ACCEPTED 14-20-00685-CV FOURTEENTH COURT OF APPEALS HOUSTON, TEXAS 10/6/2020 1:59 PM CHRISTOPHER PRINE CLERK

No.\_\_\_\_\_

### IN THE COURT OF APPEALS FOR THE FOURTEENTH DISTRICT OF TEXAS HOUSTON, TEXAS

# In re JUAN GERARDO PEREZ PICHARDO AND PUBLIC INTEREST LEGAL FOUNDATION, INC. Relators

Ann Harris Bennett, in her official capacity as Voter Registrar for Harris County, Texas, Respondent

## **PETITION FOR WRIT OF MANDAMUS**

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#### **Relators**

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#### Respondent

Ann Harris Bennett Voter Registrar for Harris County, Texas 1001 Preston St. Houston, Texas 77002

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# **APPENDIX REFERENCES**

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## STATEMENT OF THE CASE

#### Nature of the Case

Respondent's office has consistently approved applications for voter registration for facially ineligible registrants. In particular, Respondent registers to vote applicants that do not affirm and answer "YES" to the question "Are you a United States citizen?" and also answer "NO" to the same question, even though Texas law requires her to reject those applications. Tex. Elec. Code § 13.072(c).

### Respondent

Ann Harris Bennett, in her official capacity as voter registrar for Harris County, Texas.

### **Relief Requested**

Respondent should be required to reject, challenge, or investigate all applications that do not contain a "YES" answer to the question "Are you a United States citizen?" and to undertake (or allow) a complete review of any original voter applications in order to catalog and take appropriate action on all other applications where the applicant states under penalty of perjury they are not a United States citizen.

### STATEMENT OF JURISDICTION

This Court has jurisdiction over this petition for a writ of mandamus. *See* Tex. Election Code § 273.061 ("The supreme court or a court of appeals may issue a writ of mandamus to compel the performance of any duty imposed by law in connection with the holding of an election or a political party convention, regardless of whether the person responsible for performing the duty is a public officer.").

#### STATEMENT REGARDING ORAL ARGUMENT AND REQUEST FOR EXPEDITED BRIEFING AND DECISION

Harris County began mailing absentee ballots in "mid-September."<sup>1</sup> Early in-person voting begins October 13, 2020.<sup>2</sup> The 2020 General Election will take place November 3, 2020. The records at issue and those supporting this petition are familiar to Respondent because they originate from the Respondent's office. Therefore, Relators respectfully request that the Court expedite this petition by requesting a response no later than October 9, 2020, and a reply no later October 12, 2020, with a decision to be issued by October 13, 2020. *See Davis v. Taylor*, 930 S.W.2d 581, 582 (Tex. 1996) (expediting briefing and oral argument in election-related proceeding).

Because the duties described herein are clear and mandatory, the petition can be granted without oral argument.

<sup>&</sup>lt;sup>1</sup> https://www.harrisvotes.com/Docs/VotingInfo/VotingByMailFAQs\_en-US.pdf (last accessed October 5, 2020).

<sup>&</sup>lt;sup>2</sup> https://www.harrisvotes.com/Docs/VotingInfo/VotingByMailFAQs\_en-US.pdf (last accessed October 5, 2020).

#### STATEMENT OF THE ISSUES PRESENTED

1. Is Respondent failing to perform her nondiscretionary, ministerial duties to review and reject, challenge, or investigate applications for voter registration that contain a "NO" answer to the question "Are you a United States citizen?"

2. Is Respondent failing to perform her nondiscretionary, ministerial duties to review and reject, challenge, or investigate applications for voter registration that do not contain a "YES" answer to the question "Are you a United States citizen?"

#### **INTRODUCTION**

United States citizenship is a requirement for voter registration in Texas. Tex. Elec. Code § 13.001(a)(2). Yet Respondent's office has for years consistently approved applications for voter registration that do not contain a "YES" answer to the question "Are you a United States citizen?" Those approved applications either contain a "NO" answer or do not contain an answer at all.

Registrar Bennett has no discretion to approve applications that do not contain a "YES" answer to the citizenship question. Rather, Texas law is clear that Registrar Bennett "*shall* reject th[ose] application[s]." Tex. Elec. Code § 13.072(c) (emphasis added). The records included in the attached Appendix demonstrate that she is not complying with her ministerial duty to reject insufficient applications.

When an applicant marks "NO" to the citizenship question under penalty of perjury, but is registered to vote anyway, the resulting harm is significant. If in fact the applicant is *not* a United States citizen, registration alone can cause problems and delays during any subsequent naturalization process. If the registrant casts a vote—even if under the mistaken belief that she can—she may subject herself to severe penalties. Even one ineligible vote cast by accident cancels out the vote of another Texan.

However, for purposes of this petition, it makes no difference whether the applicant is or is not a citizen of the United States. What matters is whether the

1

applicant and Registrar Bennett have complied with the requirements of Texas law because "compliance with state election laws . . . is mandatory." *Bejarano v. Hunter*, 899 S.W.2d 346, 350 (Tex. App. 1995). "Failure to perform her duty subjects [Registrar Bennett] to mandamus." *Id*.

#### STATEMENT OF FACTS

#### Juan Gerardo Perez Pichardo

Juan Gerardo Perez Pichardo ("Mr. Pichardo") is a registered voter in Harris County, Texas. App. at 170. Mr. Pichardo was born in 1942 in Mexico. App. at 170. In 1969, Mr. Pichardo immigrated to the United States of America and became a legal permanent resident. App. at 170. In 2000, Mr. Pichardo became a naturalized citizen of the United States of America. App. at 170. Mr. Pichardo intends to vote in the 2020 General Election and in other future elections in Harris County, Texas. App. at 170.

#### The Foundation's Purpose and Mission

The Public Interest Legal Foundation, Inc. (the "Foundation") is a nonpartisan, public interest organization incorporated and based in Indianapolis, Indiana. Appendix ("App.") at 2. The Foundation's mission is to promote the integrity of elections nationwide through research, education, remedial programs, and litigation. App. at 2. The Foundation also seeks to ensure that voter qualification laws and election administration procedures are followed. App. at 2. Specifically, the Foundation seeks to ensure that the nation's voter rolls are accurate and current, working with election administrators nationwide and educating the public about the same. App. at 2. The Foundation relies on state and federal open records laws to assess the accuracy of voter registration records and compliance with voter list maintenance laws. App. at 2-3.

#### After More than Two Years of Litigation, the Foundation Obtains Voter List Maintenance Records from Registrar Bennett

In December 2017, the Foundation submitted a request to Registrar Bennett asking to inspect or receive copies of records concerning Registrar Bennett's programs and activities conducted for the purpose of ensuring the accuracy of the voter roll. App. at 3. The request was made pursuant to the open records provision of the National Voter Registration Act of 1993 ("NVRA"), 52 U.S.C. § 20507(i). App. at 3. Registrar Bennett refused to provide access to the requested records and the Foundation thereafter filed an action in federal court to compel Registrar Bennett's compliance with the NVRA, *Public Interest Legal Foundation v. Bennett*, No. 4:18-cv-00981 (S.D. Tex., filed March 29, 2018). App. at 3.

More than two years after the request for records was made—and after her motion to dismiss was denied<sup>3</sup>—Registrar Bennett agreed to resolve the dispute through a court-ordered settlement. App. at 3. On March 17, 2020, the court entered the Agreed Order, which obligates Registrar Bennett to provide to the Foundation approximately seven years of voter list maintenance records, *See* Doc.

<sup>&</sup>lt;sup>3</sup> Public Interest Legal Found. v. Bennett, No. 4:18-CV-00981, 2019 U.S. Dist. LEXIS 38686 (S.D. Tex. Mar. 11, 2019), adopting recommendation of Public Interest Legal Found. v. Bennett, No. H-18-0981, 2019 U.S. Dist. LEXIS 39723 (S.D. Tex. Feb. 6, 2019).

76, *Public Interest Legal Foundation v. Bennett*, No. 4:18-cv-00981 (S.D. Tex., filed March 13, 2020). App. at 3-4. Although the Agreed Order obligated Registrar Bennett to produce all records within ninety days of entry of the order—or by June 15, 2020—Registrar Bennett began producing records on a rolling basis on June 22, 2020. App. at 4. As of the date of this Petition, the Foundation has not yet received all records to which it is entitled under the terms of the Agreed Order. App. at 4. This delay in compliance with both federal laws mandating disclosure and indeed even the Agreed Order to disclose records is relevant as it impairs, if not extinguishes entirely, the equitable defense of laches to this action.

The Foundation incurred substantial costs obtaining Registrar Bennett's voter list maintenance records. App. at 4. After entry of the Agreed Order, the Foundation moved for an award of attorneys fees, costs, and expenses reasonably expended in the litigation in an amount totaling more than \$210,000, Doc. 85, *Public Interest Legal Foundation v. Bennett*, No. 4:18-cv-00981 (S.D. Tex., filed March 13, 2020). App. at 4. The Foundation has incurred additional costs of time and money reviewing and cataloging the records and analyzing Registrar Bennett's compliance with state and federal voter list maintenance laws. App. at 4.

#### **Registrar Bennett's Ministerial Duties Under the Texas Election Code**

"To be eligible for registration as a voter in [Texas], a person must . . . be a United States citizen[.]" Tex. Elec. Code § 13.001(a)(2). "A person desiring to register to vote must submit an application to the registrar of the county in which the person resides." Tex. Elec. Code § 13.002(a). The "registration application must include . . . a statement that the applicant is a United States citizen." Tex. Elec. Code § 13.002(c)(3). Both the Texas voter registration application and the federal voter registration application ask the applicant to affirm his or her citizenship by checking "YES" or "NO" to a variation of the question "Are you a United States citizen?"<sup>4</sup> The Texas voter registration form instructs that the citizenship question "MUST BE COMPLETED BEFORE PROCEEDING."<sup>5</sup> The Texas Election Code provides, "The registrar shall review each submitted application for registration to determine whether it complies with Section 13.002 and indicates that the applicant is eligible for registration." Tex. Elec. Code § 13.071(a) (emphasis added). "[I]f the registrar determines that an application does not comply with Section 13.002 or does not indicate that the applicant is eligible for registration, the registrar shall reject the application." Tex. Elec. Code § 13.072(c) (emphasis added). Furthermore, "[if] after determining that an application complies with Section 13.002 and indicates that the applicant is eligible for registration, the registrar has reason to believe the applicant is not eligible for

<sup>&</sup>lt;sup>4</sup> See Section 1, Texas Voter Registration Application, available at https://eforms.com/download/2017/10/Texas-Voter-Registration-Application.pdf (last accessed October 5, 2020).

<sup>&</sup>lt;sup>5</sup> Id.

registration or the application was submitted in an unauthorized manner, the registrar shall challenge the applicant." Tex. Elec. Code § 13.074(a). Registrar Bennett "may use any lawful means to investigate whether a registered voter is currently eligible for registration in the county" so long as the investigation is not "based solely on residence." Tex. Elec. Code § 16.033(a). If Registrar Bennett "has reason to believe that a voter is no longer eligible for registration, the registrar shall deliver written notice to the voter indicating that the voter's registration status is being investigated by the registrar." Tex. Elec. Code § 16.033(b). Registrar Bennett "shall cancel a voter's registration if" the voter confirms she is ineligible, no reply is received within thirty days, or the notice is returned undeliverable with no forwarding information. Tex. Elec. Code § 16.033(d).

#### **Records Received from Registrar Bennett**

# **1.** Registrar Bennett's Office is Approving Voter Applications on Which the Applicant Answered "NO" to the Citizenship Question.

The Appendix to this petition contains true and correct copies of voter list maintenance records obtained from Registrar Bennett relating to applicants who answered "NO" to the citizenship question on the voter registration form but were nevertheless added to the official list of eligible voters. App. at 4-5. Each registrant was later removed from the voter roll after the registrant purportedly made another attestation of non-citizenship or otherwise did not affirm citizenship. App. at 5. On the following page is a representative example of the records contained in the Appendix. The first image below shows the application for voter registration. App. at 5. The red arrows show that the applicant answered "NO" to the question "Are you a United States Citizen?" App. at 5. The green arrows show that the applicant noted on his form that he was a "legal" resident and "not yet" a United States citizen. App. at 5-6. The blue arrows provide the date the application was completed, June 12, 2012.<sup>6</sup> App. at 6.

<sup>&</sup>lt;sup>6</sup> The records included with this petition came to the Foundation with certain information redacted, such as driver's license and social security numbers. The Foundation has further redacted name, address, birth date, signature information, and voter ID number. If the Court orders, the Foundation will file these records unredacted under seal.

| Taxaa Valar Dariut                                                                                                         | 4. :<br>                                              | -                                           | · · · · · · ·                                  | E.4.                              |              |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|------------------------------------------------|-----------------------------------|--------------|
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| Please complete sections by<br>please call your local voter re                                                             | printing LEGIBLY. If gistrar.                         | you have any qu                             |                                                | 840 AL                            | ŀ,           |
| 1 These Questio<br>Check one                                                                                               | ns Must Be                                            | Complete                                    | 300935022                                      |                                   |              |
| New Application                                                                                                            | Change of Ac<br>or Other Info                         | khress, Name,<br>mation                     | Request                                        | for a Replacement (               | Card         |
| Are you a United States (                                                                                                  | Citizen?                                              |                                             | Yes Yes                                        | → 🕅 №                             | $\leftarrow$ |
| Will you be 18 years of a                                                                                                  | ge on or before el                                    | ection day?                                 | XV Yes                                         | No No                             |              |
| If you checked 'No' in                                                                                                     | response to eithe                                     | of the above                                | e, do <u>not comple</u>                        | te this form.                     |              |
| Are you interested in ser                                                                                                  | ving as an electio                                    | n worker?                                   |                                                |                                   |              |
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| Residence Address:<br>none, describe where you live<br>Address)                                                            | Street Address and Ap<br>e. (Do not include P.O. Box, | artment Number, If<br>Rural Rt. or Business | City<br>Houston                                | TEXAS                             |              |
|                                                                                                                            |                                                       |                                             | County<br>Harris                               | Zip Code<br>77099                 |              |
| Mailing Address: Street                                                                                                    | Address and Apartmer                                  | t Number.                                   | City                                           | State                             |              |
| If mail cannot be delivered to S                                                                                           | s your residence address<br>FMF A;                    |                                             |                                                | Zip Code                          |              |
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| I have not be<br>Social Securi                                                                                             | en issued a Texas I<br>ty Number.                     | Driver's License                            | Personal Identific                             | ation Number or                   |              |
| 9 I understand that giving f                                                                                               | alse information to p                                 | procure a voter m                           | egistration is perjury                         | y, and a crime und                | er           |
| state and federal law. Co<br>\$2,000, or both. Please re                                                                   |                                                       |                                             |                                                | 180 days, a fine up               | to           |
| <ul> <li>I am a resident of this</li> <li>I have not been finally a<br/>including any term of<br/>pardoned; and</li> </ul> | convicted of a felority,<br>incarceration, parole     | or if à felon, I hav<br>supervision, p      | re completed all of m<br>eriod of probation, o | or I have been                    |              |
| <ul> <li>I have not been determ<br/>be totally mentally incomentally incomentally</li> </ul>                               | nined by a final judg<br>apacitated or partial        | ment of a court<br>y mentally incap         | exercising probate<br>acitated without the     | jurisdiction to<br>right to vote. |              |
| X                                                                                                                          |                                                       |                                             | Date 06                                        | 112112                            | <b>ر</b> ج   |
| Signature                                                                                                                  | ip to A                                               | pplicant or Printed                         | I Name of Applicant If                         | Signed by Witness a               | nd Date.     |
|                                                                                                                            |                                                       |                                             |                                                |                                   |              |
| A CONTRACTOR OF                                                                                                            | E. 🛡 MOISTEN AND FOLD (                               |                                             |                                                | 1. State 1. State                 | P. 61        |

The second image shows a screen capture of the Texas voter registration system. App. at 8. The light blue arrows show two things: the original date of registration of June 26, 2012 ("ORIG. REG") and the effective date of registration of July 26, 2012 ("EDR"). App. at 8. The light green arrow shows that a new registration certificate ("CERT" "NEW") was created for this applicant on July 5, 2012 and mailed out on July 27, 2012. App. at 8. The red arrow shows that the applicant was credited in the system with voting in 2012 ("Last Year Voted"). App. at 8. The two dark blue arrows show that the registration was cancelled ("Status" "C"), the reason for cancellation ("CITZ" or citizenship), and the date the registration was effectively cancelled ("DATE OF REC"). App. at 8. The pink arrow repeats this information and shows further that the registrant received a cancellation letter on November 14, 2014. App. at 8. The black arrow shows comments made by the user. App. at 8. In this instance, the comment reads "NOT a citizen (see image)." App. at 8.

| 🛐 Voter Update [c1update 03.06]                                                                                                                              |                                                                                  | ×                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| NEW         ADD         SAUE         SXIII         Scan           View         Prov Blts         Cance                                                       | Election Role         Notices           I         NVRA Dup         Polling Place | Districts         Updt Vot Hst           Reg Hist         View Vot Hist              |
| NVRA Source Date Submitted C                                                                                                                                 | / Reason Precinct CITZ 0488 VUD                                                  | Sub         CERT #           01         69175008 <           □         D Compliant Y |
| Last First                                                                                                                                                   | Middle Former                                                                    | Suffix V                                                                             |
| Residence Address       Street #     Fract     Dir     Name       City HO     Zip 77099     Muni HOUSTON                                                     | Post HOUSTON                                                                     | Unit #<br>Address<br>Exception                                                       |
| Mail Address                                                                                                                                                 | Gender M DOB<br>DL#<br>SSN SSN4                                                  | Former<br>County<br>Eormer Resid                                                     |
| City         State           Zip         -         Non US Addr         Clear Mail Addr           ORIG. REG         06/26/2012         EDR         07/26/2012 | Citizen? N PW Interest Signed? Y<br>Birth<br>Place Jury<br>FPCA Begin Date       | Privacy<br>Disability More                                                           |
| TEAM REG         VALID FROM 07/26/2012           DATE OF REC         11/12/2014                                                                              | Email                                                                            | ID Rovd N                                                                            |
| Comments Election Role Last Year Voted 20<br>NOT a citizen (see image)                                                                                       | 12 Updated by HASTINGSS                                                          | 11/17/2014 12:22 PM                                                                  |
|                                                                                                                                                              |                                                                                  | List <f9></f9>                                                                       |

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Attachment B to the Churchwell Affidavit, App. at 20-151, contains fortynine (49) examples of this type of record, App. at 10. Attachment D to the Churchwell Affidavit summarizes these records. App. at 10, 167-68. The summary identifies each record using the CERT #, which is found next to the orange arrow in image two, above. App. at 10.

# 2. Registrar Bennett's Office is Approving Applications on Which the Applicant Did Not Answer the Citizenship Question.

The Appendix to this petition also contains true and correct copies of Registrar Bennett's voter list maintenance records relating to applicants who did not answer the citizenship question on the voter registration form but were nevertheless added to the official list of eligible voters. App. at 5. Each registrant was later removed from the voter roll after the registrant purportedly made a subsequent attestation of non-citizenship or otherwise did not affirm citizenship.<sup>7</sup> App. at 5.

Attachment C to the Churchwell Affidavit contains six examples of this type of record, each of which is summarized in Attachment D to the Churchwell Affidavit. App. at 5-6. The summary identifies each record using the CERT #, which is found next to the orange arrow in image two, above. App. at 10.

<sup>&</sup>lt;sup>7</sup> The records in Attachment C to the Churchwell contain one instance where a registrant is currently listed in the voter registration system as active. *See* App. at 154.

#### ARGUMENT

### I. Mandamus is Appropriate to Compel Compliance with a Non-Discretionary, Ministerial Duty.

"A writ of mandamus will issue to compel a public official to perform a ministerial act." *Anderson v. Seven Points*, 806 S.W.2d 791, 793 (Tex. 1991) (citing *Womack v. Berry*, 156 Tex. 44, 291 S.W.2d 677, 682 (1956); *Turner v. Pruitt*, 161 Tex. 532, 342 S.W.2d 422, 423 (1961)). "An act is ministerial when the law clearly spells out the duty to be performed by the official with sufficient certainty that nothing is left to the exercise of discretion." *Anderson*, 291 S.W.2d at 793. That is the case here.

#### **II.** Registrar Bennett Has a Ministerial Duty to Comply with and Enforce the Requirements of the Texas Election Code.

#### A. Registrar Bennett has a Ministerial Duty to Review Each Application and Ensure that the Applicant Has Checked "YES" to the Citizenship Question.

Texas Election Code Section 13.001(a) provides the requirements for voter registration in Texas. One of those requirements is United States citizenship. Tex. Elec. Code § 13.001(a)(2). "A person desiring to register to vote must submit an application to the registrar of the county in which the person resides," Tex. Elec. Code § 13.002(a), and that "registration application must include . . . a statement that the applicant is a United States citizen." Tex. Elec. Code § 13.002(c)(3).

Texas Election Code Section 13.071(a) provides, "The registrar shall review each submitted application for registration to determine whether it complies with Section 13.002 and indicates that the applicant is eligible for registration." Tex. Elec. Code § 13.071(a) (emphasis added). The duty to review each application is not discretionary; it is mandatory. In re Robinson, 175 S.W.3d 824, 830 (Tex. App. 2005) ("The use of the word *shall* in a statute is generally construed as creating a nondiscretionary duty."). This duty includes the specific obligation to ensure that each application contains "a statement that the applicant is a United States citizen." Tex. Elec. Code § 13.002(c)(3). The Texas voter registration form requires the applicant to make that statement by checking "YES" to the question "Are you a United States citizen?" Registrar Bennett thus has a ministerial duty to review each application to ensure that the applicant has answered (or checked) "YES" to the citizenship question.

#### **B.** Registrar Bennett has a Ministerial Duty to Reject an Application for Voter Registration that Does Not Contain a "YES" Answer to the Citizenship Question.

Texas Election Code Section 13.072(c) provides, "[I]f the registrar determines that an application does not comply with Section 13.002 or does not indicate that the applicant is eligible for registration, the registrar *shall* reject the application." (Emphasis added). The obligation to reject insufficient applications is not discretionary; it is mandatory. *See In re Robinson*, 175 S.W.3d at 830. An application "does not comply with Section 13.002" and "does not indicate that the applicant is eligible for registration" if the application does not contain a "YES" answer to the citizenship question. *See* Tex. Elec. Code § 13.002(c)(3) (application must contain "a statement that the applicant is a United States citizen"). Registrar Bennett thus has a ministerial duty to reject applications that contain a "NO" answer to the citizenship question or do not contain an answer to the citizenship question. *See Bejarano*, 899 S.W.2d at 350 ("The clerk's duty to reject all insufficient applications for a place on the ballot is ministerial.").<sup>8</sup>

#### C. Registrar Bennett has a Ministerial Duty to Challenge or Investigate a Registration That Does Not Include an Application with a "YES" Answer to the Citizenship Question.

Texas Election Code Section 13.074(a) provides, "[if] after determining that an application complies with Section 13.002 and indicates that the applicant is eligible for registration, the registrar has reason to believe the applicant is not eligible for registration or the application was submitted in an unauthorized manner, the registrar *shall* challenge the applicant." (Emphasis added). The duty to challenge ineligible registrants is not discretionary; it is mandatory. *In re Robinson*,

<sup>&</sup>lt;sup>8</sup> This is true even though the applicant, by signing the application, affirms he or she is an U.S. Citizen. *See* Section 10, Texas Voter Registration Application, *available at* https://eforms.com/download/2017/10/Texas-Voter-Registration-Application.pdf (last accessed October 5, 2020). The application states that the questions in Section 1, which includes the citizenship question, "MUST BE COMPLETED BEFORE PROCEEDING." *See id.* at Section 1. The applicant is thus instructed to not complete and sign the application unless she first answers the citizenship question.

175 S.W.3d at 830. A registrant is "not eligible for registration" if he or she has submitted an application that does not contain a "YES" answer to the citizenship question. Tex. Elec. Code § 13.002(c)(3) (application must contain "a statement that the applicant is a United States citizen"). Registrar Bennett thus has a ministerial duty to initiate challenge procedures for registrants who have not submitted an application with a "YES" answer to the citizenship question.<sup>9</sup>

Texas Election Code Section 16.033 provides, "If the registrar has reason to believe that a voter is no longer eligible for registration, the registrar *shall* deliver written notice to the voter indicating that the voter's registration status is being investigated by the registrar." Tex. Elec. Code § 16.033(b) (emphasis added). A "registrar has reason to believe that a voter is no longer eligible for registration" if the registrant submitted an application with a "NO" or blank answer to the citizenship question. After delivering the required notice, the "the registrar *shall* cancel a voter's registration if: (1) after considering the voter's reply, the registrar determines that the voter is not eligible for registration; (2) no reply is received from the voter on or before the 30th day after the date the notice is mailed to the voter under Subsection (b); or (3) each notice mailed under Subsection (b) is returned undelivered to the registrar with no forwarding information available."

<sup>&</sup>lt;sup>9</sup> The Texas Election Code gives registrars two days to initiate challenge procedures after approving an application. Tex. Elec. Code § 13.074(c). However, Texas Election Code Section 16.033 does not appear to have a time limitation.

Tex. Elec. Code § 16.033(d) (emphasis added). The duty to deliver written notice of investigation to registrants who have given the registrar reason to believe they are ineligible is not discretionary; it is mandatory. *See In re Robinson*, 175 S.W.3d at 830. Registrar Bennett thus has a ministerial duty to initiate investigation and cancellation procedures (where appropriate) for registrants who submitted an application with a "NO" or blank answer to the citizenship question.

# **III.** The Record Demonstrates that Registrar Bennett is Not Complying with Her Ministerial Duties under the Texas Election Code.

The Appendix attached to this petition contains true and correct copies of voter list maintenance records produced by the Respondent concerning registrants who answered "NO" to the citizenship question or did not answer the citizenship question.<sup>10</sup> App. at 4-6. Registrar Bennett had a ministerial duty to reject these applications, but she did not do so. "Failure to perform her duty subjects [Registrar Bennett] to mandamus." *Bejarano v. Hunter*, 899 S.W.2d 346, 350 (Tex. App. 1995). Absent an order compelling Registrar Bennett to comply with her ministerial duties under the Texas Election Code, applications that do not contain "a statement that the applicant is a United States citizen," Tex. Elec. Code § 13.002(c)(3), will continue to be approved.

