073

# Texas Voter Registration Application

Prescribed by the Office of the Secretary of State

VR17.09E13

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local Voter Registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(6683), TDD 1-800-735-2969, www.sos.state.tx.us.



283495576

## 1 These Questions Must Be Completed Before Proceeding

Check one

- New Application
- Change of Address, Name, or Other Information
- Request for a Replacement Card

Are you a United States Citizen?

- Yes
- No

Will you be 18 years of age on or before election day?

- Yes
- No

Are you interested in serving as an election worker?

2 Last Name (include Suffix if any) <i>Guzman</i>	First Name <i>Giovanna</i>	Middle Name (if any)	Former Name (if any)
--	-------------------------------	----------------------	----------------------

3 Residence Address: Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address.)	City <i>Houston</i>	State <b>TEXAS</b>
	Zip Code <i>77089</i>	

4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)	City	State
		Zip Code

5 Date of Birth: (mm/dd/yyyy)	6 Gender (Optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	7 Telephone Number (Optional) Include Area Code ( ) - -
-------------------------------	--	---

8 Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety)	If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number XXX-XX-XXXX
<input checked="" type="checkbox"/> I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.	

9 I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. Please read all these statements to affirm before signing.

- I am a resident of this county and a U.S. citizen;
- I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

**X** *Giovanna Guzman* Date *7/20/10*  
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

<i>108805</i> Deputy Registrar (If applicable)	<i>[Signature]</i> Volunteer Deputy Signature (If applicable)	<i>7/20/10</i> Date
--	---	------------------------

Detach the receipt below for your records. To mail: Wet the glue strip, fold in half and seal.  
\*If this application is delivered to the Voter Registrar via US mail, the post office postmark date will be used to determine the effective date of this application (TEC 13.143).

REG # 66710856 ID Request  
 VID # 1171828471  
 REG # 0076



108605

*[Handwritten signature]*

### Solicitud de registro electoral en Te

Por orden de la Secretaría de Estado VK17.095.13

Favor de llenar cada sección con letra de molde LEGIB registrador electoral local o llame gratis a la Secretaría (sordos) 1-800-735-2989 o visite www.sos.state.tx.us.



292091192

#### 1 Debe contestar estas preguntas

Marque un recuadro

Nueva solicitud

Cambio de domicilio, nombre y/o información

Reemplazo de tarjeta

¿Es usted ciudadano de los Estados Unidos?

Sí

No

¿Tendrá 18 años cumplidos antes o el día de la elección?

Sí

No

Si marcó "No" como respuesta a cualquiera de las preguntas anteriores no llene esta solicitud.

¿Tiene interés en participar como trabajador electoral?

<b>2</b> <b>Apellido</b> (incluya el suyo si lo hay (Jr, Sr, III))	<b>Primer nombre</b>	<b>Segundo nombre</b> (si aplica)	<b>Nombre anterior</b> (si aplica)
<i>Monales</i>	<i>Maria</i>	<i>D</i>	

<b>3</b> <b>Domicilio residencial:</b> Número y calle, y número de departamento o interior. Si no existe un domicilio, describa donde vive (no incluye apartados postales, rutas rurales o dirección del trabajo).	<b>Ciudad</b>	<b>TEXAS</b>
	<i>Pasadena</i>	<b>Código postal</b>
		<i>77506</i>
<b>4</b> Interior (si no puede entregar el correo en su domicilio residencial).	<b>Ciudad</b>	<b>Estado</b>
		<b>Código postal</b>

<b>5</b> <b>Fecha de nacimiento:</b> (mm/dd/aaaa)	<b>6</b> <b>Sexo (Opcional)</b>	<b>7</b> <b>Teléfono (Opcional)</b> Incluya código de área
	<input type="checkbox"/> Masculino <input checked="" type="checkbox"/> Femenino	( ) - - - -

<b>8</b> No. de licencia de conducir de Texas o no. de identificación personal de Texas (Expedido por el Departamento de Seguridad Pública).	Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos dígitos de su número de Seguro Social
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	XXX-XX- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> No tengo licencia de conducir de Texas/Número de Identidad Personal de Texas ni un número de Seguro Social.	

**9** Entiendo que el dar información falsa para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. Cometer este delito puede resultar en privación de la libertad hasta 180 días, multa de hasta \$2,000 o ambos castigos. Por favor lee cada una de las tres declaraciones antes de firmar.

