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 1-800-735-2989. 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 ☐ No

[redacted]

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)
CASTRO	~~BAY~~ BAYRON	LEO.	

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
[redacted]	Houston	Zip Code 77008
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 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-☐☐☐☐

☒ 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 (TEC 13.042). 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 (TEC 13.143).

Card # 6672499-8
VUID# 11718753324
ID Requested
Prec # 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(8683), TDD 1-800-735-2989, 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 (Jr, Sr, III)	First Name	Middle Name (if any)	Former Name (if any)
Guzman	Giovanna		

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
[redacted]	Houston	Zip Code 77089
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 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-

☑ 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 7/20/10 *

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

108405 Deputy Number (If applicable)	Original application must be delivered to Voter Registrar no later than 5 days after receipt (TEC 13.042). Volunteer Deputy Signature (If applicable)	7/20/10 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 (TEC 13.143).

Doc ID: 7557552 Page: 1 of 2.

Exhibit A - Page 2 of 13

108605

Solicitud de registro electoral en Te

Por orden de la Secretaría de Estado VR17.09S.I3

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 antes de proceder.

Marque un recuadro

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

¿Es usted ciudadano de los Estados Unidos? ☐ Sí ☑ No

¿Tendré 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?

2 Apellido Incluir sufijo si lo hay (Jr. Sr. III)	Primer nombre	Segundo nombre (si aplica)	Nombre anterior (si aplica)
Morales	Maria	D	

3 Domicilio residencial: Número y calle, y número de departamento o interior. Si no existe un domicilio, describa donde vive (no incluya apartados postales, rutas rurales o dirección del trabajo).

[redacted]

Ciudad: Pasadena | TEXAS | Código postal: 77506

4 Interior (si no puede entregar el correo en su domicilio residencial).

Ciudad | Estado | Código postal

5 Fecha de nacimiento: (mm/dd/aaaa) [redacted]

6 Sexo (Optativo) ☐ Masculino ☑ Femenino

7 Teléfono (Optativo) Incluya 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

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 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 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 Maria M Fecha 2/18/10

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

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)
Salazar	Rodrigo		

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	State	Zip Code
[redacted]	Houst-	TEXAS	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
[redacted]	☐ Male ☐ Female	(☐☐☐)☐☐☐-☐☐☐☐

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-☐☐☐☐

☒ 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 Salazar Date 07/23/70*

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

0404	Original application must be delivered to Voter Registrar no later than 5 days after receipt (TEC 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 (TEC 13.143).

Cnty # 66715333-5
VUID # 11718533313

TD Request
Prec # 0056

291393162

Exclusivo para uso oficial

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

☐ 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? ☐ Sí ☐ No

2 Apellido Incluir sufijo si lo hay (Jr, Sr, III)	Primer nombre	Segundo nombre (si aplica)	Nombre anterior (si aplica)
MATIAS	GREGORIO		

3 **Domicilio residencial:** Número y calle, y número de departamento o interior. Si no existe un domicilio, describa donde vive (no incluya apartados postales, rutas rurales o dirección del trabajo)

[redacted]

Ciudad: HOUSTON — TEXAS — Código postal: 77060

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) [redacted]

6 Sexo (Optativo) ☐ Masculino ☐ Femenino

7 Teléfono (Optativo) Incluya código de área (☐☐☐)☐☐☐-☐☐☐☐

8 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

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 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 delincuente, he purgado mi pena por completo, incluyendo cualquier plazo de encarcelamiento, 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 [signature] Fecha 07/27/10

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.

VUID 1171961586
Cert # 6675558-8
Prec # 0342

119339 [signature] 7/23/10

Solicitud de registro electoral en

Por orden de la Secretaría de Estado VR17

292091058

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

1 Debe contestar estas preguntas antes de proseguir

Marque un recuadro

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

	Sí	No
¿Es usted ciudadano de los Estados Unidos?	☑	☐
¿Tendrá 18 años cumplidos antes o el día de la elección?	☑	☐

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

	Sí	No
¿Tiene interés en participar como trabajador electoral?	☐	☐

2 Apellido Incluir sufijo si lo hay (Jr. Sr. III)	Primer nombre	Segundo nombre (si aplica)	Nombre anterior (si aplica)
Morin	Pedro		

3 Domicilio residencial: Número y calle, y número de departamento o interior. Si no existe un domicilio, describa donde vive (no incluya apartados postales ... del trabajo)	Ciudad	TEXAS / Código postal
[redacted]	Houston	77038

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) [redacted]

6 Sexo (Optativo)
- [ ] Masculino
- [ ] Femenino

7 Teléfono (Optativo) Incluya 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

XXX-XX-

- [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. 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 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 Pedro Morin Fecha 7/23/2010

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

Cert # 66734545
VUID # 1171874584
Prec # 0864

Texas Voter Registration Application

Prescribed by the Office of the Secretary of State VR17.09E13

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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

[redacted]

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 / Zip Code
[redacted]	Houston	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
[redacted]	☐ Male ☐ Female	( ) -

8 No. or Texas ... onal I.D. No. (Issued by the Department of Public Safety) — OR — 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 Chong 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.