<sup>&</sup>lt;sup>10</sup> The Foundation makes no statement as to whether these applicants are or are not United States citizens. The Foundation is stating only that official government records indicate that they answered "NO" to the citizenship question or did not answer the question.

The registrations included in the Appendix were canceled only because each registrant purportedly made a subsequent attestation of non-citizenship after being added to the voter roll.<sup>11</sup> App. at 5. It is therefore nearly assured that additional applicants who did not answer "YES" to the citizenship question remain registered to vote. Absent an order compelling Registrar Bennett to review applications in her possession for sufficiency, Tex. Elec. Code § 13.071(a), and initiate challenge or investigation procedures for registrations that do not include an application containing a "YES" answer to the citizenship question, ineligible registrants may remain registered.<sup>12</sup>

#### IV. The Foundation Has Standing Because it Is Being Harmed, and Will Continue to be Harmed, Absent Relief.

Registrar Harris's non-compliance with the law is harming the Foundation and will continue to harm the Foundation, absent relief. As an integral part of its public interest mission, the Foundation disseminates information about compliance by state and local election officials with voter list maintenance statutes. App. at 2. The Foundation also promotes election integrity and compliance with federal and state statutes that ensure the integrity of elections. Registrar Bennett's non-

<sup>&</sup>lt;sup>11</sup> This typically occurs when the registrant submits a subsequent application for voter registration or responds to a jury summons.

<sup>&</sup>lt;sup>12</sup> Relators are not requesting that any registration be canceled without full compliance with all necessary procedures found in state and/or federal law.

compliance with Texas Law has impaired and will continue to impair the Foundation from carrying out its mission. App. at 2-4.

The Foundation has diverted resources and incurred substantial costs to obtain Registrar Bennett's voter list maintenance records and monitor her compliance with the Texas Election Code. App. at 4. Absent relief, the Foundation will be forced to divert additional resources to Harris County and incur additional costs to continue to engage in similar record gathering and monitoring activities, as well as the promotion of remedial measures. App. at 4.<sup>13</sup>

# V. Mr. Pichardo Has Standing Because He is Threatened With a Violation of His Right to Vote.

"Undeniably the Constitution of the United States protects the right of all qualified citizens to vote, in state as well as in federal elections." *Reynolds v. Sims*, 377 U.S. 533, 554 (1964). This right "can neither be denied outright . . . nor destroyed by alteration of ballots . . . nor diluted by ballot-box stuffing." *Id.* "The right to vote is 'individual and personal in nature,' and 'voters who allege facts showing disadvantage to themselves as individuals have standing to sue' to remedy

<sup>&</sup>lt;sup>13</sup> The Foundation acknowledges that this Court previously held that the Foundation does not have standing to seek mandamus relief. *See* Memorandum Opinion, *In re Public Interest Legal Foundation*, No. 14-20-00665-CV (entered September 30, 2020) (original proceeding). The Foundation repeats these arguments to preserve the issue for review by the Supreme Court of Texas, if necessary.

that disadvantage." *Gill v. Whitford*, 138 S. Ct. 1916, 1920 (2018) (quoting *Reynolds*, 377 U. S. at 561 and *Baker v. Carr*, 369 U.S. 186, 206 (1962)).

Mr. Pichardo is a registered voter in Harris County, Texas. App. at 170. Mr. Pichardo intends to vote in the 2020 General Election and in other future elections in Harris County, Texas. App. at 170. The records in the Appendix show that applicants who answered "NO" to the citizenship question were registered to vote anyway. The records further show that Registrar Bennett's office has credited some of those registrants with voting in an election. App. at 167-68. There is thus a real risk that registrants who answered "NO" to the citizenship question (or did not answer the question)—but have not yet been removed from the voter roll—will cast ballots in the 2020 General Election. Mr. Pichardo is therefore at risk of having his vote canceled out by an ineligible vote. The risk of injury to his right to vote gives Mr. Pichardo standing.

#### VI. Relators Have No Other Adequate Remedy.

"Mandamus will not issue where there is 'a clear and adequate remedy at law[.]" *Walker v. Packer*, 827 S.W.2d 833, 840 (Tex. 1992) (quoting *State v. Walker*, 679 S.W.2d 484, 485 (Tex. 1984)). Relators have no such remedy. While the NVRA permits private parties to sue election officials for inadequate voter list maintenance, 52 U.S.C. § 20510(b), the NVRA does not expressly require election officials to conduct voter list maintenance based on the answer to the citizenship question, *see* 52 U.S.C. § 20507(a)(3)-(4). The NVRA is therefore not a "clear and adequate remedy." *Walker*, 827 S.W.2d at 840.

Remedies found in Texas law are also not "clear and adequate" to achieve the remedy sought in this petition. Texas Election Code Section 273.081 is limited to "injunctive relief" to "prevent" violations from occurring. Relators do not seek injunctive relief; they seek affirmative compliance with ministerial duties. It is therefore not "clear" that Section 273.081 is "adequate" under these circumstances.

Even where "a remedy at law may technically exist . . . it may nevertheless be so uncertain, tedious, burdensome, slow, inconvenient, inappropriate or ineffective as to be deemed inadequate." *Smith v. Flack*, 728 S.W.2d 784, 792 (Tex. Crim. App. 1987). Whether mandamus is appropriate "depends heavily on the circumstances and is better guided by general principles than by simple rules." *In re Prudential Ins. Co. of Am.*, 148 S.W.3d 124, 137 (Tex. 2004) (orig. proceeding). Given the proximity to election day and the importance of the issues presented, "the benefits of mandamus review outweigh the detriments." *Id.* at 136. To proceed in any other manner would be too uncertain, slow, inconvenient, and ineffective under these circumstances. *Flack*, 728 S.W.2d at 792.

Finally, the instances presented to this Court of the Respondent failing to comply with Texas law by approving registration applications that do not affirmatively answer "YES" to the citizenship question are only those which were detected by the Respondent through various circumstances. Unquestionably more exist and have not been detected. In many instances the original application records exist and given the Respondent's past failures to comply with Texas law, this Court should order the Respondent to review—or to permit Relators to review the universe of original documents to catalog any additional and heretofore undetected instances of failure to comply with Texas law related to the citizenship question.

#### VII. Conclusion and Prayer for Relief

For these reasons, Relators respectfully request that the Court grant this petition for writ of mandamus and enter an order compelling Registrar Bennett to do the following:

- Review all new applications received for compliance with Texas Election Code Section 13.002(c)(3), as required by Texas Election Code Section 13.071(a);
- Reject any application that contains a "NO" answer to the citizenship question or does not answer "YES" to the citizenship question, as required by Texas Election Code Section 13.072(c);
- Review all previously filed applications of registered voters, or permit the Foundation to review them, and initiate challenge or investigation procedures under Texas Election Code Sections 13.074 or 16.033 for any

registrant who has not submitted an application that contains a "YES" answer to the citizenship question.

- 4. Review all previously filed applications of registered voters, or permit the Foundation to review them, and initiate challenge or investigation procedures under Texas Election Code Sections 13.074 or 16.033 for any registrant who has submitted an application that contains a "NO" answer to the citizenship question.
- Report findings of any such review to this Court and to the Secretary of State of Texas.

Dated: October 6, 2020.

Respectfully submitted,

/s/ Andy Taylor

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Tel: 317-203-5599 Fax: (888) 815-5641

Counsel for Relators

## **RULE 52.3(J) CERTIFICATION**

I have reviewed the petition and concluded that every factual statement in the petition is supported by competent evidence in the appendix or record.

> /s/ Andy Taylor Andy Taylor

## **CERTIFICATE OF SERVICE**

I certify that, because of the imminent nature of this proceeding, copies of

the foregoing were served in electronic form at the same time the foregoing

document was filed with the Court to the counsel below.

Vince Ryan Harris County Attorney 1019 Congress St., 15th Floor Houston, Texas 77002 Attorney for Harris County, Texas Email: vince.ryan@cao.hctx.net

Barbara Callistien Managing Attorney, Litigation Laura Hedge Deputy Managing Attorney, Litigation 1019 Congress St., 15th Floor Houston, Texas 77002 Email: barbara.callistien@cao.hctx.net Email: laura.hedge@cao.hctx.net

Dated: October 6, 2020

/s/ Andy Taylor

Andy Taylor

## **CERTIFICATE OF COMPLIANCE**

This brief complies with the type-volume limitation of Tex. R. App. P. 9(i)(2)(B) because it contains 4,483 words, excluding the parts of the petition exempted by Tex. R. App. P. 9.4(i)(1).

This brief also complies with the typeface requirements of Tex. R. App. P. 9.4(e) because it has been prepared in a proportionally spaced typeface in 14-point font.

/s/ Andy Taylor Andy Taylor

## IN THE COURT OF APPEALS FOR THE FOURTEENTH DISTRICT OF TEXAS HOUSTON, TEXAS

## In re JUAN GERARDO PEREZ PICHARDO AND PUBLIC INTEREST LEGAL FOUNDATION, INC. Relators

Ann Harris Bennett, Voter Registrar for Harris County, Texas, Respondent

## APPENDIX

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*Counsel for Relators* \*Application for *pro hac* admission forthcoming

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## IN THE COURT OF APPEALS FOR THE FOURTEENTH DISTRICT OF TEXAS HOUSTON, TEXAS

## In re JUAN GERARDO PEREZ PICHARDO AND PUBLIC INTEREST LEGAL FOUNDATION, INC. Relators

Ann Harris Bennett, Voter Registrar for Harris County, Texas, Respondent

## AFFIDAVIT OF LOGAN CHURCHWELL IN SUPPORT OF PETITION FOR WRIT OF MANDAMUS

Andy Taylor Andy Taylor & Associates, P.C. 2628 Highway 36S, #288 Brenham, TX 77833 Office: (713) 222-1817 Fax: (713) 222-1855 J. Christian Adams\* Noel H. Johnson\* PUBLIC INTEREST LEGAL FOUNDATION 32 East Washington Street, Suite 1675 Indianapolis, IN 46204 Tel: 317-203-5599

*Counsel for Relators* \*Application for *pro hac* admission forthcoming

State of Oklahoma § Scounty of Oklahoma §

BEFORE ME, the undersigned personally appeared Logan Churchwell who, swore the following:

1. My name is Logan Churchwell. I am over 18 years of age, of sound mind, and competent to make this affidavit. I have personal knowledge of the facts stated herein, and they are true and correct to the best of my knowledge.

2. I am resident of Oklahoma.

3. I am Communications and Research Director for Public Interest Legal Foundation, Inc.

4. The Public Interest Legal Foundation, Inc. (the "Foundation") is a non-partisan, public interest organization incorporated and based in Indianapolis, Indiana. The Foundation's mission is to promote the integrity of elections nationwide through research, education, remedial programs, and litigation. The Foundation also seeks to ensure that voter qualification laws and election administration procedures are followed. Specifically, the Foundation seeks to ensure that the nation's voter rolls are accurate and current, working with election administrators nationwide and educating the public about the same. As an integral part of its public interest mission, the Foundation gathers and disseminates information about compliance by state and local election officials with voter list maintenance laws. The Foundation relies on state and federal open records laws to

assess the accuracy of voter registration records and compliance with voter list maintenance laws.

5. In December 2017, the Foundation submitted a request to Ann Harris Bennett, Voter Registrar for Harris County, Texas ("Registrar Bennett") asking to inspect or receive copies of records concerning Registrar Bennett's programs and activities conducted for the purpose of ensuring the accuracy of the voter roll. The request was made pursuant to the open records provision of the National Voter Registration Act of 1993 ("NVRA"). 52 U.S.C. § 20507(i). Registrar Bennett did not provide access to the requested records and the Foundation thereafter filed an action in federal court to compel Registrar Bennett's compliance with the NVRA. *Public Interest Legal Foundation v. Bennett*, No. 4:18-cv-00981 (S.D. Tex., filed March 29, 2018).

6. More than two years after the request for records was made—and after her motion to dismiss was denied<sup>11</sup>—Registrar Bennett agreed to resolve the dispute through a court-ordered settlement. On March 17, 2020, the court entered the Agreed Order, which obligates Registrar Bennett to provide to the Foundation seven years of voter list maintenance records. *See* Doc. 76, *Public Interest Legal Foundation v. Bennett*, No. 4:18-cv-00981 (S.D. Tex., filed March 13, 2020).

<sup>&</sup>lt;sup>11</sup> Public Interest Legal Found. v. Bennett, No. 4:18-CV-00981, 2019 U.S. Dist. LEXIS 38686 (S.D. Tex. Mar. 11, 2019), adopting recommendation of Public Interest Legal Found. v. Bennett, No. H-18-0981, 2019 U.S. Dist. LEXIS 39723 (S.D. Tex. Feb. 6, 2019).

Attachment A to this affidavit is a true and correct copy of the Agreed Order. The Agreed Order obligated Registrar Bennett to produce the records within ninety days of entry of the order—or by June 15, 2020. However, Registrar Bennett began producing records on a rolling basis on June 22, 2020. As of the date of the Foundation's petition, the Foundation has not yet received all records to which it is entitled under the terms of the Agreed Order.

7. The Foundation incurred substantial costs of time and money obtaining Registrar Bennett's voter list maintenance records. After entry of the Agreed Order, the Foundation moved for an award of attorneys fees, costs, and expenses reasonably expended in the litigation in an amount totaling more than \$210,000. Doc. 85, *Public Interest Legal Foundation v. Bennett*, No. 4:18-cv-00981 (S.D. Tex., filed March 13, 2020). The motion is pending. The Foundation has incurred additional costs of time and money reviewing and cataloging the records and analyzing Registrar Bennett's compliance with state and federal voter list maintenance laws. If this petition is not granted, the Foundation will likely be forced to divert additional resources to Harris County and incur additional costs to continue to engage in similar record gathering and monitoring activities, as well as the promotion of remedial measures.

8. Attachments B and C to this affidavit contain true and correct copies of voter list maintenance records produced to the Foundation by Registrar Bennett

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in compliance with the Agreed Order entered in *Public Interest Legal Foundation v. Bennett*, No. 4:18-cv-00981 (S.D. Tex., filed March 29, 2018).

9. Attachment B contains true and correct copies of voter list maintenance records relating to applicants who answered "NO" to the question "Are you a United States citizen?" on the voter registration form. According to Registrar Bennett's records, each of these applicants was registered to vote anyway. It is my understanding that each of these registrants was removed from the voter roll after making a subsequent attestation of non-citizenship.

10. Attachment C to this affidavit contains true and correct copies of voter list maintenance records relating to applicants who did not answer the question "Are you a United States citizen?" on the voter registration form. According to Registrar Bennett's records, each of these applicants was registered to vote anyway. It is my understanding that each of these registrants was removed from the voter roll after making a subsequent attestation of non-citizenship.

11. The following is a representative example of the records contained in Attachments B and C to this Affidavit. The first image below shows the application for voter registration. The red arrows show that the applicant answered "NO" to the question "Are you a United States Citizen?" The green arrows show that the applicant noted on his form that he was a "legal" resident and "not yet" a

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United States citizen. The blue arrows provide the date the application was completed, June 12, 2012.<sup>12</sup>

<sup>&</sup>lt;sup>12</sup> The records included with this petition came to the Foundation with certain information redacted, such as driver's license and social security numbers. The Foundation has further redacted name, address, birth date, signature information.

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The second image shows a screen capture of the Texas voter registration system. The light blue arrows show two things: the original date of registration of June 26, 2012 ("ORIG. REG") and the effective date of registration of July 26, 2012 ("EDR"). The light green arrow shows that a new registration certificate ("CERT" "NEW") was created for this applicant on July 5, 2012 and mailed out on July 27, 2012. The red arrow shows that the applicant was credited with voting in 2012 ("Last Year Voted"). The two dark blue arrows show that the registration was cancelled ("Status" "C"), the reason for cancellation ("CITZ" or citizenship), and the date the registration was effectively cancelled ("DATE OF REC"). The pink arrow repeats this information and shows further that the registrant received a cancellation letter on November 14, 2014. The black arrow shows comments made by the user. In this instance, the comment reads "NOT a citizen (see image)."

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12. Attachment B to this Affidavit contains forty-nine (49) examples of similar records that contain a "NO" answer to the citizenship question.

13. The Appendix to this petition also contains true and correct copies of Registrar Bennett's voter list maintenance records relating to applicants who did not answer the citizenship question on the voter registration form but were nevertheless added to the official list of eligible voters. Each registrant was later removed from the voter roll after the registrant made a subsequent attestation of non-citizenship. Attachment C to this Affidavit contains six examples of this type of record, each of which is summarized in Attachment D to this Affidavit.

14. Attachment D to this affidavit contains a summary of certain information contained in the records contained in Attachments B and C. The summary identifies each record using the CERT #, which is found next to the orange arrow in image two, above.

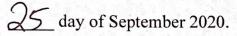
**APPENDIX PAGE 10** 

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SIGNED this 25.4 day of September 2020.

ogan Churchwell

SUBSCRIBED and SWORN TO before me, the undersigned authority, on the





Lei A

Notary in and for the State of Oklahoma

#### Case 4:18-cv-00981 Document 76 Filed on 03/17/20 in TXSD Page 1 of 8

United States District Court

Southern District of Texas

ENTERED March 17, 2020 David J. Bradley, Clerk

#### IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION

)

)

PUBLIC INTEREST LEGAL FOUNDATION,

Plaintiff,

v.

Civil Action No. 4:18-cv-00981

ANN HARRIS BENNETT, in her official capacity as voter registrar for Harris County, Texas,

Defendant.

#### AGREED ORDER

Upon consideration of the Motion for Entry of Agreed Order filed by the parties to this

action, it is hereby ORDERED, ADJUDGED, and DECREED as following:

#### I. BACKGROUND

1. On March 29, 2018, Plaintiff Public Interest Legal Foundation filed this action

pursuant to the National Voter Registration Act of 1993 ("NVRA"), 52 U.S.C. §§ 20501 et seq.

for alleged violations of Section 8 of the NVRA, 52 U.S.C. § 20507.

2. Section 8(i) of the NVRA provides, in relevant part,

Each State shall maintain for at least 2 years and shall make available for public inspection and, where available, photocopying at a reasonable cost, all records concerning the implementation of programs and activities conducted for the purpose of ensuring the accuracy and currency of official lists of eligible voters, except to the extent that such records relate to a declination to register to vote or to the identity of a voter registration agency through which any particular voter is registered.

52 U.S.C. § 20507(i)(1).

3. Plaintiff is seeking from Defendant the following records:

a. Documents regarding all registrants who were identified as potentially not satisfying the citizenship requirements for registration from any official information source,

including information obtained from the various agencies within the U.S. Department of Homeland Security, Texas Department of Public Safety, and from the Texas Secretary of State since January 1, 2006. This request extends to all documents that provide the name of the registrant, the voting history of such registrant, the nature and content of any notice sent to the registrant, including the date of the notice, the response (if any) of the registrant, and actions taken regarding the registrant's registration (if any) and the date of the action. This request extends to electronic records capable of compilation.

b. All documents and records of communication received by your office from registered voters, legal counsel, claimed relatives, or other agents since January 1, 2006 requesting a removal or cancellation from the voter roll for any reason related to non-U.S. citizenship/ineligibility. Please include any official records indicating maintenance actions undertaken thereafter.

c. All documents and records of communication received by your office from jury selection officials—state and federal—since January 1, 2006 referencing individuals who claimed to be non-U.S. citizens when attempting to avoid serving a duty call. This request seeks copies of the official referrals and documents indicating where your office matched a claim of noncitizenship to an existing registered voter and extends to the communications and maintenance actions taken as a result that were memorialized in any written form.

d. All communications regarding your list maintenance activities relating to #1 through 3 above to the District Attorney, Texas Attorney General, Texas State Troopers/DPS, any other state law enforcement agencies, the United States Attorney's office, or the Federal Bureau of Investigation.

4. The parties have negotiated in good faith and now jointly enter into this Agreed

Order to resolve Plaintiff's claims without prolonged and costly litigation.

#### **II. JURISDICTION**

5. This Court has jurisdiction over this matter, pursuant to 28 U.S.C. § 1331 and 52

U.S.C. § 20510.

#### III. APPLICABILITY

6. The provisions of this Agreed Order shall apply to and bind the parties and their

successors and assigns.

7. This Agreed Order is effective as of the date it is entered by this Court.

CHURCHWELL AFFIDAVIT - ATTACHMENT A

IV. TERMS AND CONDITIONS

#### Lists, Reports, and Catalogs of Registrants Cancelled Due to Non-U.S. Citizenship

8. Defendant shall provide to Plaintiff all lists, reports, and catalogs of occurrences showing registrants whose voter registrations were cancelled because the registrant did not satisfy the citizenship requirements for voter registration.

9. The lists, reports, and catalogs described in paragraph 9 shall include, but are not limited to:

- Registrants whose voter registration records contain the cancellation code (or other notation) used to indicate that the registration was cancelled due to non-U.S. citizenship; and
- b. Registrants who requested cancellation of their voter registrations due to non-U.S. citizenship.

#### Lists, Reports, and Catalogs of Registrants Who Were Sent a "Notice of Examination"

10. Defendant shall provide to Plaintiff all lists, reports, and catalogs of occurrences showing registrants who, for reasons relating to the citizenship of the registrant, received a "Notice of Examination," the notice described by Texas Election Code § 16.033 or § 16.0332, or any other similar notice.

11. The lists, reports, and catalogs described in paragraph 11 shall include, but are not limited to, registrants whose voter registration records contain the notation "con-exam."

#### Lists, Reports, and Catalogs of Applicants or Registrants Who Answered "No" to the Citizenship Question on the Voter Registration Form or Left the Question Blank

12. Defendant shall provide to Plaintiff all lists, reports, and catalogs of occurrences showing registrants who answered "No" to the citizenship question on the voter registration form or left the question blank.

#### CHURCHWELL AFFIDAVIT - ATTACHMENT A

#### List of Registrants Disqualified from Jury Service Due to Citizenship Defects

13. Separately and apart from the lists and reports described in paragraph 9, Defendants shall provide to Plaintiff all lists and reports showing registrants disqualified from jury service due to non-U.S. citizenship. These reports shall include the lists described in Texas Government Code § 62.113, Texas Election Code § 16.0332, and Texas Election Code § 18.068.

#### Records of Voter Registration Activities, Correspondence, and Applications

14. For each registrant included in the lists, reports, and catalogs described in paragraphs 8-13, Defendant shall provide the following:

- A summary of voter registration activities, including but not limited to a copy of the registrant's "Voter Update" page, or a similar record that shows a summary or history of the registrant's voter registration activities;
- b. All documents associated with the registrant, including but not limited to a copy of the registrant's original voter registration application and any subsequent voter registration applications submitted by the registrant, and any correspondence sent to or received from the registrant.

#### **Communications with Law Enforcement**

15. Defendant shall provide to Plaintiff records of all correspondence between Defendant and any law enforcement body, including, but not limited to, the Harris County District Attorney, concerning registrants whose registrations were cancelled due to non-U.S. citizenship. These records shall include, to the extent they are still in Defendant's possession, the correspondence referenced by former Harris County Tax Assessor-Collector Mike Sullivan in his testimony before the Texas House Elections Committee on May 2, 2015.

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CHURCHWELL AFFIDAVIT - ATTACHMENT A

#### Time Period for the Records

16. Defendant shall provide the records described in this Agreed Order for the time period starting on January 1, 2013 and ending on the date this Agreed Order is entered by this Court.

#### Time to Produce the Records

17. Defendant shall provide the records described in this Agreed Order to Plaintiff within 90 days of the date this Agreed Order is entered by this Court.

#### **Permissible Redactions**

18. Defendants may redact the following information on the records described in this Agreed Order:

- a. The registrant's driver's license number;
- b. The registrant's social security number;
- c. The registrant's telephone number; and,
- d. The registrant's response to the question regarding service as a poll worker.

#### V. RETENTION OF JURISDICTION AND DISPUTE RESOLUTION

- 19. This Court retains jurisdiction over this action for purposes of the following:
  - a. Implementing and enforcing the terms and conditions of this Agreed Order;
  - b. Resolving disputes involving this Agreed Order; and,
  - c. Adjudicating any motion for attorney's fees, costs, and expenses filed pursuant to 52 U.S.C. § 20510(c).

20. This case may be reopened without a filing fee so that the parties may enforce this Agreed Order or resolve disputes regarding its terms and conditions.

#### Case 4:18-cv-00981 Document 76 Filed on 03/17/20 in TXSD Page 6 of 8

21. In the event of a dispute regarding compliance with this Agreed Order, the parties must first attempt to resolve the dispute by meeting or by using other means of communication to discuss the dispute and the measures for resolving the dispute. If no resolution is reached within 30 days of the first communication regarding the dispute, either party may file a motion with this Court to resolve the dispute.

22. The provisions of 52 U.S.C. § 20510(c), regarding an award of attorney's fees, costs, and expenses to the prevailing party, if any, shall apply to any proceeding to enforce the terms and conditions of this Agreed Order.

23. This Agreed Order may be modified only upon motion and the approval of this Court.

24. If for any reason this Court should decline to approve this Agreed Order in the form presented, the parties shall continue negotiations in good faith in an attempt to cure any objection raised by this Court to entry of this Agreed Order.

#### VI. ATTORNEY'S FEES AND COSTS

25. Each of the parties consents to allow this Court to determine at a later time whether Plaintiff, Defendant, or neither party is a prevailing party in this action for purposes of 52 U.S.C. § 20510(c).

26. Upon entry of this Agreed Order by this Court, Plaintiff and/or Defendant may file a motion for attorney's fees, costs, and expenses.

#### VII. FUTURE REQUESTS FOR RECORDS UNDER NVRA

27. In the event Plaintiff makes additional requests under Section 8(i) of the NVRA for records described by this Agreed Order and covering time periods after the effective date of this Agreed Order, Defendant shall permit Plaintiff to inspect or receive the requested records in

#### CHURCHWELL AFFIDAVIT - ATTACHMENT A

# Case 4:18-cv-00981 Document 76 Filed on 03/17/20 in TXSD Page 7 of 8

the same categories as listed in Section IV, numbers 8-16, with redactions as listed in Section IV, number 18, subsections a-d.

#### VIII. RESOLUTION OF ALL CLAIMS

28. This Agreed Order constitutes a full settlement of and shall resolve all civil liability of Defendant for the alleged violations of the NVRA alleged in this action, with the exception of any party's claim for attorney's fees, costs, and expenses pursuant to 52 U.S.C. § 20510(c).