- soy residente de este condado y ciudadano de los Estados Unidos;
- no he sido condenado por un delito grave, o en caso de ser delincuenta, he purgado mi pena por completo, incluyendo cualquier plazo de encarcelamiento, libertad condicional, supervisión, período de prueba, o se me otorgó un indulto; y
- no se me ha declarado, total o parcialmente, como discapacitado mental sin derecho al voto, por el fallo final de un juzgado de sucesiones.

**X** *Maria*

Fecha *7/18/10*

Firma del solicitante o su agente (apoderado) y relación de éste con el solicitante, o nombre en letra del molde del solicitante si lo firma en la de un trabajo, y fecha.

*None*

*DL # 027915614  
ID # 0391429514*

*711 N. LINDEN ST  
DALLAS TX 75204*

**Texas Voter Registration Application** Prescribed by the Office of the Secretary of State VR17.09E 13

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local Voter Registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

284857521

**1 These Questions Must Be Completed Before Proceeding**

Check one

New Application     Change of Address, Name, or Other Information     Request for a Replacement Card

Are you a United States Citizen?     Yes     No

Will you be 18 years of age on or before election day?     Yes     No

Are you interested in serving as an election worker?     Yes     No

**2** Last Name (Include Suffix if any) (Jr., Sr., III)    First Name    Middle Name (if any)    Former Name (if any)

Sularov    Rodrigo

**3** Residence Address: Street Address and Apartment Number, if none, describe where you live. (Do not include P.O. Box, Rural Box or Business Address)    City    TEXAS

Houstd    Zip Code 77043

**4** Mailing Address: (cannot be delivered to your residence address.)    City    State    Zip Code

**5** Date of Birth: (mm/dd/yyyy)

**6** Gender (Optional)    **7** Telephone Number (Optional) (Include Area Code)

Male     Female    ( ) - -

**8** Texas Driver's License No. or Texas Personal ID. No. (Issued by the Department of Public Safety)    If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number

XXXX-XX-XXXX    XXX-XX-XXXX

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

**9** I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. Please read all three statements to affirm before signing.

- I am a resident of this county and a U.S. citizen;
- I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

**X** Rodrigo Sularov    Date 07/23/16\*

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

191404    Original application must be delivered to Voter Registrar no later than 5 days after receipt (TVC 13.042).    7/23/16

Deputy Number (If applicable)    Volunteer Deputy Signature (If applicable)    Date

Detach the receipt below for your records. To mail: Wet the glue strip, fold in half and seal.

\*If this application is delivered to the Voter Registrar via US mail, the post office postmark date will be used to determine the effective date of this application (TVC 13.143).

Card # 6671533-5  
 VID # 1171853313  
 ID Required  
 Prec # 0056





291393162

Si tiene dudas acerca de esta solicitud, contacte a su registrador electoral local o llame gratis a la Secretaría de Estado al 1-800-252-VOTE (6883), TDD (servicio para sordos) 1-800-735-2989 o visite [www.sos.state.tx.us](http://www.sos.state.tx.us).

**1 Debe contestar estas preguntas antes de proseguir**

Marque un recuadro

- Nueva solicitud
- Cambio de domicilio, nombre y/o información
- Reemplazo de tarjeta

¿Es usted ciudadano de los Estados Unidos?  Sí  No \*

¿Tendrá 18 años cumplidos antes o el día de la elección?  Sí  No

Si marco "No" como respuesta a cualquiera de las preguntas anteriores no tiene esta solicitud.

¿Tiene interés en participar como trabajador electoral?  Sí  No

<b>2</b> Apellido incluir sufixo si lo hay (jr, Sr, III) MATIAS	Primer nombre GREGORIO	Segundo nombre (si aplica)	Nombre anterior (si aplica)
--	---------------------------	----------------------------	-----------------------------

<b>3</b> Domicilio residencial: Número y calle, y número de departamento o interior. Si no existe un domicilio, describa dónde vive (no incluya apartados postales, págs. rurales o dirección del trabajo).	Ciudad HOUSTON	TEXAS
	Código postal 77068	

<b>4</b> Dirección postal: Número y calle, y número de departamento o interior (si no se puede entregar el correo en su domicilio residencial).	Ciudad	Estado
		Código postal

<b>5</b> Fecha de nacimiento: (mm/dd/aaaa)	<b>6</b> Sexo (Opcativo) <input type="checkbox"/> Masculino <input checked="" type="checkbox"/> Femenino	<b>7</b> Teléfono (Opcativo) Incluya código de área ( ) -
--	--	---

<b>8</b> de licencia de conducir de Texas o no. de identificación personal de Texas (Expedido por el Departamento de Seguridad Pública).	Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos dígitos de su número de Seguro Social
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	XXX-XX- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> No tengo licencia de conducir de Texas/Número de Identidad Personal de Texas ni un número de Seguro Social.	