119933 Deputy Number (If applicable)	Original application must be delivered to Voter Registrar no later than 5 days after receipt (TEC 13.042). Volunteer Deputy Signature (If applicable) 7/27/10 Date

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

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Cert# 6674722-1

VUID 1171938695

Prec# 0223

Texas Voter Registration Application

Prescribed by the Office of the Secretary of State VR 17.09E.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.

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? ☐ Yes ☒ No

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

[redacted]

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)
Sanchez	Sanchez	R	

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
[redacted]	Houston	Zip Code 77042

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

☐ 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 [signature] Date 7/29/10

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

119859 Deputy Number (If applicable)	Original application must be delivered to Voter Registrar no later than 5 days after receipt (TEC 13.042). Dwight Harden II Volunteer Deputy Signature (If applicable)	7/29/10 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 (TEC 13.143).

Cert # 66773575
VUID # 1172025775

Prec # 0555

Solicitud de registro electoral en Texas

Por orden de la Secretaría de Estado VR17.095.13

Exclusivo para uso oficial 116186 KG 7/13/10

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

☑ 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? ☐ Sí ☐ No

2 Apellido Incluir sufijo si lo hay (Jr, Sr, III)	Primer nombre	Segundo nombre (si aplica)	Nombre anterior (si aplica)
Elizeo	Sandoval		

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	TEXAS
[redacted]	TX	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 (Optativo)	7 Teléfono (Optativo) Incluya código de área
[redacted]	☑ Masculino ☐ Femenin	(___) ___-____

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

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 información falsa para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. Dicho delito puede resultar en privación de la libertad hasta 18 [illegible] antes de las cada una de las tres declaraciones

- soy n[illegible] dos;
- no he compl[illegible] ncuente, he purgado mi pena por [illegible]ad condicional, supervisión, período de pr[illegible]
- no se[illegible] mental sin derecho al voto, por el fallo final de un juzgado de sucesiones.

291248310

X Elizeo Sandoval Fecha 7/13/2010

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

Card # 66669963-1
VUID # 11774324
Prec # 0277
ELISEO SANDOVAL

114017 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 L
registrador electoral local o llame gratis a la Secre
sordos) 1-800-735-2989 o visite www.sos.state.tx.

292090932

su
ra

1 Debe contestar estas pregu[illegible]

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? ☐ Sí ☐ No

2 Apellido Incluir sufijo si lo hay (Jr, Sr, III)	Primer nombre	Segundo nombre (si aplica)	Nombre anterior (si aplica)
HERNANDEZ	OSWALDO		

3 Domicilio residencial: Número y calle, y número de departamento o interior. Si no existe un domicilio, describa donde vive (no incluya apartados postales, rutas rurales o dirección del trabajo).

[redacted]

Ciudad: HOUSTON — TEXAS — Código postal: 77060

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

[redacted]

Ciudad — Estado: TEXAS — Código postal

5 Fecha de nacimiento: [redacted] **6** ☐ Masculino ☐ Femenino

7 Teléfono (Optativo) Incluya 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

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 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 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 [signature] Fecha 2/10/11

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.

VOID 11719613?0

VOID 11693711?0

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.

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

[redacted]

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)
Koonce	Derrick		

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
[redacted]	Hou	Zip Code 77028
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 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-☐☐☐☐

☑ 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.

Deputy Number (If applicable)	Original application must be delivered to Voter Registrar no later than 5 days after receipt (TEC 13.042). Volunteer Deputy Signature (If applicable) Date
108721	Desmond Robert 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).

Card # 00740942-2
VUID # 11719385505
Prec # 0253

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.

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

[redacted]

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 give P.O. Box or Business Address)	City	
[redacted]	Houston	TEXAS
		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.

X [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.

116632	Original application must be delivered to Voter Registrar no later than 5 days after receipt (TEC 13.042).
Deputy Number (If applicable)	Rachel J. Mentz — 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 (TEC 13.143).

Lic # 16713367
VUID # 11718531664

Record Type: VOTER Record ID: 00721754 Imaging Dept. ID: 284943947

Texas Voter Registration Application

Prescribed by the Office of the Secretary of State VR17.09E.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.

284943947

1 These Questions Must Be Completed Before Proceeding

Check one

[X] New Application [X] 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

[redacted]

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

2 Last Name Include Suffix if any (Jr, Sr, III): Conce | First Name: Juliana | 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: Houston | TEXAS | Zip Code: 77017

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) [redacted]

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- [ ][ ][ ][ ]

[X] 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 Juliana Conce Date 07/23/2010

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

Deputy Number (If applicable)	Original application must be delivered to Voter Registrar no later than 5 days after receipt (TEC 13.042). Volunteer Deputy Signature (If applicable)	Date
114339	[signature]	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).

Cust # 6672175-4
VUID # 11718726074