#### IX. CONSENT TO ENTRY OF AGREED ORDER

29. Each of the parties consents to entry of this Agreed Order, subject to the Court's approval of this Order. The undersigned representatives of each party certify that they are fully authorized by the party to enter into the terms and conditions of this Order and to execute and legally bind the represented parties to it. This Order can be signed in counterparts.

Judgment is hereby entered in accordance with this Agreed Order this  $17^{-1}$  day of 2020.

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Andrew S. Hanen United States District Judge

CHURCHWELL AFFIDAVIT - ATTACHMENT A

and the second second

#### AGREED AND CONSENTED TO:

For Plaintiff

Y. Christian Adams
President
Public Interest Legal Foundation, Inc.
32 E. Washington St., Ste. 1675
Indianapolis, IN 46204

Date: 3-3-2020

For Defendant:

Amy Magness VanHoose Assistant County Attorney 1019 Congress, 15<sup>th</sup> Floor Houston, TX 77008

-3-20 Date:

CHURCHWELL AFFIDAVIT - ATTACHMENT A

### Cert# 35411966R

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CHURCHWELL AFFIDAVIT - ATTACHMENT B APPENDIX PAGE 20

| Secretary of State<br>000017.95                                                                                     | VOTER REC<br>(SOLICITUD                                                                                                                                   | GISTRATION APPLIC                                                                                                                                | 3541196                                                                                                                                          | 5** 6                                                                                 |
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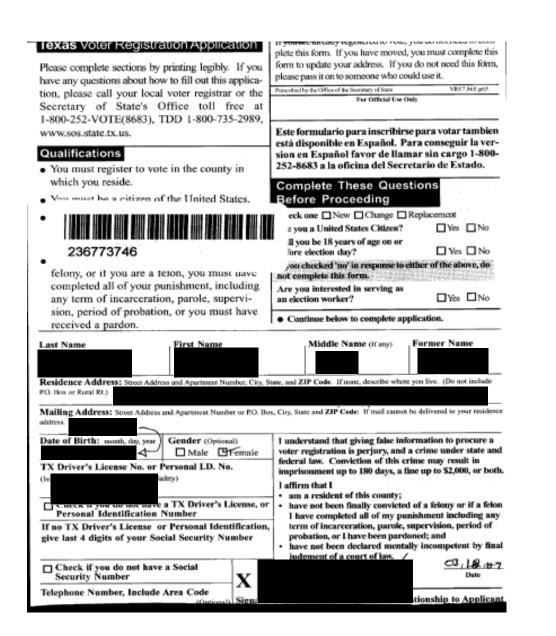
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| 20558587             | 12/01/2016               | CERT         | RPL        | 12/06/2016               |            |                                                  |
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| 14617933<br>11876130 | 12/27/2013<br>04/03/2012 | CERT<br>CERT | REN<br>REN | 01/03/2014<br>04/13/2012 |            |                                                  |
| 9029042              | 12/14/2009               | CERT         | REN        | 12/22/2009               |            |                                                  |
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| 3376213              | 06/22/2005               | CON          | *          | 06/30/2005               |            |                                                  |
| 2378983              | 01/17/2004               | CERT         | REN        | 01/18/2004               |            |                                                  |

| B3-1-41 (09/16) STATEMENT<br>CONSTANCIA DE DOMICILIO PERMAN<br>For persons whose residence address does not match your registration address * 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ara personas caya das 358242830                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| First Name<br>Nombrode pils * Tên * -≵;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Middle Name (Many)<br>Segunde nonder (ni splice) * Tên bit (selu olo * 中間名(茶句.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Former Name (gl ang)<br>Apellids unterfor (at splice) * Tên trước đãy(nến có)* 部田名七田丸)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Date of Birth: (month/day(year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gender (Optional) Mde Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Focha de Nacioniento: (man/dis/ulo)<br>Ngéy sinh (thing/ngén/thin)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sense (Optatives)*Gold tash (blokeg Mascaline Dama Not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 出版出版: (P/14)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 50 (1000) 50 (1000) 50 (1000) 50 (1000) 50 (1000)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Read-laces: Address: Steve Address and Agarment Number, City, Stein, and Zap,<br>Ir mane, describe where you live. (Do not michale PO. Bon, Rand Roste, or Dusteer<br>Datasci)<br>Datascillo multimetal. Numers y cells, y natures de gestamente. Ordeld, Estelo, y<br>Cellaga postal. Si no extar su describil, describe dende vire (no incluse apostadon<br>partalen, notar emaites e descovin del esteloja i "Data del ce triz: So tabl, the datage vi-<br>al chang, cr. Thatah plai, Telo bang, Si Zip Code.<br>Niu kabag ca, Niutah plai, Telo bang, Si Zip Code.<br>Niu kabag ca, Niutah plai, Telo bang, Si Zip Code.<br>Niu kabag ca, batah plai, Telo bang, Si Zip Code.<br>Niu kabag ca, batah plai, P.O. Doorng edag deba (Ransi RC), kay tia che soi lans viec)<br>in Cambi, e (internet este este este este este este este e |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Mailing Address: Address, City, Stars, and ZIP: If mail cannot be delivered to your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Gula                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| neadmar address.<br>Direccoim postell Nimero y calle, y número de apartamento (si as se paede entragar<br>carros en a demoisile residencial <sup>9</sup> Pia, chi gin thar 52 nda, tin duoreg via aŭ chong<br>(Nia du chileg thi gini duor cân dia cân car tri cai egi via)<br>응지 සිඩ් : chileg thi gini duor cân dia cân car tri cai egi via)<br>응지 සිඩ් : chi. : chi. : chi. : chi. : chi. EN                                                                                                                                                                                                                                                                                                                                                                                                       | Same-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Texas Driver's License No. or Texas Personal LD. No. (Issued by the Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | If no Texas Driver's License or Personal Identification, give last 4 digits of your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| of Public Suflety)<br>Nu. de licencia de conducir de Texas o no, de identificación personal de Texas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Social Security Number.<br>Si no tione licencia de conducir de Texas o no. de identificación personal, proporcios                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (Espedido por el Departamente de Seguridad Pública) * 55 háng lái na Tauna, hay até                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | las 4 titutoss digitos de ra mintero de Seguro Social. * Nêu không củ bằng lái sự<br>Texas hay cân cước cả nhân, bily cho 4 sô cuối cùng cui số an sinh số bội cui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| cán cước cả nhân Texas (duọc nha an toán công công cấp)<br>德文佛长州教理遗编馆或德文语新州领人分份逻辑局                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | day vi.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 若沒有總定藏斯回興駛執國總或個人身份遭.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 課還供社會使得痛號的運用位数                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| I have not trem mered a Texas Devert Lorence resonal identification Number of Social<br>Texas Cidula de identified personal de Texas e Nimero de Seguro Social. "Tôi di khôr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Security Number. * Yo as tange una Licancia de conducir de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Twose Coloula de ideactidad personal de Texas o Número de Seguro Social. *Téi di khôn<br>/ að cila cutic cá nhán hojic að an sính sil b/i. * 強臣没有的方词所'州能起秋阳 / 带文                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| I am a resident of this county and a U.S. citizen, and<br>- have not been finally convicted of a fidency, or if a fiden. These completed all of<br>my punishment including any term of inconcention, parole, supervision, period<br>of probation, or There been pardened; and<br>- have not been determined by a final judgment of a court exercising probate<br>justification to be totaly meaningly incapacitated or partially mentally<br>incorporated without the right in wate                                                                                                                                                                                                                                                                                                                                                       | · 使基本草的消息从是美麗合於:以此<br>· 使基本草的消息和有關語。或在已被何為有關實證。我已變行的可能讓說。他却在何點單。<br>· 應當。他的關心認識的原因為是全種單上都行為能力這麼分類單上都行為能力可能失說算着<br>· 多人起來解認識這個能力為是全種單上都行為能力這麼分類單上都行為能力可能失說算着                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Say residente de este condudo y ciudadano de los Estados Unidos; y<br>No ba nodo condensido por un delato garez, es caso de ser deinscuente, he purgado<br>ani para par completion, incluyando canaçante partos de encuerchenicarios. Nobristi<br>condicional, reportesión, portodo de puedos, es em es otorgó en indudire; y<br>-No as un la declarada, tota ol gurazionamente, como decequeindos mental un decretho<br>al vono, por el fidio final de un jungado de recentores                                                                                                                                                                                                                                                                                                                                                          | <sup>1</sup> The is appeer our to it pugin het may via it most comp data My; via<br>1 The tenong is still to be already as a start of the tenong is just to explain the start have help<br>can many, All a shall the regrants large may puging be also the term of the head with any disert any gains and<br>the game is quark and the data that the game large head to the start has a the start and the start of the<br>1 The being as a single head place to did they be that as x via<br>1 The being as an advect head the start place of the start and the start has not made via the start<br>made that safety then their scale place heads made would be a many and patient the totak via the basis<br>the start place of the start place of the start place of the start place the totak via the basis<br>place of the start place of the start place of the start place of the start place the totak via the basis<br>place of the start place of the start place of the start place of the start place the totak with the start place of the start plac |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date: 1118116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Spaatare of Applicant or Agrar and Batationship to Applicant or Printed Ner<br>Breas del solicitante o su agrate (apodenski) y relación de éste con el solicitante, o<br>Ché sig con Nguréi régi don hoje Daj diện và Quan hệ với Ngurới Nộp don hoặt<br>Ngurối Nộp don hoặt:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e avendere en lintra del molide del sellicitante si la fizzua en la de un testigo, y fecha<br>o Viêt bâng Chû in Tên của Người Nộp đơn nếu được ký bởi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Người têm chũng và ghi Ngặc<br>印建人基名成代理人基名比其即称人的解释、成甲酰人正要用当的最名(若由把数)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (表示) 非常问题。                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |



#### CHÌ DÂN DÙNG ĐƠN KHAI NƠI CƯ NGỤ

JL

KHI BỞ PHIỀU TẠI PHÒNG PHIỀU Tờ khai nơi cư ngụ dành cho tất cả các cử tri có chữ "S" trong đanh sách cử tri hoặc các cử tri không còn cư ngụ trong cùng khu vực tuyến cứ nữa, nhưng vẫn còn cư ngụ trong phạm vi quận hạt và nằm trong phân khu chính trị tổ chức bầu cử. Cử tri thuộc thành phần này phải điển tờ khai nơi cư ngụ trước khi bỏ phiếu. Nhân viên giữ phòng phiếu sẽ bỏ những tờ khai này vào phong bì số 4 và chuyển đến phòng ghi danh cử tri.

| 2000 C 100 C 100 C 100                                                                                                                                               | Instructions for Vot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ing by Mail on Bac                                                                              | :k                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Khi bở 2355481                                                                                                                                                      | 09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | prtion : count                                                                                  | ặ <i>T SAU)</i><br>with ballot. <u>If this statement</u><br>ed<br>bhiểu. <u>Nếu tờ khai này không</u>                                                   |
| For<br>(Dânh c                                                                                                                                                       | TEMENT OF RESIDEN<br>persons whose residence address d<br>tho những người có địa chi cư ngự                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | oes not match voter registration<br>khác với địa chỉ trong hồ sơ ghi                            | address.<br>i danh cử tri)                                                                                                                              |
| Last Name                                                                                                                                                            | Important Instructions on Back (<br>First Name (not Husband's)<br>(Tént (không nhỏi tên chẳng)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Những chỉ dân quan trọng phis<br>Middle Name (if any)<br>(Tên lới) (Nếu có)                     | Former Name<br>(Tên cũ)                                                                                                                                 |
| vùng. Nếu không có, miêu tá nơ<br>Please complete even if mailing                                                                                                    | ral Rt.)(Dja chỉ cư ngụ: Số nhà, Tả<br>í quí vị cư ngụ) (Đừng dùng số hộp<br>củ cụ, trị nhật của tục cơ của cư cơ<br>address has not changed. (Địa chỉ T<br>g và Số Vùng. Nếu không thể giao t<br>trị nhật của chiếng thể giao thể giảo thể giao thể giao thể giao thể giảo thể giảo thể giao thể giảo thể giao thể giảo thể giảo thể giảo thể giảo thể giảo thể giao thể giao thể giảo thể giể giảo thể giảo thể giảo thể giể giảo | thu hay Rural Rt.)                                                                              | Gender (Optional)<br>(Phái tình) (Không bắt buộc)                                                                                                       |
| Dute of Dirit: month, any, year<br>(Ngày Sauth: tháng, ngày năm)<br>IX Driver's License No. or Per<br>Department of Public Safety) (Số t<br>Nha l                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and political subdivision con<br>nhận rằng tôi vẫn cư ngự tron<br>chữ in tên quận và phân khu t | vithin: (Print below the county<br>ducting the election) (Tôi xác<br>g phạm vi quận) (Xin điển bằng<br>ổ chức bầu cử)<br>is true (Các chi tiết cung cấp |
| Check if you do not have a<br>personal I.D. No (Dánh dầu nếu<br>căn cước)<br>If no TX Driver's License give<br>Security No (Nếu không có bằng<br>thể An Sinh Xã Hội) | không có bằng lái xe hay thê                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - '7 ZUU6                                                                                       | 2/7                                                                                                                                                     |
| Check if you do not have a S                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Preservice by Secretary State New MCAN<br>(Do phing The Ky Hint Chinh Tale Range                | 102707113-2<br>14 Berl 9105 Soc(53.001) BPM 3-03-03)                                                                                                    |

| OCCURRENT OF OTHER 1                                                                                                                                          | STRATION APPLICAT                                                                                                                               |                                                         |                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                               | INSCRIPCION DE VOT                                                                                                                              | 4144134                                                 | -6 sos                                                                                                                       |
| Last Name<br>(Agellife usual)                                                                                                                                 | First Name (NOT BUSBAND'S)<br>(Su nambre de eila) (Siendo major: so el del esp                                                                  |                                                         |                                                                                                                              |
| simmeral) RS                                                                                                                                                  | Apartment Number, City, State, and ZER If none, draw<br>mento, Cludad, Estado, y Cleligo Portal: A falta de estas                               | diales, deseriba ha localidad de su resid               | fancia.) (No incleșa su aparada postal                                                                                       |
| Godigo Postal) (Si es imposible entregada core                                                                                                                | If wall cannot be delivered to your radidance address<br>supordensis a deviction                                                                | <ul> <li>(Diretzión postal, Gazdad, Estado y</li> </ul> | Gender (Optional)                                                                                                            |
|                                                                                                                                                               |                                                                                                                                                 |                                                         | (Sexo) (Optative)<br>Diale (Hombe) Fernale (Mujer)                                                                           |
| Date of Birth: month, dag, year<br>(Fecha de biscinizetele (nes, dia, allo)<br>Check appropriate box: IAMA UN                                                 | City, Cousty, and State of Former Residence<br>(Cityled, Coustado, Enado de margidetica asterior)                                               | TX Driver's License No. or I                            | ) (Nimero de Seglara Aprili) (optation)<br>Personal I.D. No. (Issued by TX                                                   |
| Disque el cuelto apropiado: Soy Cudadare<br>I understand that giving false                                                                                    | a de los Isades Upideo)                                                                                                                         | rupefija je de sa Clebula de letentid<br>norge          | ) (Número de su licendia tejana de<br>ad expedida por el Departamento de                                                     |
| (Entiendo que el becho de proporcionar datos<br>votantes, constituyo el delito de perjuzio o deci<br>federal a samuel b                                       | crime under state and federal law,<br>thises in to obseet respictor material of the state<br>banckla falsa yes un infraction and southe por ley | Telephone Number (Optional                              | ) (Námero telefénice) (opuzito)                                                                                              |
| I affirm that I (17, 2                                                                                                                                        | 2000 AUG 1 6 2000                                                                                                                               | Check tas (Margar el candro)                            | N.                                                                                                                           |
| <ul> <li>am a resident of this count</li> <li>have not been finally convi</li> </ul>                                                                          | cted of a felony or if a t                                                                                                                      |                                                         | bini (Recupluzz)                                                                                                             |
| eligible for registration un<br>and que no he sido condenado/a en de<br>condena, que ency inhibitudo/a para inso<br>por la mechia 13.001 del Cidigo Electorit | der section 13.001, Elec<br>finition per un delte penut, o en can<br>finition per un delte penut, o en can                                      |                                                         | 07, 17, 2000<br>Date (Ricks)                                                                                                 |
| <ul> <li>have not been declared me<br/>judgment of a court of law,<br/>too se no ha dedando mensiones inc</li> </ul>                                          |                                                                                                                                                 | för ef nordre del/de Drædisigner ussels i inn           | pilipant or Printed<br>443/de la adjetante o de<br>a ser a seconaria, eral larna es de un (0<br>a sem dite y pongala fedra.) |

## 42078683:

| 🐼 Voter Update [c1update 03.06]           |                        |                  |                      | <b>×</b>              |
|-------------------------------------------|------------------------|------------------|----------------------|-----------------------|
| ▶ 🗼 → 🖾 <u>S</u> can                      | El <u>e</u> ction Role | N <u>o</u> tices | D <u>i</u> stricts   | Updt Vot Hst          |
| NEW ADD SAUE EXIT View Prov Blts Cance    | el NVRA <u>D</u> up    | Polling Place    | <u>R</u> eg Hist     | View Vot <u>H</u> ist |
| NVRA Source Date Submitted Statu          |                        | cinct<br>22      | Sub CERT             | #<br>78683            |
| File Number                               |                        |                  |                      | Compliant Y           |
|                                           |                        |                  | I.                   |                       |
| Last First                                | Middle                 | Former           |                      | Suffix V              |
| Residence Address                         |                        | _                |                      | _                     |
| Street # Fract Dir Name                   | Type D                 | Dir Unit Type    | Unit #               |                       |
|                                           |                        |                  | _                    |                       |
| City HO Zip 77035 Muni HOUSTON            | Post<br>Office HOU     | STON             | Address<br>Exception |                       |
| Mail Address                              | Gender M DOB           |                  |                      | Former                |
|                                           |                        |                  |                      | County                |
|                                           | DL#                    |                  |                      | <u>Former Resid</u>   |
|                                           | SSN                    | SSN4             | Has No ID N          |                       |
| City State                                | Citizen? Y PW Inte     | erest Signed? Y  | Language             |                       |
| Zip - Non US Addr Clear Mail Addr         | Birth<br>Place         | Jury             | Privacy              |                       |
| ORIG. REG 09/26/2001 EDR 10/26/2001       | FPCA FPCA              | Begin Date       | Disabilit            | y <u>M</u> ore        |
| TEAM REG 09/26/2001 VALID FROM 01/01/2002 | Email                  |                  | _                    | ID Rovd N             |
| DATE OF REC 02/24/2017                    | Cinai                  |                  |                      |                       |
| Comments Election Role Last Year Voted    | Updated by             | HASTINGSS        | 02/24/2              | 2017 01:09 PM         |
|                                           |                        |                  |                      |                       |
|                                           |                        |                  |                      | List <f9></f9>        |

|                                                                                         | Notices [notclist                                                                                            | Print <u>C</u> ertified                                                                      | Print ID Now                                                                                 | Force Status              | Create Notice                              |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------|
| Notices for                                                                             |                                                                                                              |                                                                                              |                                                                                              | Double-clie<br>[Enter] to | notclist v 031126<br>ck or press<br>choose |
| Notice #                                                                                | Created                                                                                                      | Notice Code & Sub                                                                            | Mailed                                                                                       | Returned                  | Return Code                                |
| 20758072<br>17863746<br>14338346<br>11638448<br>8771574<br>6113398<br>3660092<br>954854 | 02/24/2017<br>01/09/2016<br>12/27/2013<br>04/03/2012<br>12/14/2009<br>12/14/2007<br>12/21/2005<br>01/16/2004 | CAN CITZ<br>CERT REN<br>CERT REN<br>CERT REN<br>CERT REN<br>CERT REN<br>CERT REN<br>CERT REN | N 01/14/2016<br>N 01/03/2014<br>N 04/13/2012<br>N 12/22/2009<br>N 12/31/2007<br>N 01/06/2006 |                           | <u>~</u>                                   |

|      |                                                                                              |                                                                                                                                                                     |                      |                                                                                                                               | <b>.</b> .              |                                                         |             |
|------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------|-------------|
|      | Secretary of state                                                                           | STRATION APPLICATION<br>INSCRIPCION DE VOTANTE)                                                                                                                     | Addit                | ional information For Oilio<br>PCT                                                                                            | cial Use O<br>Cett. Non |                                                         | EDR         |
|      | (Arelindo usual)                                                                             | First Name (NOT HUSBAND'S)<br>(Su nombre de pilu) (Stendo muyer: no el del est                                                                                      | poso)                | Middle/Marden Name (It :<br>(Segundo Nombre/Apelludo de So)<br>(Stuere))                                                      | -,-                     | Former Name<br>(Nombre anterior)                        |             |
|      |                                                                                              | Apartment Number, City, State, and ZIP. If nor<br>amenio, Cuudad, Estado, y Código Possol. A falta de e                                                             |                      |                                                                                                                               |                         |                                                         | postal      |
|      | Mailing Address, City, State and ZIP: If<br>Códugo Postal) (Si ex imposible entregarle corre | mail cannot be delivered to your residence adda<br>spondencia a domiolio.)                                                                                          | ress. (I             | Dirección postal, Ciudad, Estado y                                                                                            | (Sexo) (                | r (Optional)<br>Optativo)<br>(Hombre) [] Female         | (Mujer)     |
| ~~   | Date of Birth: month, day, year<br>(Fecha de Nucumiento) (mes día uño)                       | City, County, and State of Former Rusidence<br>(Ciudad, Condado Estado de su readencia auterior)                                                                    |                      | Social Security No. (Onterel)                                                                                                 |                         |                                                         |             |
| 0110 |                                                                                              | ITED STATES CITIZEN Yes                                                                                                                                             | <b>N o</b><br>(No)   | Dept. of Public Salety) (Optional<br>manejar o de su Cédula de Identid<br>Segund                                              | l) (Númer               | ro de su licencia teja                                  | sh ca       |
| 10-A | (Entiendo que el hecho de proporcionar dato                                                  | e information to procure a voter<br>crime under state and federal l<br>s falsos a fin de obtener insempción en el registro<br>clamajon falsa y es uno marco 2 6 200 | de [                 | Te<br>Check one (Marous el cuadro)                                                                                            |                         | co) (opta                                               | άνο)        |
|      | I affirm that P(Declaro que soy)<br>am a resident of this count                              |                                                                                                                                                                     | m                    | New (Nuevo) Change (Car                                                                                                       | ıddar) 🗖                |                                                         |             |
|      |                                                                                              |                                                                                                                                                                     | K<br>K               | C VI SPHINGHI OL ARTIN MIN AFIA                                                                                               |                         | <u><u><u>9</u></u><u>126</u><u>1</u><br/>Date (fec)</u> | ha)         |
|      | 008472903                                                                                    | Na                                                                                                                                                                  | ame of ,<br>apoderad | Applicant if Signed by Witness a<br>lo/a y our parentesco trene el/la apoderado<br>nba el nombre del/de la solicitante usando | nd Date.                | (Farma del'de la soluti<br>olicitante. Si la firma es   | tarate o de |