**9** Entiendo que el dar información falsa para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. Cometer este delito puede resultar en privación de la libertad hasta 180 días, multa de hasta \$2,000 o ambos castigos. Por favor lea cada una de las tres declaraciones antes de firmar.

- soy residente de este condado y ciudadano de los Estados Unidos;
- no he sido condenado por un delito grave, o en caso de ser delincuencia, he purgado mi pena por completo, incluyendo cualquier plazo de encierro, libertad condicional, supervisión, periodo de prueba, o se me otorgó un indulto; y
- no se me ha declarado, total o parcialmente, como discapacitado mental sin derecho al voto, por el fallo final de un juzgado de sucesiones.

**X** MATIAS Fecha 07/27/10

Firma del solicitante o su agente (apoderado) y relación de ésta con el solicitante, o nombre en letra del modelo del solicitante al la firma en la dos un sello, y fecha.

VOID NEXT # 6675558-8  
101D 1171964586  
PREC # 0342

119339 Juan + S 7/23/10

### Solicitud de registro electoral en

Por orden de la Secretaría de Estado VRI17



Favor de llenar cada sección con letra de molde. Llame al registrador electoral local o llame gratis a la Secretaría de Estado (línea gratuita) 1-800-735-2989 o visite [www.sos.state.tx.us](http://www.sos.state.tx.us).

## 1 Debe contestar estas preguntas antes de proseguir

Marque un recuadro

- Nueva solicitud
- Cambio de domicilio, nombre y/o información
- Reemplazo de tarjeta

¿Es usted ciudadano de los Estados Unidos?  Sí  No

¿Tendrá 18 años cumplidos antes o el día de la elección?  Sí  No

~~Si marcó "No" como respuesta a cualquiera de las preguntas anteriores no tiene esta solicitud.~~

¿Tiene interés en participar como trabajador electoral?  Sí  No

2	Apellido incluir sufixo si lo hay (jr, Sr, III) <b>Morin</b>	Primer nombre <b>Pedro</b>	Segundo nombre (si aplica)	Nombre anterior (si aplica)
---	---	-------------------------------	----------------------------	-----------------------------

3	Domicilio residencial: Número y calle, y número de departamento o interior. Si no existe un domicilio, describa dónde vive (no incluya apartados o casitas del trabajo)	Ciudad <b>Houston</b>	TEXAS
			Código postal <b>77038</b>

4	Dirección postal: interior (si no se puede entregar el correo en su domicilio residencial)	Ciudad	Estado
			Código postal

5	Fecha de nacimiento: (mm/dd/aaaa)	6	Sexo (Opcional) <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	7	Teléfono (Opcional) Incluya código de área ( ) - -
---	-----------------------------------	---	--	---	--

8 No. de licencia de conducir de Texas o no. de identificación personal de Texas (Exigido por el Departamento de Seguridad Pública). Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos dígitos de su número de Seguro Social.

XXX-XX-

No tengo licencia de conducir de Texas/Número de Identidad Personal de Texas ni un número de Seguro Social.

9 Entiendo que el dar falsas declaraciones para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. Cometer este delito puede resultar en privación de la libertad hasta 180 días, multa de hasta \$2,000 o ambos castigos. Por favor lea cada una de las tres declaraciones antes de firmar.

- soy residente de este condado y ciudadano de los Estados Unidos;
- no he sido condenado por un delito grave, o en caso de ser delincuencia, he purgado mi pena por completo, incluyendo cualquier plazo de encarcelamiento, libertad condicional, supervisión, período de prueba, o se me otorgó un indulto; y
- no se me ha declarado, total o parcialmente, como ~~disapacitado mental~~ sin derecho al voto, por el fallo final de un juzgado de sucesiones.

**X** Pedro Morin Fecha 7/23/2010

Firmar el certificado o su agente (representante) y sellarlo de éste con el sello, o número un lado del recto del certificado si lo tiene en la de un sello, y fecha.

Cont # 6673434-5  
V.V.D # 1171874584

Pract # 0864



**Texas Voter Registration Application** Prescribed by the Office of the Secretary of State VR17.09E13

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local Voter Registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

284851625

**1 These Questions Must Be Completed Before Proceeding**

Check one  
 New Application     Change of Address, Name, or Other Information     Request for a Replacement Card

Are you a United States Citizen?     Yes     No

Will you be 18 years of age on or before election day?     Yes     No

Are you interested in serving as an election worker?     Yes     No

**2** Last Name (Include Suffix if any (Jr, Sr, III))    First Name    Middle Name (if any)    Former Name (if any)

WANG    CHONG

**3** Residence Address: Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)    City    TEXAS

Houston    Zip Code 77054

**4** Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)    City    State    Zip Code

**5** Date of Birth: (mm/dd/yyyy)    **6** Gender (Optional)    **7** Telephone Number (Optional) (Include Area Code)

Male     Female    ( ) - -

**8** I.D. No. (Issued by the Department of Public Safety)    No. or Texas    or    If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number

OR    XXX-XX- -

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

**9** I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. Please read all blue statements to affirm before signing.

- I am a resident of this county and a U.S. citizen;
- I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

**X** *Chung Wang*    Date 7/12/10

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

Original application must be delivered to Voter Registrar no later than 5 days after receipt (TEC 13.842)

*John*    Date 7/27/10

Volunteer Deputy Signature (If applicable)    Date

Detach the receipt below for your records. To mail: Wet the glue strip, fold in half and seal.

\*If this application is delivered to the Voter Registrar via US mail, the post office postmark date will be used to determine the effective date of this application (TEC 13.143).

Card# 6674-722-1  
 VID 11-71938695  
 Prec# 0223



Texas Voter Registration Application

Prescribed by the Office of the Secretary of State

VR 17.09E13

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local Voter Registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.



285783126

1 These Questions Must Be Completed Before Proceeding

Check one

- New Application, Change of Address, Name, or Other Information, Request for a Replacement Card

Are you a United States Citizen? Will you be 18 years of age on or before election day?

Are you interested in serving as an election worker?

2 Last Name, First Name, Middle Name, Former Name

3 Residence Address: Street Address and Apartment Number. If none, describe where you live.

4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)

City, State, Zip Code

5 Date of Birth, 6 Gender, 7 Telephone Number

8 Texas Driver's License No. or Texas Personal I.D. No. If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

9 I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.

- I am a resident of this county and a U.S. citizen; I have not been finally convicted of a felony; I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date

119859 Volunteer Deputy Signature, Date

Detach the receipt below for your records. To mail: Wet the glue strip, fold in half and seal.

Case # 6677337-5  
VOID # 1172025775

Print # 0559

Solicitud de registro electoral en Texas

Registro para uso oficial

116186 K6 7/13/10

Por orden de la Secretaría de Estado

VR17.095.13

Favor de llenar cada sección con letra de molde LEGIBLE. Si tiene dudas acerca de esta solicitud, contacte a su registrador electoral local o llame gratis a la Secretaría de Estado al 1-800-252-VOTE (8683), TDD (servicio para sordos) 1-800-735-2989 o visite www.sos.state.tx.us.

1 Debe contestar estas preguntas antes de proseguir

Marque un recuadro

- [X] Nueva solicitud [ ] Cambio de domicilio, nombre y/o información [ ] Reemplazo de tarjeta

¿Es usted ciudadano de los Estados Unidos? [X] Si [X] No

¿Tendrá 18 años cumplidos antes o el día de la elección? [X] Si [ ] No

Si marca 'No' como respuesta a cualquiera de las preguntas anteriores no tiene esta solicitud.

¿Tiene interés en participar como trabajador electoral? [ ] Si [X] No

Card # 66666963-1  
VIDE# 1171743204

2 Apellido (incluir sufijo si lo hay) ELISEO  
Primer nombre SANDOVAL  
Segundo nombre (si aplica)  
Nombre anterior (si aplica)

3 Domicilio residencial: Número y calle, y número de departamento o interior. Si no existe un domicilio, describa donde vive (no incluya apartados postales).  
Ciudad TX TEXAS  
Código postal 77502

4 Dirección postal: Número y calle, y número de departamento o interior (si no se puede entregar el correo en su domicilio residencial).  
Ciudad  
Estado  
Código postal

5 Fecha de nacimiento: (mm/dd/aaaa)  
6 Sexo (Opcativo) [X] Masculino [ ] Femenin  
7 Teléfono (Opcativo) Incluye código de área

8 No. de licencia de conducir de Texas o no. de identificación personal de Texas (Expedido por el Departamento de Seguridad Pública).  
Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos dígitos de su número de Seguro Social.  
[X] No tengo licencia de conducir de Texas/Número de Identidad Personal de Texas ni un número de Seguro Social.