## 52461886R

| 🚰 Voter Update [c1update 03.06                 | 5]                          |                |                        |               |                          | ×                     |  |  |
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| 🔖 🐘 🛶 🔤                                        | <u>S</u> can                |                | El <u>e</u> ction Role | Notices       | Districts                | Updt Vot Hst          |  |  |
| NEW ADD SAVE EXIT                              | View Prov Blts              | <u>C</u> ancel | NVRA <u>D</u> up       | Polling Place | <u>R</u> eg Hist         | View Vot <u>H</u> ist |  |  |
| NVRA Source                                    | Date Submitted              |                | Reason Pred            |               |                          | RT #                  |  |  |
|                                                |                             |                | CITZ 06                |               | 01 52                    | 2461886               |  |  |
|                                                | File Nur                    | mber           | VU                     | D             |                          | ID Compliant Y        |  |  |
| Last                                           | First                       | Mit            | idle                   | Former        |                          | Suffix V              |  |  |
|                                                |                             |                |                        |               |                          |                       |  |  |
| Residence Address<br>Street # Fract Dir        | Name                        |                | Type D                 | ir Unit Type  | Unit #                   |                       |  |  |
|                                                |                             |                |                        |               |                          |                       |  |  |
| City HO Zip 77041                              | Muni HOUS                   | TON            | Post<br>Office HOU     | STON          | Address<br>Exception     |                       |  |  |
| Mail Address                                   |                             |                |                        |               |                          | Former                |  |  |
|                                                |                             | Ge             | nder M DOE             |               |                          | County                |  |  |
|                                                |                             | DL             | #                      |               |                          | <u>F</u> ormer Resid  |  |  |
|                                                |                             | SS             | 5N                     | SSN-          | las No ID <mark>N</mark> |                       |  |  |
| City                                           | Sta                         | te Cit         | izen?Y PW Inte         | erest Signed? | Y Language               |                       |  |  |
| Zip - Nor                                      | n US Addr C <u>l</u> ear Ma | il Addr Bi     | rth                    | Jury          | Privacy                  |                       |  |  |
| ORIG. REG05/28/2002                            | EDR 06/27/2                 | 2002           | ACE FRCA               | Begin Date    | Disa                     | bility More           |  |  |
| TEAM REG                                       | VALID FROM 06/27/2          |                | - IFCA                 | Degin Date    |                          |                       |  |  |
|                                                | DATE OF REC 04/17/          | 2013 Ema       | iil                    |               |                          | ID Rovd N             |  |  |
| Comments Election Role                         | Last Year                   | Voted          | Updated by             | FOXC          | 04/1                     | 7/2013 07:58 AM       |  |  |
|                                                |                             |                |                        |               |                          |                       |  |  |
| Enter third line if any. Do not put city here. |                             |                |                        |               |                          |                       |  |  |
|                                                |                             |                |                        |               |                          |                       |  |  |

| DEL EXIT                                                          |                                                                                  | Print <u>C</u> ertified                     | F                                       | Print ID Now                                                                     |          | s Create Noti<br>notclist v 03<br>e-click or press<br>] to choose |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------|----------|-------------------------------------------------------------------|
| Notice #                                                          | Created                                                                          | Notice Code &                               | Sub                                     | Mailed                                                                           | Returned | Return Code                                                       |
| 14001528<br>12906127<br>10161551<br>7393295<br>5000745<br>2134357 | 04/17/2013<br>04/04/2012<br>12/14/2009<br>12/14/2007<br>12/21/2005<br>01/17/2004 | CAN<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>REN<br>REN<br>REN | 04/20/2013<br>04/13/2012<br>12/22/2009<br>12/31/2007<br>01/06/2006<br>01/18/2004 |          |                                                                   |

| Sciences of Base<br>Sciences of Base<br>(SOLICITUD DE INSCRIPC)                                                                                                                                                                                           | THE FORCE TON                                                             | Additional Information                                           | For Official Use Only<br>PCT Cost. Nam                                                                      | 1.1208                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Last Name First Name (Applicational)                                                                                                                                                                                                                      | (NOT HUSBAND'S)                                                           | Middle/Maiden<br>D., peaks Frankscik<br>Datischell               |                                                                                                             | (house Asure)                                                            |
| Bompio City years, spran & sprank, Cold, control y ways                                                                                                                                                                                                   | men, describe who                                                         | re you live (De not instade P13<br>& & testimus 11% m.hts to get | How or Roand RL)<br>(add primiting to the word )                                                            |                                                                          |
| Children (Maral) Click where the analysis is write the second state of the                                                                                                                                                                                |                                                                           |                                                                  | Gender (Ope                                                                                                 | ceal)                                                                    |
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| Date of Rich: month, day, year                                                                                                                                                                                                                            | City, County, and State of Portes<br>Kindad. Conduits. Estado de su coulo | Co aniceri                                                       |                                                                                                             | ed by TX                                                                 |
| Chieck appropriate box: I AM A UNITED STA<br>(Marque el candro apropsado: Soy Crudadano/s de los                                                                                                                                                          | TES CITIZEN<br>s Estados Unides) (Si)                                     | de minut a                                                       | antie Nanetyj (Operoanti)<br>de va Cedula di Identidad evpe<br>alde lepo)toporeni                           | chamine de las moderas lajano<br>stata por el Pepartamiter du            |
| I understand that giving false information to per<br>registration is perjury, and a crime under state<br>(White our state) of the properties of the state decision strong<br>reason, consistent of this of properties of the state of the state<br>state. | and federal law.<br>then el aquity de                                     | Check and                                                        | (Magner gl caudar)                                                                                          |                                                                          |
| todard y estand a                                                                                                                                                                                                                                         |                                                                           | New this                                                         | reci Change (Comburi 🔲                                                                                      | Replacement (Records.com                                                 |
| I affirm ti                                                                                                                                                                                                                                               |                                                                           |                                                                  | -                                                                                                           | 5 15 102                                                                 |
| <ul> <li>have not i<br/>eligible fo<br/>and ique n<br/>condena, qu</li> </ul>                                                                                                                                                                             |                                                                           |                                                                  |                                                                                                             | Jute (techa)                                                             |
| baye part 205174817                                                                                                                                                                                                                                       |                                                                           | ne of Applicant<br>s-spedenskols y dat                           | If Signed by Witness and Dat<br>particles to the dila goodenatic or<br>if nonzer delive is web, web mention | ne, cerema debde la solocitarie o<br>politika salicitarie: Schriftente c |



STON For Assistance Call Si Necesita Asistencia Secretary of State's Liame Gratis Al: Office Toll Free: 1-800-252-(VOTE) 8683 NO POSTAGE NEGEOSARY IF MAILED IN THE UNITED STATES 10 ΡM . . ~ AY 2002 BUSINESS REPLY MAIL FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX 77 07 1 HIN ° 007 1 HIM  $\Omega f$ POSTAGE WILL BE PAID BY ADDRESSEE REGISTRAR OF VOTERS COUNTY COURTHOUSE (CITY) (ZIP CODE) Houstan Illudit TK 117 70 41

CHURCHWELL AFFIDAVIT - ATTACHMENT B

#### 56368905R

| NEW ADD SAUE EXIT View P                     | Prov Bl <u>t</u> s <u>C</u> ancel |                             | ices D <u>i</u> stricts<br>g Place <u>R</u> eg Hist | Updt Vot Hst          |
|----------------------------------------------|-----------------------------------|-----------------------------|-----------------------------------------------------|-----------------------|
| NVRA Source Dat                              | to odomittod                      | eason Precinct              |                                                     | 56368905              |
|                                              | File Number                       | VUD                         |                                                     | ID Compliant N        |
| Last First                                   | t Mid                             | lle                         | Former                                              | Suffix V              |
| Residence Address<br>Street # Fract Dir Name |                                   |                             | it Type <u>Unit #</u>                               |                       |
| City HO Zip 77083                            | MuniHOUSTON                       | Post<br>Office HOUSTON      | Address<br>Exception                                | 1                     |
| Mail Address                                 | Ger                               | der F DOB                   |                                                     | Former<br>County      |
|                                              | DL#                               |                             | N4 Has No ID N                                      | <u>F</u> ormer Res    |
| City                                         |                                   | en?Y PW Interest            | Signed? Y Language                                  | •                     |
|                                              | Clear Mail Addr Bird<br>Pla       | ce                          | Jury Privacy                                        |                       |
| 02/04/2004                                   |                                   | A FPCA Begin Dat            | e Dis                                               | sability <u>M</u> ore |
| re-mineo                                     | c 02/09/2007                      |                             |                                                     | ID Rovd N             |
| Comments Election Role                       | Last Year Voted                   | Updated by VUONG<br>as CITZ | P 09/                                               | /01/2016 02:21 PM     |
| Comments                                     | Last Year Voted                   | Updated by VUONG            |                                                     |                       |



CHURCHWELL AFFIDAVIT - ATTACHMENT B APPENDIX PAGE 31

|                                                                                                                                                                                                                                                       | ·,                                                                                                                                                                                                                                                                                                          |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Texas Voter Registration Application                                                                                                                                                                                                                  | www.sos.state.tx.us                                                                                                                                                                                                                                                                                         |  |  |  |
| Please complete sections by printing legibly. If you have any questions about how to fill out this applica-                                                                                                                                           | Prescribed by the Office of the Secretary of State 17.04 BPML1-04 For Official Use Only                                                                                                                                                                                                                     |  |  |  |
| tion, please call the Secretary of State's Office toll<br>free at 1-800-252-VOTE(8683), TDD 1-800-735-<br>2989.<br>Qualifications                                                                                                                     | Este formulario para inscribirse para votar tambien<br>está disponible en Español. Para conseguir la ver-<br>sion en Español favor de llamar sin cargo 1-800-<br>252-8683 a la oficina del Secretario de Estado.                                                                                            |  |  |  |
| <ul> <li>You must register to vote in the county in<br/>which you reside.</li> </ul>                                                                                                                                                                  | Complete These Questions<br>Before Proceeding                                                                                                                                                                                                                                                               |  |  |  |
| • You must be a citizen of the United States.                                                                                                                                                                                                         | Check one New Change Replacement                                                                                                                                                                                                                                                                            |  |  |  |
| <ul> <li>You must be at least 17 years and 10<br/>months old to register, and you must be 18</li> </ul>                                                                                                                                               | Will you be 18 years of age on or<br>before election day?                                                                                                                                                                                                                                                   |  |  |  |
| <ul><li>years of age by election day.</li><li>You must not be finally convicted of a</li></ul>                                                                                                                                                        | If you checked 'no' in response to either of these ques-<br>tions, do not complete this form,                                                                                                                                                                                                               |  |  |  |
| felony, or if you are a felon, you must have<br>completed all of your punishment, including                                                                                                                                                           | Have you ever voted in this county<br>for a federal office?                                                                                                                                                                                                                                                 |  |  |  |
| any term of incarceration, parole, supervi-<br>sion, period of probation, or you must have                                                                                                                                                            | If you answered "no" to this question, be sure to see special<br>instructions regarding identification requirements on the re-<br>verse side of the application.                                                                                                                                            |  |  |  |
| received a pardon.                                                                                                                                                                                                                                    | <ul> <li>Continue below to complete application.</li> </ul>                                                                                                                                                                                                                                                 |  |  |  |
| Last Name First Name Residence Address: Sweet Address and Apartment Number, City, Si Or Recal Rt.)                                                                                                                                                    | Middle Name (If any) Former Name use, and ZIP. If none, describe where you live. (Do not include P.O. Box                                                                                                                                                                                                   |  |  |  |
| Mailing Address: Address, City, State and ZIP: If mail cannot be de                                                                                                                                                                                   | elivered to your residence address.                                                                                                                                                                                                                                                                         |  |  |  |
| Date of Birth: month, day, year Gender (Optional)                                                                                                                                                                                                     | I understand that giving false information to procure a<br>voter registration is perjury, and a crime under state and<br>federal law.                                                                                                                                                                       |  |  |  |
| TX Driver's License No. or Personal LD. No.<br>(Issued by the Department of Public Safety) If none, give last 4<br>digits of your Social Security Number<br>University of the social security, driver's<br>license, or personal identification number | <ul> <li>I affirm that I</li> <li>am a resident of this county;</li> <li>have not been finally convicted of a felony or if a felon<br/>I have completed all of my punishment including any<br/>term of incarceration, parole, supervision, period of<br/>probation, or I have been pardoned; and</li> </ul> |  |  |  |
| Telephone Number, Include Area Code                                                                                                                                                                                                                   | have not been declared mentally incompetent by final judgment of a court of law, <u></u>                                                                                                                                                                                                                    |  |  |  |
| City and County of Former Residence In Texas Signature                                                                                                                                                                                                | of Applicant or Agent and Relationship to Applicant                                                                                                                                                                                                                                                         |  |  |  |
| for Printe                                                                                                                                                                                                                                            | d Name of Applicant if Signed by Witness and Date.                                                                                                                                                                                                                                                          |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u></u>                                                                                                                      | <u>S</u> can                         |                                                                                                                      |                                                                               | Electio                                                                                          | n Role            | Notices           | Distri                   | cts                          | Updt V                                 | ot Hst                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------|-------------------|--------------------------|------------------------------|----------------------------------------|---------------------------------------------|
| EW ADD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              | View                                 | Prov Blts                                                                                                            | Cance                                                                         |                                                                                                  |                   | Iling Place       | Reg H                    |                              | View V                                 |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                      |                                                                                                                      |                                                                               |                                                                                                  | Precinct          | J                 | Sub                      | CER                          |                                        |                                             |
| VRA Source                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                              |                                      | Date Submitted                                                                                                       | C                                                                             |                                                                                                  | 0366              |                   | 03                       | -                            | 23891                                  | 8                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                      | File Nu                                                                                                              |                                                                               | Joine                                                                                            | VUID              |                   |                          |                              | D Compliar                             |                                             |
| ast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                      | licat                                                                                                                |                                                                               | Middle                                                                                           |                   | Formar            |                          |                              | Suffix                                 |                                             |
| ası                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                      | 18                                                                                                                   |                                                                               | Middle                                                                                           |                   | Former            |                          |                              | SUTIX                                  | <b>١</b>                                    |
| sidence Addr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -P88                                                                                                                         | _                                    |                                                                                                                      |                                                                               |                                                                                                  | _                 | _                 |                          | _                            |                                        | -                                           |
| Street #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Fract Dir                                                                                                                    | Nam                                  | e                                                                                                                    |                                                                               | Туре                                                                                             | Dir               | Unit Type         | Unit #                   |                              |                                        |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                      |                                                                                                                      |                                                                               |                                                                                                  |                   |                   |                          |                              |                                        |                                             |
| y HO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Zip 77038                                                                                                                    |                                      | Muni HOUS                                                                                                            | STON                                                                          | Post                                                                                             | HOUST             | N                 | Addr<br>Exce             |                              |                                        |                                             |
| lail Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              |                                      |                                                                                                                      | _                                                                             |                                                                                                  |                   | _                 |                          |                              | Former                                 |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                      |                                                                                                                      |                                                                               | Gender M                                                                                         | DOB               |                   |                          |                              | County                                 |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                      |                                                                                                                      |                                                                               | DL#                                                                                              |                   |                   |                          |                              | Eorme                                  | er Res                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                      |                                                                                                                      |                                                                               | SSN                                                                                              |                   | SSN4              | Has No                   | D N                          |                                        |                                             |
| ity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                      | St                                                                                                                   | ate                                                                           | Citizen? Y                                                                                       | PW Interest       | Signed?           | Y Lang                   | uage                         |                                        |                                             |
| . Ip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - Nor                                                                                                                        | n US Ad                              | dr Clear Ma                                                                                                          | ail Addr                                                                      | Birth                                                                                            |                   | Jury              | Privacy                  |                              |                                        |                                             |
| NO. 050 40/0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              |                                      | EDR 01/30/                                                                                                           |                                                                               | Place                                                                                            |                   | July              | Privacy                  |                              |                                        | Max                                         |
| RIG. REG 12/3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              |                                      | ROM 01/30/                                                                                                           |                                                                               | FPCA                                                                                             | FPCA Beg          | in Date           |                          | Disabi                       | ility                                  | Mor                                         |
| AM REG <b>12/3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31/2003                                                                                                                      |                                      | REC 07/26                                                                                                            |                                                                               | Email                                                                                            |                   |                   |                          |                              | ID Ro                                  | vd N                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                      | 01120                                                                                                                | 12010                                                                         |                                                                                                  |                   |                   |                          | _                            |                                        |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Election Date                                                                                                                |                                      | Leek Mare                                                                                                            | a Material                                                                    | 11-                                                                                              | distant laws 1.41 | 1074              |                          | 07/00                        |                                        | 45.44                                       |
| omments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Citizen Lie                                                                                                                  | et: mai                              | Last Yea                                                                                                             | · · · · ·                                                                     |                                                                                                  | dated by MU       | NOZA              | ]                        | 07/26                        | /2018 10                               | :45 AN                                      |
| eam Non                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Citizen Lis                                                                                                                  |                                      | rked No to                                                                                                           | o citizens                                                                    | ship.                                                                                            | dated by MU       | NOZA              |                          | 07/26/                       |                                        |                                             |
| eam Non                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                      | rked No to                                                                                                           | o citizens                                                                    | ship.                                                                                            | dated by MU       | NOZA              |                          | 07/26/                       |                                        | :45 AN<br><mark>:t <f< mark=""></f<></mark> |
| eam Non<br>Jency or S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Citizen Lis                                                                                                                  | gistra                               | rked No to<br>tion for st                                                                                            | o citizens                                                                    | ship.                                                                                            | dated by MU       | NOZA              |                          | 07/26/                       |                                        |                                             |
| eam Non<br>Jency or S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Citizen Lis<br>ource of re<br>Notices [not                                                                                   | gistra                               | rked No to<br>tion for st                                                                                            | o citizens<br>atistical p                                                     | ship.                                                                                            |                   | NOZA<br>Force Sta | itus                     |                              |                                        | st <f< th=""></f<>                          |
| eam Non<br>Jency or S<br>List of Voter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Citizen Lis<br>source of re<br>Notices [not                                                                                  | gistra                               | r <b>ked No to</b><br>tion for st                                                                                    | o citizens<br>atistical p                                                     | ship.<br>purposes.                                                                               |                   |                   | itus                     | Cre                          | Lis                                    | ice                                         |
| eam Non<br>Jency or S<br>List of Voter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Citizen Lis<br>source of re<br>Notices [not                                                                                  | gistra                               | r <b>ked No to</b><br>tion for st                                                                                    | o citizens<br>atistical p                                                     | ship.<br>purposes.                                                                               |                   | Force Sta         | Jble-click               | Cre<br>no<br>or pre          | Lis<br>ate Not<br>otclist v 03         | ice                                         |
| eam Non<br>Jency or S<br>List of Voter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Citizen Lis<br>source of re<br>Notices [not                                                                                  | gistra                               | r <b>ked No to</b><br>tion for st                                                                                    | o citizens<br>atistical p                                                     | ship.<br>purposes.                                                                               |                   | Force Sta         |                          | Cre<br>no<br>or pre          | Lis<br>ate Not<br>otclist v 03         | ice                                         |
| eam Non<br>Jency or S<br>List of Voter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Citizen Lis<br>source of re<br>Notices [not                                                                                  | e <b>gistra</b><br>clist 03.0        | r <b>ked No to</b><br>tion for st                                                                                    | o citizens<br>atistical p                                                     | ship.<br>purposes.                                                                               | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre          | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| eam Non<br>Jency or S<br>List of Voter<br>DEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Citizen Lis<br>cource of re<br>Notices [not                                                                                  | clist 03.0                           | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Notice Cod<br>CAN                                         | o citizens<br>atistical p<br>ified                                            | Print ID N<br>Mailee                                                                             | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| List of Voter<br>DEL EXIT<br>Notices for<br>Notice #<br>23923600<br>22067987                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Created<br>07/26/201<br>12/18/201                                                                                            | clist 03.0                           | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Notice Cod<br>CAN<br>CERT                                 | ified                                                                         | Print ID N<br>Mailee<br>07/28/<br>12/22/                                                         | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| List of Voter<br>List of Voter<br>DEL EXII<br>Notices for<br>Notice #<br>23923600<br>22067987<br>18554611                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Citizen Lis<br>cource of re<br>Notices [not<br>Notices [not<br>Created<br>07/26/201<br>12/18/201<br>01/10/201                | egistra<br>clist 03.0                | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Notice Cod<br>CAN<br>CERT<br>CERT                         | o citizens<br>atistical p<br>ified  <br>de & Sub<br>CITZ<br>REN<br>REN        | hip.<br>purposes.<br>Print ID N<br>Mailee<br>07/28/<br>12/22/<br>01/14/                          | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| List of Voter<br>List of Voter<br>ELEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Created<br>07/26/201<br>12/18/201<br>01/10/201                                                                               | egistra<br>clist 03.0                | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Notice Cod<br>CAN<br>CERT<br>CERT<br>CERT                 | o citizens<br>atistical p<br>ified  <br>le & Sub<br>CITZ<br>REN<br>REN<br>REN | Mailee<br>07/28/,<br>12/22/,<br>01/14/,<br>01/03/,                                               | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| eam Non<br>ency or S<br>List of Voter<br>EL EXII<br>Notices for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Citizen Lis<br>cource of re<br>Notices [not<br>Notices [not<br>Created<br>07/26/201<br>12/18/201<br>01/10/201                | egistra<br>clist 03.0                | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Notice Cod<br>CAN<br>CERT<br>CERT                         | ified                                                                         | Mailee<br>07/28/<br>12/22/<br>01/14/<br>01/03/<br>12/22/<br>01/14/<br>01/03/<br>12/22/           | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| Non           earn Non           jency or S           jency or S           List of Voter           DEL           DEL           EXII           Notices for           23923600           22067987           18554611           15061193           12260726           9448438           6739392                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Created<br>07/26/201<br>12/18/201<br>04/03/201<br>12/14/200<br>12/14/200<br>12/14/200                                        | egistra<br>clist 03.0<br>2<br>9<br>7 | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Notice Cod<br>CAN<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | ified                                                                         | Mailee<br>07/28/<br>12/22/<br>01/14/<br>01/03/<br>12/22/<br>01/14/<br>01/03/<br>12/22/<br>12/31/ | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| Nonice           ist of Voter           ist of Voter | Created<br>07/26/201<br>12/18/201<br>01/10/201<br>12/14/200<br>12/14/200<br>12/14/200<br>12/14/200<br>12/14/200<br>12/14/200 | clist 03.0                           | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Cert<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT      | ified                                                                         | Mailee<br>07/28/<br>12/22/<br>01/14/<br>01/03/<br>04/13/<br>12/22/<br>12/22/<br>01/06/<br>01/06/ | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| Non           earn Non           jency or S           jency or S           List of Voter           DEL           DEL           EXII           Notices for           23923600           22067987           18554611           15061193           12260726           9448438           6739392                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Created<br>07/26/201<br>12/18/201<br>04/03/201<br>12/14/200<br>12/14/200<br>12/14/200                                        | clist 03.0                           | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Notice Cod<br>CAN<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | ified                                                                         | Mailee<br>07/28/<br>12/22/<br>01/14/<br>01/03/<br>04/13/<br>12/22/<br>12/31/<br>01/06/           | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| Nonice           ist of Voter           ist of Voter | Created<br>07/26/201<br>12/18/201<br>01/10/201<br>12/14/200<br>12/14/200<br>12/14/200<br>12/14/200<br>12/14/200<br>12/14/200 | clist 03.0                           | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Cert<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT      | ified                                                                         | Mailee<br>07/28/<br>12/22/<br>01/14/<br>01/03/<br>04/13/<br>12/22/<br>12/22/<br>01/06/<br>01/06/ | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |
| Nonice           ist of Voter           ist of Voter | Created<br>07/26/201<br>12/18/201<br>01/10/201<br>12/14/200<br>12/14/200<br>12/14/200<br>12/14/200<br>12/14/200<br>12/14/200 | clist 03.0                           | rked No to<br>tion for st<br>D6]<br>Print <u>C</u> erti<br>Cert<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT      | ified                                                                         | Mailee<br>07/28/<br>12/22/<br>01/14/<br>01/03/<br>04/13/<br>12/22/<br>12/22/<br>01/06/<br>01/06/ | ow                | Force Sta         | uble-click<br>ter] to ch | Cre<br>no<br>or pre<br>oose. | Lis<br>eate Not<br>otclist v 02<br>ess | ice                                         |

| 10 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                               |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Prescribed by the VOTER REGISTRATION APPLICATION  Additional Info<br>Secretary of State (SOLICITUD DE INSCRIPCION DE VOTANTE) (SOLICITUD DE INSCRIPCION DE VOTANTE) (Solicitud angles and the secretary of giba (Stendarmajer, so al del segond) (Sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | For Official Use Only<br>PCT         For Official Use Only<br>Cert. Num.         EDR           ddle/Malden Name (If any)<br>publo Nombro/Apelido de Schera         Former Name<br>(Nembro Anterior)                                                                                                                                                                 |
|    | Residence Address: Street Address and Apartment Number, City, State, and ZHT: in num, describe where you live. (Do n<br>(D)<br>Mulling Address, City, State and ZHP: If man cannot be unaryout or your or you are considered as receiving out of the second state of the second | ad, Estado y Gender (Optional)<br>(Seco:Optional)<br>Male (Hombre) Female (Mujer)                                                                                                                                                                                                                                                                                   |
|    | Check appropriate box: 1 AM A UNITED STATES CITIZEN Vs. (No)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TX Driver's License No. or Personal LD. No. (Issued by a<br>Dept. of Public Safety) (Optional) (Nonero de su licencia tejara<br>de matejar n de su Cédala de Identidad expedida por el Departamento de<br>Separidad Pública de Tejasi (optaivo)                                                                                                                     |
|    | I understand that giving false information to procure a voter<br>registration is perjury, and a crime under state and federal law.<br>(Extends que el becto de propercionar dutos falses a fin de obteacr inscripción en el region de<br>votante, constituye el delino de projecio declaración falsa y es una infracción suncionable por ley<br>foderal y estuda).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Telephone Number (Optional) (Néresro telefónico) (optativo) Check one (Marque el cuadro) New (Neevo) Change (Cambiar) (2, /23.103                                                                                                                                                                                                                                   |
|    | I affirm that I (Declaro que soy) am a resident of this county; (residente del condado) may aresident of this county; (residente del condado) have unot been finally convicted of a felony or if a felon I am eligible for registration under section 13.001, Election Code; and (que ro he sido condenador an definity a per un defino pend, o en caso de tal condena, que essay habilitativa para inscribirme, a tenor de lo dispuesto condena, que essay habilitativa pendiactiva feloratul Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date (fecha)<br>nature of Applicant or Agent and sectors and Date. (Ferm delde la solicitate o<br>ne of Applicant if Signed by Witness and Date. (Ferm delde la solicitate o<br>upoderado ly qué parettesco tiene eUn apoderado con eUn solicitate. Si la firma eu<br>a(a) instigo, escriba el nombre delde la solicitate usando letra de receitr y porga la fecha. |

| 🔊 Voter Update [c1update 03.06]                                                                                                             |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEW         SAUE         EXIT         Scan           NEW         ADD         SAUE         EXIT         View         Prov Blts         Cance | Election Role         Notices         Districts         Updt Vot Hst           el         NVRA Dup         Polling Place         Reg Hist         View Vot Hist |
| NVRA Source Date Submitted Statu                                                                                                            | CITZ 0468 01 56833684                                                                                                                                           |
| File Number                                                                                                                                 | VUID     ID Compliant N       Middle     Former       Suffix     V                                                                                              |
| Residence Address<br>Street # Fract Dir Name                                                                                                | Post LICULOTON Address                                                                                                                                          |
| City HO Zip 77066 Muni HOUSTON Mail Address                                                                                                 | Post HOUSTON Address Exception Gender M DOB Former County                                                                                                       |
|                                                                                                                                             | DL# Eormer Resid                                                                                                                                                |
| City         State           Zip         -         Non US Addr         Clear Mail Addr                                                      | Citizen? Y PW Interest Signed? Y Language<br>Birth<br>Place Jury Privacy                                                                                        |
| ORIG. REG 05/11/2004 EDR 06/10/2004<br>TEAM REG VALID FROM 06/10/2004                                                                       | FPCA FPCA Begin Date Disability More                                                                                                                            |
| Comments Election Role Last Year Voted Processor ErrorVoter marked NO to citzn;                                                             | Updated by MUNOZA 08/31/2016 04:34 PM                                                                                                                           |

riease complete sections by printing regiony. It you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989.

#### Qualifications

- · You must register to vote in the county in which you reside.
- · You must be a citizen of the United States.
- · You must be at least 17 years and 10 months old to register, and you must be 18 years of age by election day.
- · You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

FOR OTHERM CREATING

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la ver-sion en Español favor de llamar sin cargo 1-800-252-8633 a la oficina del Secretario de Estado.

| Complete These Question                                                                                                         | s              |
|---------------------------------------------------------------------------------------------------------------------------------|----------------|
| Before Proceeding                                                                                                               |                |
| Check one YNew Change Repla                                                                                                     |                |
| Are you a United States Citizen?                                                                                                | TYes Trivo     |
| Will you be 18 years of age on or<br>before election day?                                                                       | Yes 🗆 No       |
| If you checked 'no' in response to either<br>tions, do not complete this form.                                                  | of these ques- |
| Have you ever voted in this county<br>for a federal office?                                                                     | 🗆 Yes 🖾 No     |
| If you answered "no" to this question, be su<br>instructions regarding identification require<br>verse side of the application. |                |

#### Continue below to complete application.

| Las <u>t Name</u>                 | First Name                 | Middle Name (f any) Former Name                                                                                                                                                                           |
|-----------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| or Rural Rt.)                     |                            | nber, City, State, and ZIP. If none, describe where you live. (Do not include P.O. But Houston, TX 77066                                                                                                  |
| Mailing Address: Add              |                            | cannot be drivered to your residence address.                                                                                                                                                             |
|                                   | Male I                     | Female voter registration is perjury, and a crime under state and<br>ideral law.<br>affirm that I                                                                                                         |
|                                   | ot have a social security, | am a resident of this county;<br>have not been finally convicted of a felony or if a felo<br>I have completed all of my punishment including any<br>term of incarceration, parole, supervision, period of |
|                                   | al identification numb     | <ul> <li>er</li> <li>have not been declared mentally incompetent by final</li> </ul>                                                                                                                      |
| Telephone Number, I<br>(Optional) |                            | X                                                                                                                                                                                                         |
| City and County of Fo             | rmer Residence In Texas    | Signature or Applicant or Agent and Relationship to Applicat                                                                                                                                              |

Houston, Harris or Printed Name of Applicant of Signed by Witness and Date.

| DEL EXIT                                             |                                                                    |                                    |                                   |                                                                    |          | notclist v 034<br>click or press<br>to choose |
|------------------------------------------------------|--------------------------------------------------------------------|------------------------------------|-----------------------------------|--------------------------------------------------------------------|----------|-----------------------------------------------|
| Notice #                                             | Created                                                            | Notice Code                        | & Sub                             | Mailed                                                             | Returned | Return Code                                   |
| 20266521<br>7993369<br>6919422<br>4506284<br>2618896 | 08/31/2016<br>06/19/2008<br>12/14/2007<br>12/21/2005<br>05/14/2004 | CAN<br>CAN<br>CERT<br>CERT<br>CERT | CITZ<br>CITZ<br>REN<br>REN<br>NEW | 09/02/2016<br>02/09/2010<br>12/31/2007<br>01/06/2006<br>05/22/2004 |          |                                               |

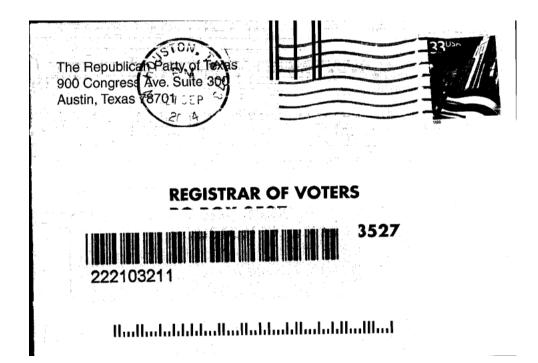
| Voter Update [c1update 03.06]                                                                      |                             |                |                                          |                         |                                       | <b>.</b>                                |
|----------------------------------------------------------------------------------------------------|-----------------------------|----------------|------------------------------------------|-------------------------|---------------------------------------|-----------------------------------------|
|                                                                                                    | an<br>ew Prov Bl <u>t</u> s | <u>C</u> ancel | El <u>e</u> ction Ro<br>NVRA <u>D</u> uj |                         | Districts<br>Reg Hist                 | Updt Vot Hst<br>View Vot <u>H</u> ist   |
| NVRA Source                                                                                        | Date Submitted              | C              | CITZ                                     | Precinct<br>0521<br>VUD |                                       | RT #<br>8354937                         |
| Last                                                                                               | First                       |                | idle                                     | Former                  |                                       | Suffix V                                |
| Residence Address           Street #         Fract         Dir           City KA         Zip 77449 | Name<br>Muni KATY           |                | Type<br>Post<br>Office                   | Dir Unit Type           | Unit #<br>Address<br>Exception        |                                         |
| Mail Address                                                                                       |                             | Ge             | nder F DOE<br>#                          |                         |                                       | Former<br>County<br><u>F</u> ormer Resi |
| City<br>Zip – Non US                                                                               | State<br>Addr Clear Mail    | Addr Bi        | izen? <b>Y</b> PW                        | SSN4<br>Interest Signed | Has No ID N<br>?Y Language<br>Privacy |                                         |
| 120 00 102 0                                                                                       | EDR 11/04/20                | 04 FF          | _                                        | CA Begin Date           |                                       | ability <u>M</u> ore                    |
| Comments Election Role                                                                             | Last Year Vo                | oted           | Updated                                  | by CARPENTERR           | 09/0                                  | 1/2016 09:49 AM                         |
| Agency or Source of regis                                                                          | tration for stati           | stical purp    | ooses.                                   |                         |                                       | List <f9< th=""></f9<>                  |

| List of Voter                             |                                                      | 03.06]<br>Print <u>C</u> ertified | Print ID Now                                                                                                               | Force Status | Create Notice                                 |
|-------------------------------------------|------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------|
| Notices for                               |                                                      |                                   |                                                                                                                            |              | notclist v 0311<br>click or press<br>o choose |
| Notice #                                  | Created                                              | Notice Code & S                   | ub Mailed                                                                                                                  | Returned     | Return Code                                   |
| 20268679<br>5695988<br>4638850<br>2918598 | 09/01/2016<br>02/08/2007<br>12/21/2005<br>10/27/2004 | CAN CERT F                        | DJTZ         09/03/2016           DTZ         02/16/2007           EEN         01/06/2006           EEW         11/11/2004 |              |                                               |

|                                                                                               | STEP 3                                              | and the second se |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KATY TX 77449-7647                                                                            | procur                                              | rstand that giving false information to<br>e a voter registration is perjury, and a<br>under state and federal law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 200,800,000 € 100,000 € 100,000<br>100,000 € 100,000 € 100,000<br>100,000 € 100,000 € 100,000 | <ul> <li>am</li> <li>have</li> <li>felor</li> </ul> | n that I:<br>a resident of this county;<br>e not been finally convicted of a<br>ny, or if a felon, I have completed all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| STEP 2 COMPLETE THESE QUESTIONS                                                               | of m<br>inca<br>of p<br>and<br>• have               | y punishment including any term of<br>recertion, parole, super vision, period<br>robation, or I have been pardoned;<br>not been declared mentally<br>moretent by final judgment of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check one: New Change Replacement                                                             | cour                                                | a 78 AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Are you a United States Citizen? Yes No                                                       | - 19 <u>4</u> 3                                     | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Will you be 18 years of age                                                                   | X<br>Signatu                                        | re of applicant or Agens and Relationship to<br>at or Printed Name of Applicant if Signed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Have you ever voted in this Yes Yes                                                           | Witness                                             | and Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| 🔊 Voter Update [c1update 03.06]              |                            |               |                      | ×                      |
|----------------------------------------------|----------------------------|---------------|----------------------|------------------------|
| ► ► E                                        | El <u>e</u> ction Role     | _             | D <u>i</u> stricts   | Updt Vot Hst           |
| NEW ADD SAVE EXIT View Prov Blts Cance       | el NVRA <u>D</u> up        | Polling Place | <u>R</u> eg Hist     | View Vot <u>H</u> ist  |
| NVRA Source Date Submitted Statu             | is / Reason Pre<br>CITZ 08 | cinct<br>85   | Sub CER<br>02 57     | स #<br><b>/807075</b>  |
| File Number                                  | VU                         | ID            |                      | ID Compliant Y         |
| Last First                                   | Middle                     | Former        |                      | Suffix V               |
| Residence Address<br>Street # Fract Dir Name |                            | )ir Unit Type | Unit #               |                        |
| City HU Zip 77346 Muni HUMBLE                | Post<br>Office             | BLE           | Address<br>Exception |                        |
| Mail Address                                 | Gender DOB                 |               |                      | Former                 |
|                                              | DL#                        |               |                      | County<br>Former Resid |
|                                              | SSN                        | SSN4          | Has No ID N          |                        |
| City State                                   | Citizen?Y PW Inte          | erest Signed? | Y Language           |                        |
| Zip - Non US Addr Clear Mail Addr            | Birth<br>Place             | Jury          | Privacy              |                        |
| ORIG. REG 10/01/2004 EDR 10/31/2004          |                            | Begin Date    | Disab                | oility <u>M</u> ore    |
| TEAM REG 10/01/2004 VALID FROM 10/31/2004    | Email                      |               |                      | ID Rovd N              |
| DATE OF REC 09/06/2017                       |                            |               |                      |                        |
|                                              |                            | ESCOBEDON     | 09/06                | 6/2017 09:57 AM        |

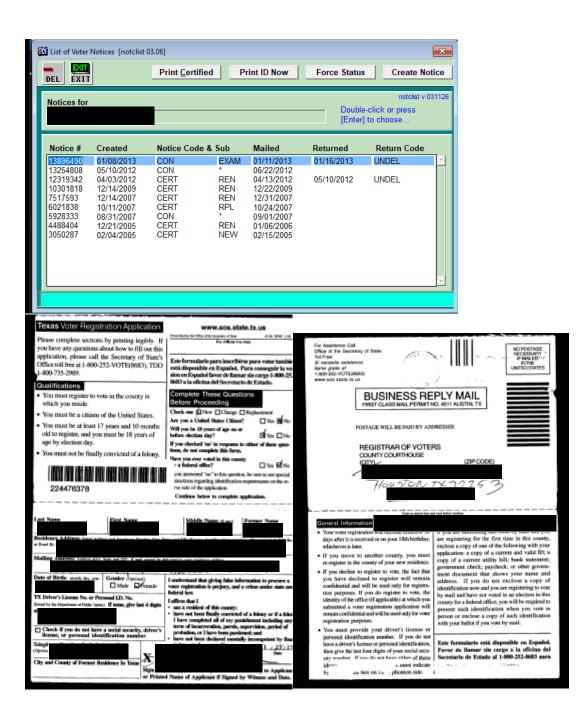
| STEP 1 TEXAS VOTER REGIS                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HUMBLE TX 77346-3264<br>DOB:                                                                                                                                                              | I understand that giving false information to<br>procure a voter registration is perjury, and a<br>crime under state and federal law.<br>I affirm that I:<br>• am a resident of this county;<br>• have not been finally convicted of a<br>felony, or if a felon, I have completed all<br>of my punishment including any term of<br>incarceration, parole, supervision, period<br>of probation, or I have been pardoned;<br>and<br>• have not been declared mentally |
| Check one: New Change Replacement Are you a United States Citizen? Yes No Will you be 18 years of age on or before election day? Have you ever voted in this county for a federal office? | incompetent by final judgment of a<br>court of law.<br>X<br>Sign<br>Sign<br>Applicant or Printed Name of Applicant if Signed by<br>Witness and Date.                                                                                                                                                                                                                                                                                                                |



|                                                                                           | Notices [notclist                                                                                            | 03.06]                                              |                                                |                                                                                                              |              | ×                                              |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------|
| DEL EXIT                                                                                  |                                                                                                              | Print <u>C</u> ertifi                               | ed P                                           | rint ID Now                                                                                                  | Force Status | Create Notice                                  |
| Notices for                                                                               |                                                                                                              |                                                     |                                                |                                                                                                              |              | notclist v 031126<br>lick or press<br>o choose |
| Notice #                                                                                  | Created                                                                                                      | Notice Code                                         | & Sub                                          | Mailed                                                                                                       | Returned     | Return Code                                    |
| 21057545<br>19584513<br>16096809<br>13142915<br>10285592<br>7503327<br>5114873<br>2813558 | 09/06/2017<br>01/10/2016<br>12/28/2013<br>04/04/2012<br>12/14/2009<br>12/14/2007<br>12/21/2005<br>10/02/2004 | CAN<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>REN<br>REN<br>REN<br>NEW | 09/09/2017<br>01/14/2016<br>01/03/2014<br>04/13/2012<br>12/22/2009<br>12/31/2007<br>01/06/2006<br>10/04/2004 |              |                                                |

| Voter Update [c1update 03.              | 06]                         |                                        |                                             |                          |                                        | X                             |
|-----------------------------------------|-----------------------------|----------------------------------------|---------------------------------------------|--------------------------|----------------------------------------|-------------------------------|
|                                         |                             | Cancel                                 | l <u>e</u> ction Role<br>NVRA Dup <b>Po</b> | Notices                  | D <u>i</u> stricts<br><u>R</u> eg Hist | Updt Vot Hst<br>View Vot Hist |
| NVRA Source                             | Date Submittee              | Status / Rea                           | ison Precinct                               |                          | Sub CER<br>01 58                       | ⊤#<br>768235                  |
| Last                                    | File N<br>First             | umber<br>Middle                        | VUID                                        | Former                   |                                        | D Compliant N<br>Suffix V     |
| Residence Address<br>Street # Fract Dir |                             |                                        | vne Dir                                     | Unit Type                | Unit #                                 |                               |
| City TO Zip 77375<br>Mail Address       | Muni                        | Gende                                  | Post<br>Office TOMBAL                       |                          | Exception                              | Former<br>County              |
|                                         |                             | DLi                                    |                                             | SSN4                     | Has No ID <b>N</b>                     | <u>Former Resi</u>            |
| City                                    | 0                           | tata                                   |                                             |                          |                                        |                               |
|                                         | on US Addr C <u>l</u> ear M | Place                                  |                                             | Signed? <b>Y</b><br>Jury | Language<br>Privacy                    | m Moro                        |
|                                         |                             | lail Addr Birth<br>/2005 FPCA<br>/2005 |                                             | Signed? <b>Y</b><br>Jury | Language                               | ility <u>M</u> ore            |

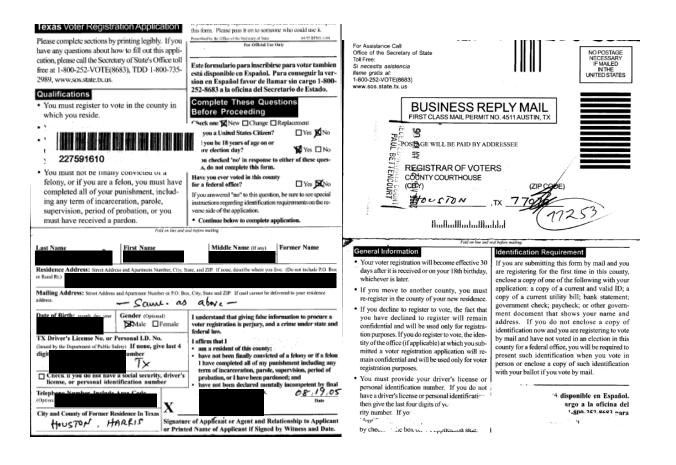
Agency of Source of registration for statistical purposes

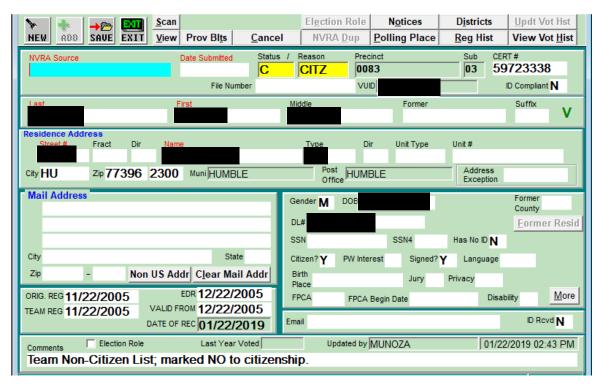


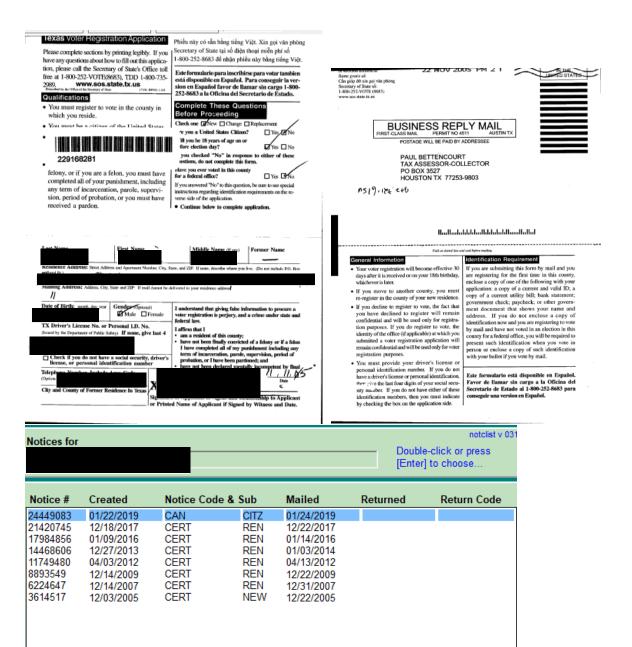
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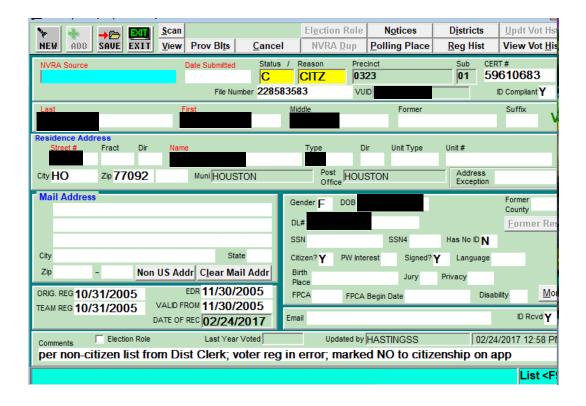
|                                                                                                               | [c1update 03.0                                                                                  |                                                                                                      |                                    |                                   |                                                                              |                            |                                       | L                                       |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|------------------------------------------------------------------------------|----------------------------|---------------------------------------|-----------------------------------------|
| אייע איז                                                                  |                                                                                                 | <u>S</u> can                                                                                         | Droy Dite                          | Canaal                            | Election Rol                                                                 | e Notices<br>Polling Place | Districts                             | Updt Vot Hs                             |
|                                                                                                               | SHUE EVII                                                                                       |                                                                                                      | Prov Bl <u>t</u> s                 | <u>C</u> ancel                    |                                                                              | -                          | Reg Hist                              | View Vot <u>H</u> is                    |
| NVRA Source                                                                                                   |                                                                                                 |                                                                                                      | Date Submitted                     | Status /                          |                                                                              | ecinct<br>823              |                                       | RT #<br>9367375                         |
| 1                                                                                                             |                                                                                                 |                                                                                                      | File Nu                            |                                   |                                                                              | /UID                       |                                       | ID Compliant Y                          |
| Last                                                                                                          |                                                                                                 | F                                                                                                    | irst                               | h                                 | liddle                                                                       | Former                     |                                       | Suffix                                  |
|                                                                                                               |                                                                                                 |                                                                                                      |                                    |                                   |                                                                              |                            |                                       | \<br>\                                  |
| esidence Addi<br>Street #                                                                                     | ress<br>Fract Dir                                                                               | Name                                                                                                 | e                                  |                                   | Туре                                                                         | Dir Unit Type              | Unit #                                |                                         |
|                                                                                                               |                                                                                                 |                                                                                                      |                                    |                                   |                                                                              |                            |                                       |                                         |
| City HO                                                                                                       | Zip 77070                                                                                       |                                                                                                      | Muni HOUS                          | STON                              | Post<br>Office HO                                                            | USTON                      | Address<br>Exception                  |                                         |
| Mail Address                                                                                                  | ;                                                                                               |                                                                                                      |                                    | 0                                 | Gender M DOB                                                                 |                            |                                       | Former                                  |
|                                                                                                               |                                                                                                 |                                                                                                      |                                    |                                   | DL#                                                                          |                            |                                       | County                                  |
|                                                                                                               |                                                                                                 |                                                                                                      |                                    |                                   | SSN                                                                          | SSN4                       | Has No ID N                           | <u>Former Re</u>                        |
| City                                                                                                          |                                                                                                 |                                                                                                      | St                                 |                                   |                                                                              | iterest Signed?            |                                       |                                         |
| Zip                                                                                                           | - No                                                                                            | n US Ade                                                                                             | dr Clear Ma                        |                                   | Birth                                                                        |                            | Privacy                               |                                         |
| DRIG. REG <mark>08/2</mark>                                                                                   |                                                                                                 |                                                                                                      | EDR 09/25/                         | 2005                              | Place                                                                        | Jury                       |                                       | ibility <u>M</u> o                      |
| EAM REG                                                                                                       | 20/2005                                                                                         |                                                                                                      | ROM 09/25/                         |                                   | FPCA FPC                                                                     | A Begin Date               | Disa                                  | ibility <u>IVI</u> O                    |
|                                                                                                               |                                                                                                 | DATE OF                                                                                              | REC 12/06                          | /2007 Er                          | mail                                                                         |                            |                                       | ID Rovd N                               |
| Comments                                                                                                      | Election Role                                                                                   |                                                                                                      | Last Yea                           | r Voted                           | Updated t                                                                    | VUONGP                     | 09/0                                  | 1/2016 02:09 P                          |
| Not a Citiz                                                                                                   |                                                                                                 | CVNC                                                                                                 |                                    | 1 100/00                          | 10040                                                                        |                            |                                       |                                         |
|                                                                                                               |                                                                                                 | SINC                                                                                                 | героп а                            | ated 08/23                        | /2016; recai                                                                 | ncel as CITZ               |                                       |                                         |
|                                                                                                               |                                                                                                 |                                                                                                      |                                    | ated 08/23                        | /2016; recai                                                                 | ncel as CIIZ               |                                       | List <f< th=""></f<>                    |
|                                                                                                               | Notices [notcl                                                                                  | list 03.06]                                                                                          |                                    |                                   | /2016; recar                                                                 | Force Stat                 | tus Cre                               | List <f< th=""></f<>                    |
| List of Voter N                                                                                               |                                                                                                 | list 03.06]                                                                                          | ]                                  |                                   |                                                                              |                            |                                       | eate Notice                             |
| List of Voter N<br>EL                                                                                         |                                                                                                 | list 03.06]                                                                                          | ]                                  |                                   |                                                                              | Force Stat                 | n                                     | eate Notice                             |
| List of Voter N<br>EL EXIT                                                                                    |                                                                                                 | list 03.06]                                                                                          | ]                                  |                                   |                                                                              | Force Stat                 |                                       | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT                                                                                    |                                                                                                 | list 03.06]                                                                                          | ]                                  |                                   |                                                                              | Force Stat                 | n<br>ble-click or pr                  | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT                                                                                    |                                                                                                 | list 03.06)<br>                                                                                      | ]                                  | ied Pr                            |                                                                              | Force Stat                 | n<br>ble-click or pr                  | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT<br>Notices for<br>Notice #<br>20269024                                             | Notices [notcl                                                                                  | list 03.06j<br>P<br>Na                                                                               | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed                                                                       | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXII<br>Notices for<br>Notice #<br>20269024<br>5075939                                  | Notices [notcl<br>Created<br>09/01/2016<br>12/06/2007                                           | list 03.06)<br>P<br>Na<br>C/<br>C/                                                                   | rint <u>C</u> ertifi<br>otice Code | ied Pr<br>e & Sub<br>CITZ<br>CITZ | mailed<br>09/03/2016<br>12/08/2007                                           | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT<br>Notices for<br>20269024<br>5075939<br>5020547                                   | Notices [notcl                                                                                  | list 03.06)<br>P<br>N(<br>C/<br>C/<br>C/                                                             | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed                                                                       | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT<br>Notices for<br>Notice #<br>20269024<br>5075939<br>5020547<br>5935397<br>5180555 | Notices [notcl<br>Created<br>09/01/2016<br>12/06/2007<br>10/11/2007<br>08/31/2007<br>12/21/2005 | list 03.06)<br>P<br>No<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/ | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed<br>09/03/2016<br>12/08/2007<br>10/24/2007<br>09/01/2007<br>01/06/2006 | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT<br>Notices for<br>Notice #<br>20269024<br>5075939<br>5020547<br>5935397<br>5180555 | Notices [notcl<br>Created<br>09/01/2016<br>12/06/2007<br>10/11/2007<br>08/31/2007               | list 03.06)<br>P<br>No<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/ | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed<br>09/03/2016<br>12/08/2007<br>10/24/2007<br>09/01/2007<br>01/06/2006 | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT<br>Notices for<br>Notice #<br>20269024<br>5075939<br>5020547<br>5935397<br>5180555 | Notices [notcl<br>Created<br>09/01/2016<br>12/06/2007<br>10/11/2007<br>08/31/2007<br>12/21/2005 | list 03.06)<br>P<br>No<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/ | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed<br>09/03/2016<br>12/08/2007<br>10/24/2007<br>09/01/2007<br>01/06/2006 | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT<br>Notices for<br>Notice #<br>20269024                                             | Notices [notcl<br>Created<br>09/01/2016<br>12/06/2007<br>10/11/2007<br>08/31/2007<br>12/21/2005 | list 03.06)<br>P<br>No<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/ | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed<br>09/03/2016<br>12/08/2007<br>10/24/2007<br>09/01/2007<br>01/06/2006 | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
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| List of Voter N<br>EL EXIT<br>Notices for<br>Notice #<br>20269024<br>5075939<br>5020547<br>5935397<br>5180555 | Notices [notcl<br>Created<br>09/01/2016<br>12/06/2007<br>10/11/2007<br>08/31/2007<br>12/21/2005 | list 03.06)<br>P<br>No<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/ | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed<br>09/03/2016<br>12/08/2007<br>10/24/2007<br>09/01/2007<br>01/06/2006 | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT<br>Notices for<br>Notice #<br>20269024<br>5075939<br>5020547<br>5935397<br>5180555 | Notices [notcl<br>Created<br>09/01/2016<br>12/06/2007<br>10/11/2007<br>08/31/2007<br>12/21/2005 | list 03.06)<br>P<br>No<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/ | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed<br>09/03/2016<br>12/08/2007<br>10/24/2007<br>09/01/2007<br>01/06/2006 | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT<br>Notices for<br>Notice #<br>20269024<br>5075939<br>5020547<br>5935397<br>5180555 | Notices [notcl<br>Created<br>09/01/2016<br>12/06/2007<br>10/11/2007<br>08/31/2007<br>12/21/2005 | list 03.06)<br>P<br>No<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/ | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed<br>09/03/2016<br>12/08/2007<br>10/24/2007<br>09/01/2007<br>01/06/2006 | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |
| List of Voter N<br>EL EXIT<br>Notices for<br>Notice #<br>20269024<br>5075939<br>5020547<br>5935397<br>5180555 | Notices [notcl<br>Created<br>09/01/2016<br>12/06/2007<br>10/11/2007<br>08/31/2007<br>12/21/2005 | list 03.06)<br>P<br>No<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/<br>C/ | rint <u>C</u> ertifi<br>otice Code | ied Pr                            | mailed<br>09/03/2016<br>12/08/2007<br>10/24/2007<br>09/01/2007<br>01/06/2006 | Force Stat                 | n<br>ble-click or pr<br>er] to choose | eate Notice<br>otclist v 031126<br>ress |