9 Entiendo que el dar información falsa para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. El delito puede resultar en privación de la libertad hasta 18 meses antes de...  
las cada una de las tres declaraciones  
• soy ni  
• no he compl de pr.  
• no se  
291248310  
Fecha 7/13/2016

X ELISEO SANDOVAL  
Fecha 7/13/2016

Firma del solicitante o su agente (apoderado) y relación de ésta con el solicitante, o nombre en letra del molde del solicitante si la firma es la de un abogado, y fecha.

TRC# 0277

ELISEO SANDOVAL



114017

gfg

7/24/10

### Solicitud de registro electoral en

Por orden de la Secretaría de Estado VR17

Favor de llenar cada sección con letra de molde. Llame al registrador electoral local o llame gratis a la Secretaría de Estado (línea gratuita) 1-800-735-2989 o visite [www.sos.state.tx.us](http://www.sos.state.tx.us).



SU  
78

282090832

#### 1 Debe contestar estas preguntas antes de proseguir

Marque un recuadro

Nueva solicitud

Cambio de domicilio, nombre y/o información

Reemplazo de tarjeta

¿Es usted ciudadano de los Estados Unidos?

Sí  No

¿Tendrá 18 años cumplidos antes o el día de la elección?

Sí  No

**Si marcó No como respuesta a cualquiera de las preguntas anteriores no tiene esta solicitud.**

¿Tiene interés en participar como trabajador electoral?

Sí  No

<b>2</b> Apellido incluir subjo si lo hay (Sr., Sr., III) <b>HERNADEZ</b>	Primer nombre <b>OSWALDO</b>	Segundo nombre (si aplica)	Nombre anterior (si aplica)
--	---------------------------------	----------------------------	-----------------------------

<b>3</b> Domicilio residencial: Número y calle, y número de departamento o interior. Si no existe un domicilio, describa donde vive (no incluye apartados postales, rutas rurales o dirección del trabajo).	Ciudad <b>HOUSTON</b>	TEXAS
		Código postal <b>77060</b>

<b>4</b> Dirección postal: Número y calle, y número de departamento o interior (si no se puede entregar el correo en su domicilio residencial).	Ciudad	Estado <b>TEXAS</b>
		Código postal

<b>5</b> Fecha de nacimiento:	<b>6</b> <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	<b>7</b> Teléfono (Opcional) Incluye código de área ( ) -
-------------------------------	---	--

**8** No. de licencia de conducir de Texas o no. de identificación personal de Texas (Emitido por el Departamento de Seguridad Pública). Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos dígitos de su número de Seguro Social.

XXX-XX-

No tengo licencia de conducir de Texas/Número de Identidad Personal de Texas ni un número de Seguro Social.

**9** Entiendo que al dar información falsa para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. Como tal, este delito puede resultar en privación de la libertad hasta 180 días, multa de hasta \$2,000 o ambos castigos. Por favor lee cada una de las tres declaraciones antes de firmar.

- soy residente de este condado y ciudadano de los Estados Unidos;
- no he sido condenado por un delito grave, o en caso de ser delincuente, he purgado mi pena por completo, incluyendo cualquier plazo de encarcelamiento, libertad condicional, supervisión, período de prueba, o se me otorgó un indulto; y
- no se me ha declarado, total o parcialmente, como discapacitado mental sin derecho al voto, por el fallo final de un juzgado de sucesiones.

**X** *[Firma]*

Fecha **2/10/1**

Firma del solicitante o su agente (apoderado) y relación de éste con el solicitante, o nombre en letra del molde del solicitante si la firma es la de un testigo, y fecha.

Agenda 1691510177  
VUID 1171961390

Agenda 169371160  
VUID 1169371160



# Texas Voter Registration Application

Prescribed by the Office of the Secretary of State

VR17.09E.13

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local Voter Registrar or the Secretary of State's Office toll free at 1-800-262-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.