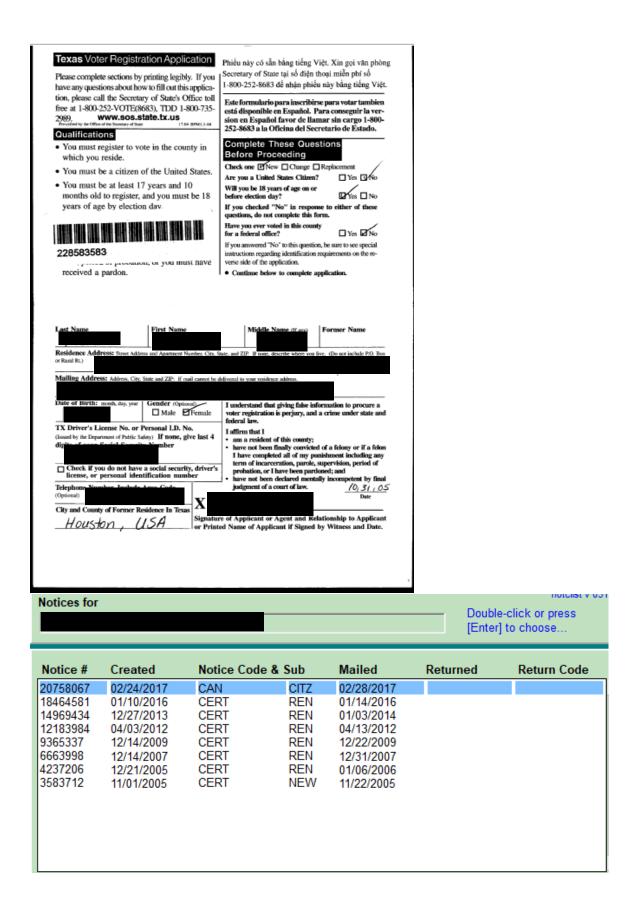
| Prescribed by the Secretary of State B5-2c40 10/05                                                                                     | TER REGISTRATION AD                                                           | DRESS CON                              | FIRMAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ION                                               |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Last Name                                                                                                                              | First Name                                                                    | Middle Name                            | e (If any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Former Name                                       |
| Residence Address: Street A                                                                                                            | ddress and Apartment Number, City, Stat                                       | e, and ZIP. If none, o                 | lescribe whe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | re vou live.                                      |
| Ma                                                                                                                                     |                                                                               |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
|                                                                                                                                        | one                                                                           |                                        | Date of B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | irth: month, day, year                            |
| I affirm the <u>changes made</u>                                                                                                       |                                                                               | (Issued by the De                      | partment of ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X                                                |
| Printed Name of Voter if                                                                                                               | ent and Relationship to Voter or<br>Signed by Witness and Date.               | Check if you<br>personal ider          | do not have :<br>itification_n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a driver's license, or<br>umber                   |
| FOR AGENT Changes may be<br>oter of this county or have sub-<br>nust otherwise be eligible to vol-<br>vife, father, mother, son or dau | made by agent, who must be qualified<br>nitted a registration application and | If no TX Driver's<br>Social Security N | License, giv<br>umber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e last 4 digits of your<br>Social Security Number |
|                                                                                                                                        | 24 SEP 2007 PM                                                                | 5 T -                                  | CEDERCHARMAN AND CEDRCHARMAN AN | UNTED STATES                                      |
|                                                                                                                                        |                                                                               | A CONTRACTOR                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 000077667                                         |
|                                                                                                                                        | <u>(</u> •                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 539228395                                         |
| BUS                                                                                                                                    |                                                                               |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| PO                                                                                                                                     | STAGE WILL BE PAID BY                                                         |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| T/<br>P(                                                                                                                               | AUL BETTENCOURT<br>AX ASSESSOR-COLLEC<br>D BOX 3527<br>DUSTON TX 77253-9974   |                                        | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |
|                                                                                                                                        | Աույիութերիների                                                               |                                        | 1111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |



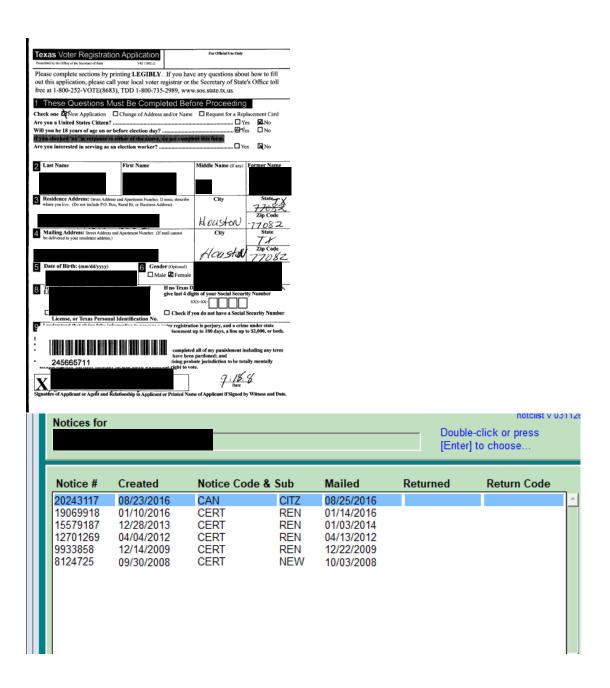








| 🚰 Voter Update [c1update 03.06]                                  |                     |                       |                      | ×                      |
|------------------------------------------------------------------|---------------------|-----------------------|----------------------|------------------------|
| ▶ ▶ <b>→ ⊠</b> <u>S</u> can                                      | Election Role       | Notices               | D <u>i</u> stricts   | Updt Vot Hst           |
| NEW ADD SAUE EXIT View Prov Blts Cano                            | el NVRA <u>D</u> up | Polling Place         | <u>R</u> eg Hist     | View Vot <u>H</u> ist  |
| NVRA Source Date Submitted State                                 | us / Reason Pred    |                       | Sub CER              | T#<br>137201           |
| File Number 245                                                  | Joinz               |                       |                      | ID Compliant <b>Y</b>  |
| Last First                                                       | Middle              | Former                |                      | Suffix V               |
| Residence Address<br>Street # Fract Dir Name                     | Type D              |                       | Unit #               |                        |
| City HO Zip 77082 Muni HOUSTON                                   | Post<br>Office      | STON                  | Address<br>Exception |                        |
| Mail Address                                                     | Gender 🖵 DOB        |                       |                      | Former                 |
|                                                                  | DL#                 |                       |                      | County<br>Former Resid |
|                                                                  | SSN                 | SSN4                  | Has No ID N          |                        |
| City State                                                       | Citizen? N PW Inte  | rest Signed? <b>Y</b> | Language             |                        |
| Zip - Non US Addr Clear Mail Addr                                | Birth<br>Place      | Jury                  | Privacy              |                        |
| ORIG. REG 09/23/2008 EDR 10/23/2008                              |                     | Begin Date            | Disab                | ility <u>M</u> ore     |
| TEAM REG 09/23/2008 VALID FROM 10/23/2008 DATE OF REC 08/23/2016 | Email               |                       |                      | ID Rovd N              |
| Comments Election Role Last Year Voted                           | Updated by          | TATES                 | 08/23                | /2016 08:01 AM         |
|                                                                  |                     |                       |                      |                        |
| Agency or Source of registration for statistical                 | purposes.           |                       |                      | List <f9></f9>         |



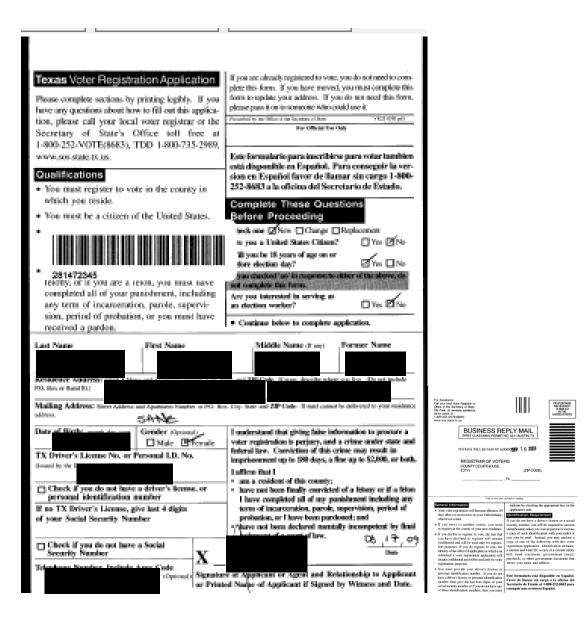
| 🚮 Voter Update [c1update 03.06] |                                       |                        |                  |                          |                      |
|---------------------------------|---------------------------------------|------------------------|------------------|--------------------------|----------------------|
| ► Scan                          |                                       | El <u>e</u> ction Role | N <u>o</u> tices | D <u>i</u> stricts       | Updt Vot Hs          |
| NEW ADD SAUE EXIT View F        | Prov Bl <u>t</u> s <u>C</u> ancel     | NVRA <u>D</u> up       | Polling Place    | <u>R</u> eg Hist         | View Vot <u>H</u> is |
| NVRA Source Da                  | no odomittod                          | Reason Precir          |                  | Sub CER                  |                      |
|                                 | · · · · · · · · · · · · · · · · · · · |                        | -                |                          | 902314               |
|                                 | File Number                           | VUID                   |                  |                          | D Compliant <b>Y</b> |
| Last Firs                       | st Mix                                | Idle                   | Former           |                          | Suffix               |
| Residence Address               |                                       |                        | _                |                          |                      |
| Street # Fract Dir Name         |                                       | Type Dir               | Unit Type        | Unit #                   |                      |
|                                 |                                       |                        |                  |                          |                      |
| City HO Zip 77089               | Muni HOUSTON                          | Post<br>Office HOUS    | TON              | Address<br>Exception     |                      |
| Mail Address                    | Ge                                    | nder 🖵 🛛 DOB           |                  |                          | Former               |
|                                 |                                       |                        | _                |                          | County               |
|                                 | DL                                    |                        |                  |                          | <u>F</u> ormer Res   |
|                                 | SS                                    | iN .                   | SSN4             | Has No ID <mark>N</mark> |                      |
| City                            |                                       | izen? Y PW Intere      | est N Signed?    | Language                 |                      |
| Zip - Non US Addr               |                                       | rth<br>ace             | Jury             | Privacy                  |                      |
| 0312312003                      |                                       | CA FPCA B              | legin Date       | Disab                    | ility <u>M</u> o     |
|                                 | 10/23/2009                            |                        |                  | _                        | ID Rovd N            |
| DATE OF RE                      | EC 08/23/2016                         |                        |                  |                          | Nord N               |
| Comments Election Role          | Last Year Voted                       | Updated by T           | ATES             | 08/23                    | /2016 07:50 AI       |
|                                 |                                       |                        |                  |                          |                      |
|                                 |                                       |                        |                  |                          | List <f< th=""></f<> |
|                                 |                                       |                        |                  |                          |                      |

| 🚺 List of Voter                                         | Notices [notclist                                                  | 03.06]                             |                                |                                                                    |              | ×                                                |
|---------------------------------------------------------|--------------------------------------------------------------------|------------------------------------|--------------------------------|--------------------------------------------------------------------|--------------|--------------------------------------------------|
| DEL EXI                                                 | <b>u</b>                                                           | Print <u>C</u> ertifie             | d P                            | rint ID Now                                                        | Force Status | Create Notice                                    |
| Notices for                                             |                                                                    |                                    |                                |                                                                    |              | notclist v 031126<br>click or press<br>to choose |
| Notice #                                                | Created                                                            | Notice Code &                      | & Sub                          | Mailed                                                             | Returned     | Return Code                                      |
| 20243087<br>13968071<br>13096893<br>10367430<br>8679783 | 08/23/2016<br>03/13/2013<br>04/04/2012<br>12/14/2009<br>10/07/2009 | CAN<br>CON<br>CERT<br>CERT<br>CERT | CITZ<br>*<br>REN<br>REN<br>NEW | 08/25/2016<br>03/15/2013<br>04/13/2012<br>12/22/2009<br>10/13/2009 |              | ×                                                |

| Please complete sections<br>out this application, pleas<br>free at 1-800-252-VOTE( | e call your local voter regi                                                  | istrar or the Se                | cretary of State                         |                                        |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------|------------------------------------------|----------------------------------------|
| 1 These Questions                                                                  | Must Be Complete                                                              |                                 |                                          |                                        |
| Are you a United States Citiz                                                      |                                                                               |                                 |                                          |                                        |
| Will you be 18 years of age o                                                      |                                                                               |                                 |                                          |                                        |
| f you checked 'no' in respon                                                       | se to either of the above, do                                                 | not complete th                 | is form.                                 |                                        |
| Are you interested in serving                                                      | as an election worker?                                                        |                                 |                                          |                                        |
| 2 Last Name                                                                        | First Name                                                                    | Mid                             | dle Name (If any)                        | Former Name                            |
|                                                                                    | Address and Apartment Number. If nor<br>O. Box, Rural Rt. or Business Address |                                 | city<br>susten                           | State<br>TX<br>Zip Code<br>170 89      |
| Mailing Address: Street Ad<br>be delivered to your residence add     Same          | dress and Apartment Number. (If mail<br>lress.)                               | cannot .                        | city<br>Same                             | State -<br>Sa.ML<br>Zip Code<br>Sa.ML  |
| Date of Birth: (mm/dd/yy                                                           | yy) 6 Gender (<br>Male )                                                      |                                 | elephone Number                          | (Optional)                             |
| Texas Driver's License N<br>I.D. No. (Issued by the Depart                         | ment of Public Safety) giv                                                    | e last 4 digits of xxx-x        | your Social Secur                        |                                        |
| Check if you do not h                                                              | ave a Texas Driver's 🛛 🖵 sonal Identification No.                             | Check if you do                 | not have a Social                        | Security Number                        |
| 9                                                                                  |                                                                               |                                 | erjury, and a crin<br>80 days, a fine up | te under state<br>to \$2,900, or both. |
| < 281946156<br>have not used or partfally me                                       | ntally incapacitated without the                                              | ve been parde<br>.ng probate ju |                                          | acluding any term<br>ally mentally     |
| X                                                                                  | t Dalationskin to Annik                                                       |                                 | 0 <u>9,23,</u><br>Date                   |                                        |
| Mgnatu                                                                             | d Relationship to Applicant or I                                              | ranted Name of A                | ppnicant if Signed b                     | by witness and Date.                   |

| Voter Update [c1update 03.              | 06]                               |                |                     |               |                      | ×                    |
|-----------------------------------------|-----------------------------------|----------------|---------------------|---------------|----------------------|----------------------|
| 🕞 🐘 🖬 🛌 🖾                               | <u>S</u> can                      |                | Election Role       | Notices       | D <u>i</u> stricts   | Updt Vot Hst         |
| NEW ADD SAVE EXI                        | T <u>V</u> iew Prov Bl <u>t</u> s | <u>C</u> ancel | NVRA <u>D</u> up    | Polling Place | <u>R</u> eg Hist     | View Vot Hist        |
| NVRA Source                             | Date Submittee                    | Status /       | Reason Pred         | cinct<br>21   |                      | स#<br>8 <b>44532</b> |
| 1                                       | File N                            | umber          |                     |               |                      | ID Compliant Y       |
| Last                                    | First                             | M              | iddle               | Former        |                      | Suffix V             |
| Residence Address<br>Street # Fract Dir | Name                              |                | Type D              |               | Unit #               |                      |
| City HO Zip 77017                       | MuniHOU                           | STON           | Post<br>Office HOUS | STON          | Address<br>Exception |                      |
| Mail Address                            |                                   | G              | ender F DOB         |               |                      | Former<br>County     |
|                                         |                                   |                | L#<br>SN            | SSN4          | Has No ID <b>N</b>   | <u>F</u> ormer Resid |
| City                                    | S                                 | tate Ci        | itizen? N PW Inte   | rest Signed?  | Y Language           |                      |
| Zip – No                                | on US Addr C <u>l</u> ear M       | P              | irth<br>lace        | Jury          | Privacy              |                      |
| ORIG. REG 09/10/2009                    | EDR 10/10<br>VALID FROM 10/10     |                | PCA FPCA            | Begin Date    | Disat                | oility <u>M</u> ore  |
| TEAM REG                                | DATE OF REC 04/17                 |                | ail                 |               |                      | ID Rovd N            |
| Commente Election Rol                   | e Last Yea                        | ar Voted       | Updated by          | FOXC          | 04/17                | 7/2013 07:56 AM      |
|                                         |                                   |                |                     |               |                      |                      |
|                                         |                                   |                |                     |               |                      | List <f9></f9>       |

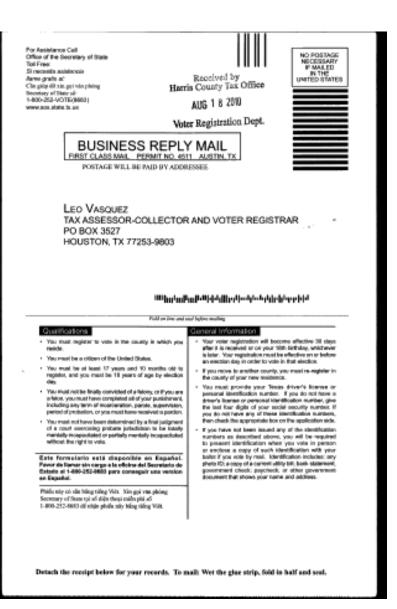
| List of Voter Notices [notclist 03.                                                                                                         | 06]                                          |                                                      |             | ×                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------|-------------|---------------------------------------------|
| DEL EXIT                                                                                                                                    | Print <u>C</u> ertified                      | Print ID Now F                                       | orce Status | Create Notice                               |
| Notices for                                                                                                                                 |                                              |                                                      |             | notclist v 031126<br>ick or press<br>choose |
| Notice # Created                                                                                                                            | Notice Code & Sub                            | Mailed Re                                            | eturned     | Return Code                                 |
| 14001526         04/17/2013           11992719         04/03/2012           9155113         12/14/2009           8648992         09/14/2009 | CAN CITZ<br>CERT REN<br>CERT REN<br>CERT NEW | 04/20/2013<br>04/13/2012<br>12/22/2009<br>10/13/2009 |             | ×                                           |



| Voter Update [c1update 03                                   | .06]           |                             |                |                                     |                |                          |                          |                  | ×                |
|-------------------------------------------------------------|----------------|-----------------------------|----------------|-------------------------------------|----------------|--------------------------|--------------------------|------------------|------------------|
| 🕨   🐁   🗕 🖂                                                 | <u>S</u> can   |                             |                | El <u>e</u> ctio                    | n Role         | N <u>o</u> tices         | D <u>i</u> stric         | ts ∐pdt          | Vot Hst          |
| NEW ADD SAVE EXI                                            | T <u>V</u> iew | Prov Blts                   | <u>C</u> ancel | NVRA                                | . <u>D</u> up  | Polling Place            | <u>R</u> eg Hi           | st View          | Vot <u>H</u> ist |
| NVRA Source                                                 |                | ate Submitted               | Status /       | Reason                              | Prec           |                          | Sub                      | CERT #<br>668865 | 65               |
|                                                             |                | File Nur                    |                |                                     | VUI            |                          |                          | ID Compli        |                  |
| Last                                                        | Fi             | rst                         |                | Middle                              |                | Former                   |                          | Suffix           | v                |
| Residence Address<br>Street # Fract Di<br>City HO Zip 77091 |                | MuniHOUS                    | TON            | Type<br>Post                        | Dii<br>ce HOUS |                          | Unit #<br>Addre<br>Excep |                  |                  |
| Mail Address                                                |                |                             | Ξ              | Gender M<br>DL#<br>SSN              | DOB            | SSN4                     | łas No IE                |                  |                  |
| City<br>Zip – <u>N</u>                                      | on US Add      | Sta<br>Ir C <u>l</u> ear Ma |                | Citizen? <b>Y</b><br>Birth<br>Place | PW Inter       | rest Signed?<br>Jury     | Y Langu<br>Privacy       | age              |                  |
| ORIG. REG08/15/2010<br>TEAM REG08/15/2010                   |                | OR 09/14/2                  |                | FPCA                                | FPCA I         | Begin Date               |                          | Disability       | More             |
| TEAM REG 06/15/2010                                         |                | REC 11/23/2                 |                | Email                               |                |                          |                          | ID               | Rovd N           |
| Comments Election Ro                                        |                | Last Year<br>g in ERR       | · · · · ·      |                                     |                | SEALEMASON<br>Sue Cancel |                          | 11/23/2015 (     | )8:23 AM         |
| Agency or Source of                                         | registrat      | ion for sta                 | tistical p     | Irposes                             | _              |                          |                          |                  | ist <f9></f9>    |

| List of Voter Notices [notclist 0                                                                                                             | 3.06]                       |                           |                                                      |        |                          |                                        | ×    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|------------------------------------------------------|--------|--------------------------|----------------------------------------|------|
| DEL EXIT                                                                                                                                      | Print <u>C</u> ertified     | Pr                        | int ID Now                                           | Force  | e Status                 | Create Not                             | ice  |
| Notices for                                                                                                                                   |                             |                           |                                                      | _      | Double-cli<br>[Enter] to | notclist v 03<br>ck or press<br>choose | 1126 |
| Notice # Created                                                                                                                              | Notice Code &               | Sub                       | Mailed                                               | Return | ned                      | Return Code                            |      |
| 17772623         11/23/2015           14973105         12/27/2013           12187283         04/03/2012           10747142         08/27/2010 | CAN<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>NEW | 11/25/2015<br>01/03/2014<br>04/13/2012<br>09/09/2010 |        |                          |                                        | *    |

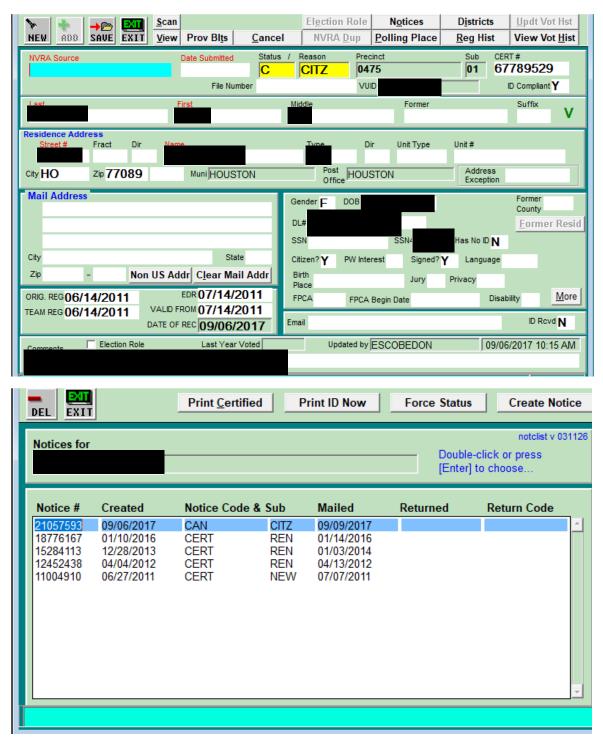
| Please complete sections by print<br>have any constitute about how to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ill out this application,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| pleane call your local Vider Regis<br>State's Office tol free at 1-800-25<br>1-800-735-2008, www.coc.state.to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0-VOTE(HERAL TOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                           | 512                                                                                                                                                                                                                                                                                     |
| These Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Must Be Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                           | ceeding                                                                                                                                                                                                                                                                                 |
| Mew Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Change of Address.<br>or Other Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                           | ir a Replacement Card                                                                                                                                                                                                                                                                   |
| Are you a United States Citi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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Please read     ' I am a resident of this coa-     ' laws notifices floady com     induding any term of incid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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          | r Personal Identification<br>I Security Number<br>ation Mumber or<br>and a crime under<br>to days, a fine up to<br>r pantshream<br>r i have been<br>atsoliction to                                                                                                                      |
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| Texas Driver's License No.     LD. Bo. descript in the function     Descript Descript P     Descript Descript P     Londerstand federal law. Consistant and federal l | or Texas Personal<br>and of Late Telefor<br>intended a Texas Driver<br>Aurobec.<br>Information to procum<br>titor of this orine may<br>all <u>these</u> statements to<br>rity and a U.S. citizen;<br>ridded of a felory; or if a<br>mostafilor, perole, sup-<br>el by a final judgment<br>citated or partially men<br>citated or partially men                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Auto-<br>vernaie<br>Fino Texas<br>give last 4<br>is Licernsoff<br>a site vettor reg<br>affers before<br>resout in imp<br>affers before<br>relation, per<br>of a court es<br>taily incapse<br>of a court es<br>taily incapse<br>r Presses Ram | Oriver's U     Idigits of y     XXX-XX Personal i     gistration     sourceing     complement     complemen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Accerne of<br>our flack<br>K-<br>dentifics<br>a perjury<br>t up to 1<br>i all of re-<br>parties, o<br>robust the<br>sout the<br>sout the<br>sout the<br>sout flack<br>main flags | r Personal Identification<br>il Security Sumber<br>alion Mumber or<br>and a crime under<br>to antistrate under<br>to antistrate under<br>partistrate been<br>risediction to<br>right to volu.<br>$\underline{f + 5} + f + 5 =$<br>entry Mitness and Sete<br>$\underline{C_{5}} - f + 5$ |



| 🛐 Voter Update [c1update 03.0           | 6]                                    |                |                          |               |                      | <b>—</b> ×            |
|-----------------------------------------|---------------------------------------|----------------|--------------------------|---------------|----------------------|-----------------------|
| 🕞 🐘 🔤 🏧                                 | <u>S</u> can                          |                | Election Role            | Notices       | Districts            | Updt Vot Hst          |
| NEW ADD SAVE EXIT                       | <u>View</u> Prov Bl <u>t</u> s        | <u>C</u> ancel | NVRA <u>D</u> up         | Polling Place | <u>R</u> eg Hist     | View Vot <u>H</u> ist |
| NVRA Source                             | Date Submitte                         | d Status /     | Reason Pred              | cinct<br>61   |                      | स#<br><b>7026161</b>  |
|                                         | File N                                |                | MAPP vu                  | D             |                      | ID Compliant <b>Y</b> |
| Last                                    | First                                 |                | iddle                    | Former        |                      | Suffix V              |
| Residence Address<br>Street # Fract Dir | Name                                  |                | Type D                   | ir Unit Type  | Unit #               |                       |
| City HO Zip 77060                       | MuniHOU                               | ISTON          | Post<br>Office HOU       | STON          | Address<br>Exception |                       |
| Mail Address                            |                                       | G              | ender <mark>F</mark> DOB |               |                      | Former<br>County      |
|                                         |                                       | D              | L#                       |               |                      | <u>F</u> ormer Resid  |
|                                         |                                       | s              | SN                       | SSN4          | Has No ID <b>N</b>   |                       |
| City                                    |                                       |                | itizen? N PW Inte        | erest Signed? | Y Language           |                       |
| Zip - Nor                               | n US Addr C <u>l</u> ear N            | P              | lirth<br>lace            | Jury          | Privacy              |                       |
| ORIG. REG 09/13/2010                    | EDR 10/13                             |                | PCA FPCA                 | Begin Date    | Disal                | bility <u>M</u> ore   |
| TEAM REG                                | VALID FROM 10/13<br>DATE OF REC 12/16 |                | ail                      |               |                      | ID Rovd N             |
| Election Role                           | Last Ye                               | ar Voted       | Updated by               | BATCH-AP-GLO  | VERR 12/16           | 6/2013 03:05 PM       |
|                                         |                                       |                |                          |               |                      |                       |
|                                         |                                       |                |                          |               |                      | List <f9></f9>        |