284727743

## 1 These Questions Must Be Completed Before Proceeding

Check one

- New Application
- Change of Address, Name, or Other Information
- Request for a Replacement Card

Are you a United States Citizen?  Yes  No

Will you be 18 years of age on or before election day?  Yes  No

Are you interested in serving as an election worker?  Yes  No

2 Last Name (Include Suffix if any) **Koonce** First Name **Derrick** Middle Name (If any) Former Name (if any)

3 Residence Address: Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address) [Redacted] City **Hou** TEXAS Zip Code **77028**

4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.) [Redacted] City State Zip Code

5 Date of Birth: (mm/dd/yyyy) [Redacted] 6 Gender (Optional)  Male  Female 7 Telephone Number (Optional) Include Area Code ( ) - -

8 Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety) [Redacted] If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number XXX-XX- -

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

9 I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. Please read all three statements to affirm before signing.

- I am a resident of this county and a U.S. citizen;
- I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

**X** *Derrick Koonce* Date **07/27/10**  
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

Original application must be delivered to Voter Registrar no later than 5 days after receipt (TEC 13.042)

**1087221** Deputy Number (If applicable)  
**Desmond Hobert** Volunteer Deputy Signature (If applicable) Date **7/27/10**

Detach the receipt below for your records. To mail: Wet the glue strip, fold in half and seal.  
\*If this application is delivered to the Voter Registrar via US mail, the post office postmark date will be used to determine the effective date of this application (TEC 13.143).

Book # 66674694-2  
VUID # 1171938505

TRID # 2253

**Texas Voter Registration Application** Prescribed by the Office of the Secretary of State VRI 7.09E.13

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local Voter Registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

284863337

**1 These Questions Must Be Completed Before Proceeding**  
 Check one  
 New Application     Change of Address, Name, or Other Information     Request for a Replacement Card

Are you a United States Citizen?     Yes     No

Will you be 18 years of age on or before election day?     Yes     No

Are you interested in serving as an election worker?     Yes     No

**2** Last Name (Include Suffix if any (Jr, Sr, III))    First Name    Middle Name (if any)    Former Name (if any)

BARNETT    LANCE

**3** Residence Address: Street Address and Apartment Number. If none, describe where you live (Do not include P.O. Box or Business Address)    City    TEXAS

[Redacted]    Houston    Zip Code 77060

**4** Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)    City    State    Zip Code

**5** Date of Birth: (mm/dd/yyyy)    **6** Gender (Optional)    **7** Telephone Number (Optional) (Include Area Code)

[Redacted]     Male     Female    ( ) - -

**8** Texas Driver's License or Texas Personal I.D. No. (issued by the Department of Public Safety)    If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number

   XXX-XX-   

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

**9** I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. Please read all three statements to affirm before signing.

- I am a resident of this county and a U.S. citizen;
- I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

*[Signature]*    Date 7/21/10

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

116637    Deputy Number (if applicable)

*Rachel J. Neufe*    Volunteer Deputy Signature (if applicable)    7-21-10    Date

Detach the receipt below for your records. To mail: Wet the glue strip, fold in half and seal.  
 \*If this application is delivered to the Voter Registrar via US mail, the post office postmark date will be used to determine the effective date of this application (T&C 13.143).

Case # 6671339-7  
VUID # 1171851664



Texas Voter Registration Application

Prescribed by the Office of the Secretary of State VRI17.09E.D

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local Voter Registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.



1 These Questions Must Be Completed Before Proceeding

Check one
New Application
Change of Address, Name, or Other Information
Request for a Replacement Card
Are you a United States Citizen?
Will you be 18 years of age on or before election day?
Are you interested in serving as an election worker?

2 Last Name Include Suffix if any (Jr, Sr, III)
First Name
Middle Name (if any)
Former Name (if any)
Lopez
Juliana

3 Residence Address: Street Address and Apartment Number, if none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)
City
Houston
TEXAS
Zip Code
77017

4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)
City
Zip Code

5 Date of Birth: (mm/dd/yyyy)
6 Gender (Optional)
Male
Female
7 Telephone Number (Optional)
Include Area Code

8 Texas Driver's License No. Texas Personal I.D. No. (issued by the Department of Public Safety)
If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number
XXX-XX-XXXX
I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

9 I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. Please read all three statements to affirm before signing.
I am a resident of this county and a U.S. citizen;
I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

X [Signature] Date 07/25/2010
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

119339 Deputy Number (if applicable)
Volunteer Deputy Signature (if applicable)
Date 7/23/10

Detach the receipt below for your records. To mail: Wet the glue strip, fold in half and seal.
\*If this application is delivered to the Voter Registrar via US mail, the post office postmark date will be used to determine the effective date of this application (TEC 13.143).

Case # 6672175-4
VUID# 1171872674