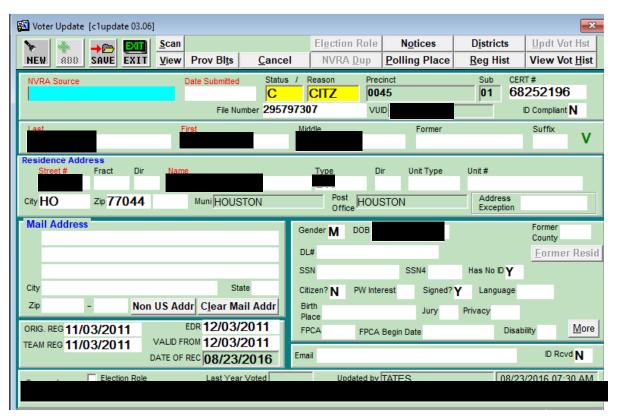
| DEL EXIT                         |                                        | Print <u>C</u> ertified | P                  | rint ID Now                            |          | notclist v 031<br>e-click or press<br>to choose |
|----------------------------------|----------------------------------------|-------------------------|--------------------|----------------------------------------|----------|-------------------------------------------------|
| Notice #                         | Created                                | Notice Code &           | Sub                | Mailed                                 | Returned | Return Code                                     |
| 14002150<br>12359204<br>10775111 | 04/17/2013<br>04/03/2012<br>09/24/2010 | CAN<br>CERT<br>CERT     | CITZ<br>REN<br>NEW | 04/20/2013<br>04/13/2012<br>10/08/2010 |          |                                                 |

| Texas Vote: Registration Application. I<br>Register & C                                                                                                                                                                                           | For Official Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |
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| Please comp<br>please call y:<br>1-800-735-24<br>Check c.<br>291442715                                                                                                                                                                            | about how to fill out this application,<br>we at 1-800-252-VOTE(8883), TOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |
| New Application Change of Address, Name,<br>or Other Information                                                                                                                                                                                  | Request for a Replacement Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |
| Are you a United States Citizen?                                                                                                                                                                                                                  | Ves Vo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |
| Will you be 18 years of age on or before election day?                                                                                                                                                                                            | Z Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |
| If you checked 'No' in response to either of the above, do                                                                                                                                                                                        | o not complete this form,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | For Assistance 3.3 State 2-332 P<br>Call your focal Voter Registrer of<br>Office of the Secretary of Sala                                                                                                                                                                                        | HO POSTNEE<br>MICLISSARY                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                   | iddle Name Former Name (fany)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tall Fines, Structure autointem<br>three points of<br>1-400-223-VOTE(#683)<br>www.ace.atable.is.ua.                                                                                                                                                                                              | IN THE<br>IN THE<br>UNITED STATES                                                                                                                                                                                                                               |
| Residence Address: Steat Address and Apartment Purifier. If norm,<br>describe where you lies (be not value hid. Bay, Road R; of Busines Addres)                                                                                                   | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BUSINESS RE                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                 |
| Mailing Address: Breat Address and Apartment Number. (If mail<br>cannot be delivered to your residence address )                                                                                                                                  | Houston 77060<br>City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | POSTAGE WILL BE PAID BY ADD                                                                                                                                                                                                                                                                      | DRESSEE                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                   | Lp oos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LEO VASQUEZ<br>TAX ASSESSOR COLLEC                                                                                                                                                                                                                                                               | TOR                                                                                                                                                                                                                                                             |
| 5 Date of Birth: (mm/dd/yyyy) 6 Gender (Optional)                                                                                                                                                                                                 | 7 Telephone Number (Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AND VOTER REGISTRAR<br>PO Box 3527<br>Houston, TX 77253-3                                                                                                                                                                                                                                        | 3P CODE)                                                                                                                                                                                                                                                        |
| give last 4 cl                                                                                                                                                                                                                                    | Driver's License or Personal identification,<br>ligits of your Social Security Rumber<br>XXX-XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Cold of the sector                                                                                                                                                                                                                                                                               | of light watter<br>General Hillow attorn                                                                                                                                                                                                                        |
| I have not been issued a Texas Driver's License/Pe<br>Social Security Number.                                                                                                                                                                     | rsonal identification Number or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Whe third register to value in the county in which you-<br>reads.     You must be a citizen of the United States.     You must be at leads to it? years and 10 contact and to                                                                                                                    | <ul> <li>Your voter registration will became offschive 30<br/>days after it is received at our pour 18% bendags<br/>whichever is later. Your registration must be effec-<br/>tive on of before an election day in order to vote in<br/>the electron.</li> </ul> |
| I understand that giving false information to procure a voter regis<br>state and federal law. Conviction of this orime may result in impri<br>\$2,060, or both. Please read all <u>three</u> statements to affirm before a<br>statement.          | isonment up to 180 days, a fine up to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul> <li>Provide the server of years and the fill prace of age by excision<br/>day.</li> <li>You mutantic be finally converted of a fetore, or fryerulars<br/>effects, you mut have completed of a fetore, or fryerulars<br/>effects, you mut have completed of a fetore, experiment.</li> </ul> | <ul> <li>Evaluational to another county, you must re-register<br/>in the county of your new residence.</li> <li>You must provide your Tesse through Counter or<br/>perspace identification - number. Provide not next<br/>perspace.</li> </ul>                  |
| <ul> <li>I am a resident of this county and a U.S. citizen;</li> <li>I have not been finally convicted of a felory, or if a felory, I have co<br/>including any term of incarceration, parole, supervision, perior<br/>particined; and</li> </ul> | period of prototion, or you must have reacted a par-<br>der. You must have been determined by a final putgrand<br>of a source elementary prototic prototic prototic source<br>of a source elementary prototic prototic prototic source<br>prototic prototic prototic prototic prototic prototic prototic<br>prototic prototic prototic prototic prototic prototic prototic prototic<br>prototic prototic prototic prototic prototic prototic prototic prototic<br>prototic prototic prototic prototic prototic prototic prototic prototic prototic prototic prototic<br>prototic prototic protot |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |
| <ul> <li>I have not been determined by a final judgment of a court exer<br/>be totally mentally incapacitated or partially mentally incapacit</li> </ul>                                                                                          | lated without the right to vote.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | without the right to vote.                                                                                                                                                                                                                                                                       | surplets as desorted above, you will be required<br>to present identification when you vote in person<br>or endose a copy of such identification includes:<br>belot if you vote to enail. Identification includes:                                              |
| Skynakize of Applicant of Agent and Residential to Applicant of Privited Norme                                                                                                                                                                    | Date 9/12/10<br>of Applicant If Skyned by Witness and Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Este formatario este disponible on Español.<br>Peror de lesara in corpo a la oficina del desretato de<br>Estato di 1480-332/463 pero conseguir una venice<br>en Español.                                                                                                                         | any photo KC a copy of a current utility bit bank<br>stelament, government that paycheck or other<br>government document that shows your spreaded<br>extense.                                                                                                   |
|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | and the second second                                                                                                                                                                                                                                           |



| Image: Sector                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| E3.000, or both. Phase read all Enge statements to affire before signing.   I can an ended of this court and a U.3. clister.  I have notisen the first court and a U.3. clister.  I have notisen the first court and a U.3. clister.  I have notisen the first court and a U.3. clister.  I have notisen the first court and a U.3. clister.  I have notisen the first court and a U.3. clister.  I have notisen the first court and a U.3. clister.  I have notisen the first court and a U.3. clister.  I have notisen the first court and the first court cour | <ul> <li>You mast not have been determined by a Fruit<br/>balance of a cost enabling includes invalidation<br/>including mentally including activity of the indentification<br/>including including activity of the indentification<br/>including activity of the indentification<br/>including activity of the indentification<br/>including activity of the indentification<br/>of the indentification of the indentification<br/>including activity of the indentification<br/>of activity of the indentification<br/>of activity of the indentification<br/>of access of the indentification<br/>of access of the indentification<br/>of access of the indentification<br/>of access of the indentification of the indentification<br/>(the indentification of the indentification)<br/>(the indentification of the indentification<br/>(the indentification of the indentification)<br/>(the indentification of the indentification<br/>(the indentification of the indentification)<br/>(the indentification of the indentification of the indentification<br/>(the indentification of the indentification)<br/>(the indentification of the indentification of the indentification<br/>(the indentification) (the indentification)<br/>(the indentification of the indentification of the indentification of the indentification<br/>(the indentification) (the indentification) (the indentification)<br/>(the indentification) (the indentification) (the indentification)<br/>(the indentification) (</li></ul> |
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| Contract of Bieth: (resultablever)     Contract of Personal     Contract of Bieth: (resultablever)     Contract of Personal     Contract of P     | Count Section Section 2014 (Section 2014)     Section 2014 (Section 2014)     You must be a critican of the United States.     You must be a critican of the United States.     You must be at least 17 years and 10 months of the United States.     You must be at least 17 years and 10 months of the United States.     You must be at least 17 years and 10 months of the United States.     You must be the finally considered of a Mony of it years are a Mon, year must have the finally constrained at all of the States.     You must be the finally constrained at all of the States.     You must not be finally constrained at all of the States.     You must not be finally constrained at all of the States.     You must not be finally constrained at all of the States.     You must not be finally constrained on participation finally be context on the States.     You must not be finally constrained on participation finally be context on the States on th                                                                                                                                                                                    |





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| Texas Voter Registration Application<br>Instally trains and lenge vite vite into                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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Research to Department of Public Solubly even                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Texas Driver's License or Personal Identification<br>Instit claim of some Social Security Munther                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | REGISTRAR OF VOTERS<br>COUNTY COURTHOUSE<br>ICITY (ZIP CODE)<br>210/170/ , rx - 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| I understand that giving take information to procure a vorsitate and federal law. Conviction of this calme may result \$2,000, or both. Plasse read all <u>type</u> statements to affem.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | in imprisonment up to 180 days, a fine up to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Constitutions for the second process of                                                                                                                                                                                                            |
| <ul> <li>I am a resident of this county and a U.S. cilians;</li> <li>I have not been finally convicted of a febrory of it a febro,<br/>including any term of incarceration, parole, supervisio<br/>particulation;</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4. 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| DEL EXIT                                                             |                                                                    | Print <u>C</u> ertified             | P                                | rint ID Now                                                        | Force Status | Create Not  |  |
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| Notices for Double-click or press<br>[Enter] to choose               |                                                                    |                                     |                                  |                                                                    |              |             |  |
| Notice #                                                             | Created                                                            | Notice Code &                       | Sub                              | Mailed                                                             | Returned     | Return Code |  |
| 20243078<br>17903534<br>14380458<br>11673725<br>11673725<br>11473178 | 08/23/2016<br>01/09/2016<br>12/27/2013<br>04/03/2012<br>11/09/2011 | CAN<br>CERT<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>REN<br>NEW | 08/25/2016<br>01/14/2016<br>01/03/2014<br>04/13/2012<br>11/22/2011 |              |             |  |

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|      | DL<br>SS<br>Citi<br>Pla<br>FP               | Post<br>Offic<br>DL#<br>SSN<br>Citizen? Y<br>Birth<br>Place<br>FPCA | Post HOUS<br>Office HOUS<br>DL#<br>SSN<br>Citizen? Y PW Inter<br>Birth<br>Place<br>FPCA FPCA E | Post<br>Office HOUSTON<br>Gender M DOE<br>DL#<br>SSN SSN4<br>Citizen? Y PW Interest Signed?<br>Birth<br>Place<br>FPCA FPCA Begin Date | Post<br>Office HOUSTON Addr<br>Exce<br>DL#<br>SSN SSN4 Has No<br>Citizen? Y PW Interest Signed? Y Lang<br>Birth<br>Place<br>FPCA FPCA Begin Date | Post<br>Office     HOUSTON       Gender     M       DL#       SSN       SSN       Citizen?       Y       PW Interest       Signed?       Y       Language       Birth       Place       FPCA       FPCA       FPCA       FPCA |

| e complete sections by printing LEGBEX. If you<br>any questions about how to fill out this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                       |
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| e call your local Vater Registrar or the Secretary of<br>5 Office tail free at 1-600-252 VOTE(\$6631, TOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 285584                                                                                                                                                                                                                                                                                           | 252                                                                                                                                                                                                   |
| 175-299, www.soutide.is.us.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                       |
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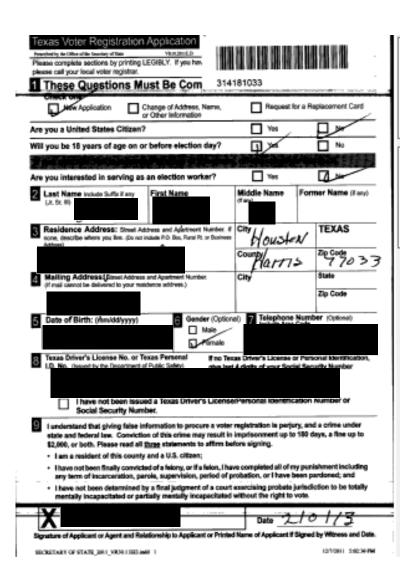
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| LEO VASQUEZ<br>TAX ASSESSOR-COLLECTOR AND VOTER REGISTRAR<br>PO BOX 3527<br>HOUSTON, TX 77253-9803<br>IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Fall on line and wa? before mailing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Quelifications General Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
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Detach the receipt below for your records. To mail: Wet the glue strip, fold in half and seal.

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| Notices for                                              |                                                                    |                                     |                                  |                                                                    |              | notclist v 031<br>click or press<br>to choose |
| Notice #                                                 | Created                                                            | Notice Code &                       | Sub                              | Mailed                                                             | Returned     | Return Code                                   |
| 21068093<br>18930745<br>15439704<br>12584918<br>11433437 | 09/12/2017<br>01/10/2016<br>12/28/2013<br>04/04/2012<br>10/03/2011 | CAN<br>CERT<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>REN<br>NEW | 09/14/2017<br>01/14/2016<br>01/03/2014<br>04/13/2012<br>10/08/2011 |              |                                               |

### 67217117R

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| NEW ADD SAVE EXIT                                                                                     | View Prov Blts                | <u>C</u> ancel                  | NVRA <u>D</u> up                                                   | Polling Place | <u>R</u> eg Hist              | View Vo       | t <u>H</u> ist |
| NVRA Source                                                                                           | Date Submitted                |                                 | eason Prec                                                         |               |                               | CERT #        |                |
|                                                                                                       |                               |                                 | CITZ 027                                                           |               | 01 6                          | 67217117      |                |
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| City HO Zip 77033                                                                                     | MuniHOUS                      | TON                             | Post<br>Office HOUS                                                | STON          | Address<br>Exception          | 1             |                |
| Mail Address                                                                                          |                               | Gen                             | der 두 🛛 DOB                                                        |               |                               | Former        |                |
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| City                                                                                                  | Stat                          |                                 |                                                                    |               |                               |               |                |
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|                                                                                                       | EDR 10/31/2                   | Pla                             | ce                                                                 | Jury          | Privacy                       |               |                |
| ORIG. REG 10/01/2010                                                                                  | VALID FROM 10/31/2            |                                 | A FPCA                                                             | Begin Date    | Dis                           | sability      | More           |
| TEAM REG                                                                                              | DATE OF REC 01/13/2           |                                 |                                                                    |               |                               | ID Rov        | d N            |
| Comments Election Role                                                                                | Last Year                     | Voted 2012                      | Updated by                                                         | FORDD         | 01/                           | /21/2014 12:0 | 09 PM          |
| voter marked no to c                                                                                  |                               | , 2012                          |                                                                    | 01.00         | , <b>v</b>                    |               |                |
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| Notices for                                                                                           |                               |                                 |                                                                    |               | Double-click<br>[Enter] to cl | c or press    | v 031126       |
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| 16272568 01/21/20                                                                                     | 14 CAN                        | CITZ                            | 01/23/2014                                                         | L I           |                               |               | -              |
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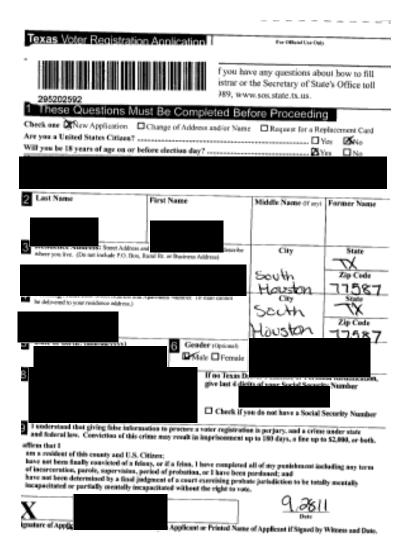
| Preambed by the Office of the Secretary of f                                                                                                                                                           | ation Application                                                                                                                                                                                                              | For Official U                                                                                                                         |                                                                                                    |
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| Please complete sections by<br>please call your local voter n<br>These Questic<br>Check one                                                                                                            | 309314907                                                                                                                                                                                                                      |                                                                                                                                        | Il out this application,                                                                           |
| New Application                                                                                                                                                                                        |                                                                                                                                                                                                                                | 1                                                                                                                                      | gr a Replacement Card                                                                              |
| Are you a United States C                                                                                                                                                                              | itizen?                                                                                                                                                                                                                        | Ves                                                                                                                                    | No No                                                                                              |
| Will you be 18 years of age                                                                                                                                                                            | e on or before election day?                                                                                                                                                                                                   | 7 🖸 Yes                                                                                                                                | No No                                                                                              |
| If you charlied 'No' in re                                                                                                                                                                             | lepone to suber of the sh                                                                                                                                                                                                      | ove the net complet                                                                                                                    | ie this form.                                                                                      |
| Are you interested in servi                                                                                                                                                                            | ing as an election worker?                                                                                                                                                                                                     | Yes                                                                                                                                    |                                                                                                    |
| 2 Last Name Include Suffix in<br>(Jr. Sr. 11)                                                                                                                                                          | any First Name                                                                                                                                                                                                                 | Middle Name                                                                                                                            | Former Name (if any)                                                                               |
|                                                                                                                                                                                                        | Street Address and AMIntment Nambe<br>(De not include P.O. Bee, Rural Rt. or Busi                                                                                                                                              |                                                                                                                                        | N                                                                                                  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                                | County Harris                                                                                                                          | Zip Code<br>71033                                                                                  |
| 4 Maining Address: street<br>(If mail cannot be delivered to )                                                                                                                                         | vooress and Apartment Number.<br>your residence address.)                                                                                                                                                                      | City                                                                                                                                   | State                                                                                              |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                                                                                                                                        | Zip Code                                                                                           |
| 5 Date of Birth: (mm/dd/v                                                                                                                                                                              | Gender (Op                                                                                                                                                                                                                     | tional) 7 Telephone                                                                                                                    | Number (Optional)                                                                                  |
|                                                                                                                                                                                                        | Male                                                                                                                                                                                                                           | Г (                                                                                                                                    |                                                                                                    |
| Texas Driver's License No.                                                                                                                                                                             |                                                                                                                                                                                                                                | Texas Driver's License o                                                                                                               | Personal Identification                                                                            |
| LD. No. (Issued by the Dener                                                                                                                                                                           | riment of Public Saletvi obm                                                                                                                                                                                                   | last & diatts of usur Casi                                                                                                             |                                                                                                    |
|                                                                                                                                                                                                        | ( Number                                                                                                                                                                                                                       |                                                                                                                                        |                                                                                                    |
| 9 Lunderstand that giving f<br>state and federal law. Co                                                                                                                                               | y Number.<br>false information to procure a ve<br>eviction of this crime may result<br>ad all <u>three</u> statements to affirm                                                                                                | it in imprisonment up to                                                                                                               |                                                                                                    |
| Iunderstand that giving f<br>state and federal law. Co<br>\$2,000, or both. Please re<br>I am a resident of this of                                                                                    | faise information to procure a va<br>enviction of this crime may result<br>and all <u>three</u> statements to affirm<br>county and a U.S. citizen;                                                                             | it in imprisonment up to<br>a before signing.                                                                                          | 180 days, a fine up to                                                                             |
| I understand that giving f<br>state and federal law. Co<br>\$2,000, or both. Please re     I am a resident of this o<br>I have not been finally o<br>any term of incarcerati                           | Talse information to procure a v<br>enviction of this crime may result<br>and all <u>three</u> statements to affirm<br>county and a U.S. citizen;<br>convicted of a felony, or if a felon,<br>ion, parole, supervision, period | It in imprisonment up to<br>before signing.<br>I have completed all of m<br>of probation, or I have be                                 | 180 days, a fine up to<br>y punishment including<br>ten pardoned; and                              |
| I understand that giving f<br>state and foderal law. Co<br>\$2,000, or both. Please re<br>I am a resident of this of<br>I have not been finally o<br>any term of incarcerati<br>I have not been determ | false information to procure a vo<br>enviction of this crime may result<br>and all <u>three</u> statements to affirm<br>county and a U.S. citizen;<br>orwicted of a felony, or if a felon,                                     | It in Imprisonment up to<br>a before signing.<br>I have completed all of my<br>of probation, or I have b<br>ourt exercising probate ja | 180 days, a fine up to<br>y punishment including<br>ten pardoned; and<br>urisdiction to be totally |

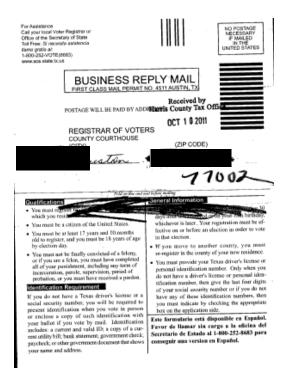
| Texas Voter Registration Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | For Official Dar Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Piec<br>piec Infilite Half Infili and a mini teams mini and a marked and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 'one about how to fill out this application,<br>oil free at 1-800-252-VOTE(8683), TDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 294673942 or Other Internation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Request for a Replacement Capa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Are you a United States Citizen?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Will you be 18 years of age on or before election day?<br>If you checked 'No' in response to either of the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Are you interested in serving as an election worker?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes Dro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2 Last Name include Suffer if any First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ( interview in the second seco |
| 3 R HAddress and Appforment Number. If n<br>describe where you had the product where PO has investign or humans Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mailing Address: Street Address and Agentment Number. (If mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date of Birth: (mm/dd/yyký)     Gender (Optio     Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7 Telephone Number (Optional)<br>Include Area Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Texas Driver's License No. or Texas Personal If no Texas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | axas Driver's License or Personal Identification,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| /Social Security Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9 I understand that giving false information to procure a voter<br>state and federal law. Conviction of this crime may result in<br>\$2,000, or both. Please read all three statements to affirm be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | imprisonment up to 180 days, a fine up to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul> <li>1 am a resident of this county and a U.S. citizen;</li> <li>1 have not been finally convicted of a felony, or if a felon, I h</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| including any term of incarceration, parole, supervision,<br>pardoned; and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | period of probation, or I have been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul> <li>I have not been determined by a final judgment of a cour<br/>be totally mentally incapacitated or partially mentally inca</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | apacitated without the right to vote.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Signature of A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 2/22/201<br>of Applicant If Signed by Witness and Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Signature of A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PreserVed by the Office of the Servicity of State VICE ARE L2 /0<br>P5 /0 L /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | of Applicant If Signed by Witness and Data,<br>nu have any questions about how to fill<br>ar or the Secretary of State's Office toll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PreserVed to the Office of the Servicity of State VICE ARE L2           Pi         /00           OI         International State           fr         100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of Applicant if Signed by Witness and Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Preserved by the Office of the Interstaty of Nate<br>P,<br>on<br>fr<br>2020778644<br>Check one P/ccw Application Change of Address and/or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | at Applicant if Signed by Witness and Data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Preserved by the Office of the Servicity of State         VICE SEE L2           Pi         //0           OI         //0           fr         292978644                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of Applicant if Signed by Wheess and Data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Preserved by the Office of the Interstaty of Nate VICE SEL12  P ot fr 202978644 Check one Price Application Change of Address and/or Are you a United States Citizen? Will you be 18 years of age on or before election day?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of Applicant if Signed by Wheess and Data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Preserved by the Office of the Interstaty of Nate<br>Pi<br>ot<br>fr<br>202978844<br>Check one Price Application Change of Address and/or<br>Are you a United States Citizen?<br>Will you be 18 years of age on or before election day?<br>If you checked 'no' in response to either of the above, do not<br>Are you interested in serving as an election worker?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | addition of Applicant if Signed by Witness and Data.  Au have any questions about how to fill ar or the Secretary of State's Office toll , www.sos.state.tx.us.  Before Proceeding Name Request for a Registement Card Yes No Yes No Middle Name (If any) Former Name Scribe City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Primethal by the Office of the Interstary of Nate     VIETA INELIA       Pinor     Annotation       on     Pinor <b>202078844</b> 99       Check one     Onlew Application       Check one     Onlew Application       Are you a United States Citizen?     Onlematic of the above, do not       Will you be 18 years of age on or before election day?     Interested in serving as an election worker?       If you checked 'no' in response to enther of the above, do not     Are you interested in serving as an election worker?       It ast Name     First Name       Prior Name     First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | at Applicant if Signed by Witness and Data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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# 68158369R

| Voter Update [c1update 03.06]                |                                |                        |                |                    | ×                     |
|----------------------------------------------|--------------------------------|------------------------|----------------|--------------------|-----------------------|
| ▶                                            |                                | El <u>e</u> ction Role | Notices        | D <u>i</u> stricts | Updt Vot Hst          |
| NEW ADD SAUE EXIT View Prov                  | v Bl <u>t</u> s <u>C</u> ancel | NVRA <u>D</u> up       | Polling Place  | <u>R</u> eg Hist   | View Vot <u>H</u> ist |
| NVRA Source Date S                           | domitted                       | Reason Prec            |                | Sub CEF            | π#<br>158369          |
|                                              |                                |                        |                | 1                  |                       |
|                                              | File Number 35083076           | <b>4</b> VU            | D              |                    | ID Compliant Y        |
| Last First                                   | Mid                            | dle                    | Former         |                    | Suffix V              |
|                                              |                                |                        |                |                    | v                     |
| Residence Address<br>Street # Fract Dir Name |                                | Turna Di               | r Unit Tyrno   | Unit #             |                       |
| Street # Fract Dir Name                      |                                | Type Di                | r Unit Type    | Unit #             |                       |
| City SH Zip 77587 Mun                        | ISOUTH HOUSTON                 | Post SOUT              | TH HOUSTON     | Address            |                       |
|                                              | -13001111003101                | Office                 | THOUSION       | Exception          |                       |
| Mail Address                                 | Ge                             | nder M DOB             |                |                    | Former                |
|                                              |                                |                        |                |                    | County                |
|                                              | DL                             |                        |                |                    | <u>F</u> ormer Resid  |
|                                              | SS                             | N                      | SSN4           | Has No ID N        |                       |
| City                                         | State Cit                      | zen?Y PW Inte          | rest N Signed? | Y Language         |                       |
| Zip - Non US Addr C                          |                                |                        | Jury           | Privacy            |                       |
| ORIG. REG 10/08/2011 EDR 1                   | 4/07/2014                      | CA FPCA                | Dania Data     | Disat              | ility <u>M</u> ore    |
|                                              | 1/07/2011                      | CA FPCA                | Begin Date     | Disat              |                       |
|                                              | 3/15/2016 Ema                  | il                     |                |                    | ID Rovd N             |
| Comments Election Role L                     | ast Year Voted                 | Updated by             | HERNANDEZ1     | 03/29              | )/2016 11:01 AM       |
| Not a U.S Citizen                            |                                |                        |                | ,                  |                       |
|                                              |                                |                        |                |                    |                       |
| Agency or Source of registration             | for statistical purp           | oses.                  |                |                    | List <f9></f9>        |

| Received by<br>Harris County Tax Office<br>MAR 1 5 2016<br>Voter Registration Dept.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |
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| Subarres Colleger V (Enclando) de Hermo<br>Balares SUED Balar Paul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PHOST CLASS<br>WAL<br>THE SCHTED<br>U.S. Franking<br>Perret #12035       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIEDT CLASE<br>MAN,<br>MIESCHTED<br>U.S. Postage<br>MUD<br>Perve # 12025 |
| VOTER REGISTRATION CENTURICATE<br>La constructivation of the second<br>intermediate and the secon | 2 02                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lite for                                                                 |





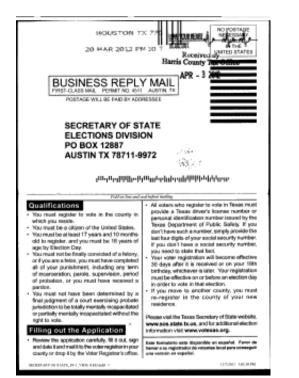
|                                                          |                                                                    | Print Certi                         | fied P                           | rint ID Now                                                        | Force Status | Create Notice                                   |
|----------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|----------------------------------|--------------------------------------------------------------------|--------------|-------------------------------------------------|
| Notices for                                              |                                                                    |                                     |                                  |                                                                    |              | notclist v 0311<br>-click or press<br>to choose |
| Notice #                                                 | Created                                                            | Notice Cod                          | e & Sub                          | Mailed                                                             | Returned     | Return Code                                     |
| 19927290<br>18003214<br>14489696<br>11767625<br>11448699 | 03/29/2016<br>01/09/2016<br>12/27/2013<br>04/03/2012<br>10/17/2011 | CAN<br>CERT<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>REN<br>NEW | 03/31/2016<br>01/14/2016<br>01/03/2014<br>04/13/2012<br>10/21/2011 |              |                                                 |

#### 68771179:

| 🔊 Voter Update [c1update 03.06]           |                                           |                                         |                  |                                        | ×                                     |
|-------------------------------------------|-------------------------------------------|-----------------------------------------|------------------|----------------------------------------|---------------------------------------|
|                                           | an<br>ew Prov Bl <u>t</u> s <u>C</u> ance | El <u>e</u> ction Ro<br>NVRA <u>D</u> u |                  | D <u>i</u> stricts<br><u>R</u> eg Hist | Updt Vot Hst<br>View Vot <u>H</u> ist |
| NVRA Source                               | Date Submitted Status                     |                                         | Precinct<br>0651 | Sub CER                                | ⊤#<br>771179                          |
|                                           | File Number                               |                                         | VUID             |                                        | D Compliant <b>Y</b>                  |
| Last                                      | First                                     | Middle                                  | Former           |                                        | Suffix V                              |
| Residence Address<br>Street # Fract Dir ! | Name                                      | Туре                                    | Dir Unit Type    | Unit #                                 |                                       |
| City HO Zip 77095                         | MuniHOUSTON                               | Post<br>Office                          | OUSTON           | Address<br>Exception                   |                                       |
| Mail Address                              |                                           | Gender M DO                             | В                |                                        | Former<br>County<br>Former Resid      |
|                                           |                                           | SSN                                     | SSN4             | Has No ID <b>N</b>                     | Lonner ricard                         |
| City<br>Zip - Non US                      | State<br>Addr C <u>l</u> ear Mail Addr    | Citizen? <b>Y</b> PW<br>Birth<br>Place  | Interest Signed? | Y Language<br>Privacy                  |                                       |
|                                           |                                           |                                         |                  |                                        |                                       |
| ORIG. REG03/20/2012<br>TEAM REG03/20/2012 | EDR 04/19/2012                            |                                         | PCA Begin Date   | Disab                                  |                                       |
| TEAM REG 03/20/2012 VAL                   |                                           |                                         | PCA Begin Date   | Disab                                  | ility <u>M</u> ore                    |
| TEAM REG 03/20/2012 VAL                   | ID FROM 04/19/2012                        | FPCA FF                                 | PCA Begin Date   |                                        | ,                                     |

| List of Voter                                | Notices [notclist                                    | 03.06]<br>Print <u>C</u> ertified            | Print ID Now             | Force Status | Create Notic                                |
|----------------------------------------------|------------------------------------------------------|----------------------------------------------|--------------------------|--------------|---------------------------------------------|
| Notices for                                  |                                                      |                                              |                          |              | notclist v 031<br>lick or press<br>o choose |
| Notice #                                     | Created                                              | Notice Code & Sub                            | Mailed                   | Returned     | Return Code                                 |
| 20758071<br>19205895<br>15725928<br>13206031 | 02/24/2017<br>01/10/2016<br>12/28/2013<br>04/13/2012 | CAN CITZ<br>CERT REN<br>CERT REN<br>CERT NEW | 01/14/2016<br>01/03/2014 |              |                                             |

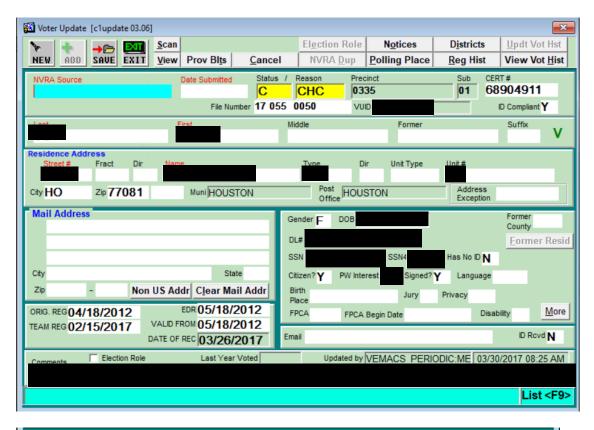
| Texas Voter Registration Application                                                                                                                                                       | For Official U                                          | ies Oarly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please c<br>slease c                                                                                                                                                                       | silons about how to it                                  | ll out this application,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                            | I Before Pro                                            | ceeding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 298893706                                                                                                                                                                                  | Request 5                                               | or a Replacement Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                            | Yes                                                     | )<br>Maria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Will you be 18 years of age on or before election day?                                                                                                                                     | V Yes                                                   | M0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| If you checked No in response to either of the ab-                                                                                                                                         | ove, do not complet                                     | e this form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Are you interested in serving as an election worker?                                                                                                                                       |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Last Name Induce Suffa Party First Name                                                                                                                                                    | Middle Name                                             | Former Name (Tang)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Residence Address: Street Astress and Apartment Namber<br>note, describe where sole live. Go not not do lice. Rust its an issue                                                            | HAST.                                                   | N TEXAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                            | County                                                  | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Mailing Address: Street Address and Apartment Number                                                                                                                                       | HARRI'S                                                 | 5 77075                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| If mail same the delivered to your residence address.)                                                                                                                                     | City                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SAME AS ABOVE                                                                                                                                                                              |                                                         | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Date of Birth: (mmddlywys)     Gender (Opt     Kitale                                                                                                                                      | ional) 7 Telephone I<br>Include Area                    | Number (Optional)<br>Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Texas Driver's License No. or Texas Personal Proc                                                                                                                                          |                                                         | Provide the state of the state |
| E 100                                                                                                                                                                                      | Texas Driver's License or<br>net 4 digits of your Socia | the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                            |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| I have not been issued a Texas Driver's Licer     Social Security Number.                                                                                                                  | nse/Personal Identifica                                 | tion Number or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I understand that giving false information to procure a vot<br>state and federal law. Conviction of this crime may result<br>\$2,000, or both. Please read all three statements to affirm. | in imprisonment up to "                                 | y, and a crime under<br>180 days, a fine up to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul> <li>Tam a resident of this county and a U.S. citizen;</li> </ul>                                                                                                                      |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul> <li>If have not been finally convicted of a felory, or if a felore, if<br/>any term of incasteration, parole, supervision, period or</li> </ul>                                       |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul> <li>There not been determined by a final judgment of a co.<br/>mentally incapacitated or partially eventally incapacitate</li> </ul>                                                  |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| X                                                                                                                                                                                          | Data 03                                                 | 11512012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature - No to Applicant or Print                                                                                                                                                       | led Name of Applicant #S                                | igned by Witness and Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SECRETARY OF STATE 2011, YES (1913) and 1                                                                                                                                                  |                                                         | 12/12/01/11/16/03/00 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



| ≻   🐁   → 👝   🖪 | <u>S</u> can    |                                                    |                | El <u>e</u> ctio                           | n Role        | Notices             | D <u>i</u> stric | ts <u>U</u> pdt                          | Vot Hst          |
|-----------------|-----------------|----------------------------------------------------|----------------|--------------------------------------------|---------------|---------------------|------------------|------------------------------------------|------------------|
|                 | XIT View        | Prov Blts                                          | <u>C</u> ancel | NVRA                                       | . <u>D</u> up | Polling Place       | <u>R</u> eg Hi   | ist View                                 | Vot <u>H</u> ist |
| NVRA Source     |                 | Date Submitted                                     | Status<br>C    | / Reason                                   | Preci         |                     | Sub<br>04        | CERT #<br>689297                         | 51               |
|                 |                 | File Numl                                          | ber            |                                            | VUI           | D                   |                  | ID Compli                                | antY             |
| Last            |                 | iret                                               |                | Middle                                     |               | Former              |                  | Suffix                                   | V                |
| Street # Fract  | Dir Name        | Muni HOUST                                         | ON             | Post                                       | Dir<br>HOUS   |                     | Addre            |                                          |                  |
| Mail Address    |                 |                                                    | Т              | Gender M                                   | DOE           |                     | Exoop            | Forme                                    |                  |
|                 |                 |                                                    |                | DL#                                        |               |                     |                  |                                          |                  |
|                 |                 |                                                    |                | SSN                                        |               | SSN4                | Has No II        | <u>F</u> orm                             |                  |
| City<br>Zip –   | Non US Add      | State<br>dr Clear Mail                             |                |                                            | PW Inter      |                     |                  | <u>Form</u>                              | ner Resid        |
|                 | 2               | 1                                                  | Addr<br>012    | SSN<br>Citizen? <b>Y</b><br>Birth          | _             | est Signed?         | Y Langu          | <u>Form</u><br>D N<br>Jage<br>Disability | ner Resid        |
| Zip -           | 2<br>2 VALID FF | dr C <u>l</u> ear Mail<br>EDR <mark>05/29/2</mark> | 012<br>012     | SSN<br>Citizen? <b>Y</b><br>Birth<br>Place | _             | est Signed?<br>Jury | Y Langu          | <u>Form</u><br>D N<br>Jage<br>Disability | ner Resid        |

| Notices for                                              |                                                                    |                                     |                                  |                                                                    |          | notclist v 03<br>e-click or press<br>] to choose | 1126 |
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| Notice #                                                 | Created                                                            | Notice Code &                       | Sub                              | Mailed                                                             | Returned | Return Code                                      |      |
| 24375962<br>23120555<br>19473086<br>15994332<br>13270046 | 11/28/2018<br>12/18/2017<br>01/10/2016<br>12/28/2013<br>05/14/2012 | CAN<br>CERT<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>REN<br>NEW | 11/30/2018<br>12/22/2017<br>01/14/2016<br>01/03/2014<br>05/24/2012 |          |                                                  | *    |

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| Yeak one       Orage of Address, New       Properties for the information         Are you a United States Citizen?       Isis       Isis         Are you a United States Citizen?       Isis       Isis         Weyou for the 18 years of aga on or before election day?       Isis       Isis       Isis         Weyou for the response to software of the above, down       Isis       Isis       Isis       Isis         Response to the for the response to software of the above, down       Isis       Isis       Isis       Isis         Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis         Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       Isis       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Please complete sectors by printing LEGBOX. If you hav                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Will you be 13 years of age on or before election day?          Will you be 13 years of age on or before election day?       Ito if you checked NO 'n response to ethne of the above, or here is the point of the above, or her                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Impound the conduction is serving as an election worker?         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| Are you interested in serving as an olection worker?          I has Name hadde Suffe day       First Name       Orm       First Name       First Name         I have not been downed to governed out downed with the trans of the trip of the trip out the downed to governed out downed to governed out downed.       If the trip of the trip out the downed to governed out downed to governed out downed.       If the trip out the downed to governed out downed to governed out the downed to governed out downed to governed out the downed to governed to                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| ED. No. (nound by the Department of Paths Sale) give leaf 4 digits of your Social Society biamber XXX-XX- I have not been issued a Taxas Driver's License-Personal identification Namber or Social Security Number. I understand that giving false information to procure a voter registration is perjury, and a crime under state and factors lies. Correction of this orient parts to affire body angles. I an a resident of this county and a U.S. citizer: I have not been finally convicted of a factor, or I a totor, factor correcting probate jurisdiction to be totaly mentally incapacitated or partally mentally incapacitated without the right to vote. Signal. Signal. Date 1/1/1/2 Market Ministry Conviction Signal. I we convert to the processe of Private Name of Appleant II Signed by Witness and Converts. Market Ministry Namber I and a residuent of this county and a U.S. citizer: Base Ministry Incapacitated or partally mentally incapacitated without the right to vote. Date 1/1/1/2 Market Ministry Ministry Convertified of the county of Private Name of Appleant II Signed by Witness and Converts. 1/1/1/2 Note: 1/1/1/2 1/1/1/2 1/1/1/2 1/1/1/2 1/1/1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ferrale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <ul> <li>I understand that giving false information to procure a voter registration is perjury, and a crime under state and factorial tax. Correction of this crime may result in implicomment up to 180 days, a fine up to 180 days.</li> <li>I am a resident of this county and a U.S. citizor:</li> <li>I have not been determined by a final judgment of a court correlation gorbate juriediction to be totaly mentally incapacitated or partially mentally incapacitated without the right to vote.</li> <li>Bays</li> <li>Bays</li> <li>Bays</li> <li>Date</li> <li>I further of the second process of the second proces</li></ul>                         | There not been issued a Texas Driver's License Personal Identification Number or     Social Security Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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and</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ul> <li>You must register to vote in the county in<br/>which you reade.</li> <li>You must be a clique of the United States</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Filling out the Application information shift www.votenis.org.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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of State website.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| county or drive this this the Value Registrar's office. Value Registrar's office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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MERGETARY OF STATE_2011, V000 JE212641 1 1 22/2011 1 302/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Filling out the Application Information www.vokasia.org.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |



| Notices for                                  |                                                      |                              |                          |                                                      |          | notclist v 0:<br>e-click or press<br>] to choose | 3112 |
|----------------------------------------------|------------------------------------------------------|------------------------------|--------------------------|------------------------------------------------------|----------|--------------------------------------------------|------|
| Notice #                                     | Created                                              | Notice Cod                   | le & Sub                 | Mailed                                               | Returned | Return Code                                      |      |
| 20809916                                     | 03/30/2017                                           | CAN                          | CITZ                     | 04/01/2017                                           |          |                                                  | ^    |
| 20747859<br>18483289<br>14984808<br>13244030 | 02/17/2017<br>01/10/2016<br>12/27/2013<br>05/08/2012 | CERT<br>CERT<br>CERT<br>CERT | RPL<br>REN<br>REN<br>NEW | 02/23/2017<br>01/14/2016<br>01/03/2014<br>05/24/2012 |          |                                                  | Ţ    |

| New Application                                                                                                                                                                                                                                                                                                                                | Change of Adr.<br>or Other Mon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                |                                                                                | _                                |                                                          | Sand                |                                                                                                                                                                                                                                                        |
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| re you a United States Citizen                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10 ×=                                                                                                                                                          |                                                                                | 븡                                | No                                                       | _                   |                                                                                                                                                                                                                                                        |
| fill you be 18 years of age on o                                                                                                                                                                                                                                                                                                               | and the second se | V Yes                                                                                                                                                          |                                                                                |                                  | No                                                       | 0000                |                                                                                                                                                                                                                                                        |
| you should be in mopons                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                | <u>ninkii</u>                                                                  |                                  | CS.IIII                                                  |                     |                                                                                                                                                                                                                                                        |
| re you interested in serving as                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | U Yes                                                                                                                                                          | 1.                                                                             |                                  | No                                                       |                     |                                                                                                                                                                                                                                                        |
| Last Name include Sufficiency<br>(Jr. Sr. 18)                                                                                                                                                                                                                                                                                                  | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Middle Name                                                                                                                                                    | Fo                                                                             | rmer N                           | lame (r                                                  | ****                |                                                                                                                                                                                                                                                        |
| Residence Address: Sever Annotal describe where you live On not Address                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City                                                                                                                                                           |                                                                                |                                  | XAS                                                      |                     |                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | County                                                                                                                                                         |                                                                                | Zip (                            | Code                                                     |                     |                                                                                                                                                                                                                                                        |
| Mailing Address: Street Address                                                                                                                                                                                                                                                                                                                | and Apartment Marchan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City                                                                                                                                                           |                                                                                | Stat                             | 081                                                      |                     |                                                                                                                                                                                                                                                        |
| (Preat cannot be delivered to your res                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.0                                                                                                                                                            |                                                                                |                                  |                                                          | _                   |                                                                                                                                                                                                                                                        |
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|                                                                                                                                                                                                                                                                                                                                                | Gender (Option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | al 8 Teleph                                                                                                                                                    | ane Neuro                                                                      | ines (c                          | pecent                                                   |                     |                                                                                                                                                                                                                                                        |
| Date of Birth: (mmiddlyyyy)<br>Texas Driver's License No. or To<br>LD. No. Issued to the Department of                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | as Driver's Licer<br>4 digits of your                                                                                                                          |                                                                                |                                  |                                                          | tion,               |                                                                                                                                                                                                                                                        |
| Texas Driver's License No. or Te                                                                                                                                                                                                                                                                                                               | Exam Personal II no Tex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | as Driver's Lioe<br>4 digits of your<br>XXX-XX                                                                                                                 |                                                                                |                                  |                                                          | tion,               | 1                                                                                                                                                                                                                                                      |
| Texas Driver's License No. or To<br>LD. No. (second by the Department of<br>I have not been issue<br>Social Security Num                                                                                                                                                                                                                       | exas Personal # no Tex<br>(Public Sellery) give last<br>ed a Texas Driver's License<br>(ber.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4 digits of your<br>XXX-XX<br>(Personal Iden                                                                                                                   | liociat Se<br>Ufication                                                        | owity N                          | karniser<br>Ker or                                       |                     |                                                                                                                                                                                                                                                        |
| Texas Driver's License No. or To<br>LD. No. (research to Department of<br>Social Security Num<br>L understand that giving faise<br>state and federal law. Convict<br>\$2,000, or both. Please read at                                                                                                                                          | exas Personal<br>(Public Saley) Pro-Tex<br>(Public Saley) give last<br>ed a Texas Driver's License<br>(ber,<br>information to procure a vote<br>for of this crime may result in<br>I gogg statements to affirm be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 digits of your<br>XXX-XX<br>(Personal iden<br>registration is<br>himprisonment                                                                               | locial Se<br>Mication<br>perjury, a                                            | Numi<br>Numi                     | kamber<br>ker or                                         | ier .               |                                                                                                                                                                                                                                                        |
| Texas Driver's License No. or To<br>LD. No. (severity the Department of<br>Social Security Num<br>U Londerstand that giving faise<br>state and federal law. Considi<br>\$2,000, or both. Please read al<br>1 am a resident of this count<br>1 have not been fisally convic                                                                     | exas Personal<br>(Public Saley) Pros Tex<br>(Public Saley) give last<br>ed a Texas Driver's License<br>(ber,<br>information to procure a vote<br>for of this crime may result in<br>I the statements to affirm be<br>by and a U.S. citizen;                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 digits of your<br>XXX-XX<br>Personal iden<br>registration is<br>imprisonment<br>eftere signing.<br>ove completed al                                          | locial Se<br>Discation<br>perjury, a<br>up to 185                              | Numl<br>Numl<br>rid a cr         | laviber<br>ler or<br>ime und<br>a fine up<br>ort inclu   | ler<br>1 So<br>ding |                                                                                                                                                                                                                                                        |
| Texas Driver's License No. or To<br>LD. No. (Issued by the Department of<br>Social Security Num<br>I understand that giving faise<br>state and federal law. Consist<br>\$2,000, or both. Please read al<br>- I am a resident of this count<br>- I have not been finally convic<br>any term of incarconation, p<br>- I have not been determined | esse Personal<br>(Public Selery) Personal<br>(Public Selery) Personal<br>part of a Texas Driver's License<br>ber,<br>information to procure a votes<br>for of this crime may result in<br>the procure and the procure<br>of a texas Driver's License<br>texas defined by and a U.S. citizen;<br>text of a felory, or if a felor, like<br>arole, supervision, period of p                                                                                                                                                                                                                                                                                                                            | 4 digits of your<br>XXX-XX<br>(Personal Iden<br>registration is<br>himprisonment<br>effore signing,<br>ove completed at<br>probation, or 1 h<br>exercising pro | locial Se<br>Dication<br>perjury, a<br>up to 180<br>to 190<br>to 190<br>to 190 | Numi<br>nd a cristmo<br>particit | karriber<br>ber dr<br>inse und<br>a fine up<br>ert inclu | ler<br>2 to<br>ding | BUSINESS REPLY MAIL<br>Ministration and Applications<br>Ministration and Applications<br>BECRETARY OF STATE<br>ELECTORS DYSION<br>FUEL AND OF STATE<br>ELECTORS DYSION<br>FUEL AND OF STATE<br>ELECTORS DYSION<br>FUEL AND OF STATE<br>ELECTORS DYSION |

| Texas Voter Registration                                                                                                           | 1 Application                                                                                                 |                                    |                                              | For Official C                                           | Las Only                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------------------------------|------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                    |                                                                                                               | ny que                             | stions abo                                   | ut how to I                                              | All out this ag              | plication,                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 300456389                                                                                                                          |                                                                                                               | eted                               | Befo                                         |                                                          | ceeding                      |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                    | or Other Information                                                                                          | ne.                                |                                              | Request                                                  | for a Replace                | ment Card                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Are you a United States Citizen                                                                                                    | ?                                                                                                             |                                    |                                              | Yes                                                      | Ø                            | No                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Will you be 18 years of age on o                                                                                                   | or before election da                                                                                         | NY?                                | V                                            | Yes                                                      |                              | No                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If you checked 'No' in respon                                                                                                      | ise to either of the                                                                                          | above                              | do not                                       | comple                                                   | to this for                  | a sugar                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| re you interested in serving as                                                                                                    | an election worker                                                                                            | 17                                 |                                              |                                                          |                              |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Last Name Include Suffix If any<br>(Jr, Sr. 10)                                                                                    | First Name                                                                                                    |                                    | Middle                                       | Name                                                     | Former N                     | lame (if erg)                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Residence Address: Smot A<br>rone, describe where you live. (Do not                                                                | Schess and Apartment Nu<br>Incude P.O. Sox, Runal R. or                                                       | mber if<br>Dairess                 | City<br>How                                  | ston                                                     | TE                           | XAS                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                    |                                                                                                               |                                    | County                                       | nnis                                                     |                              | Code<br>77081                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (If mail cannot be delivered to your less                                                                                          | a and Aportment Number.<br>Jidence Jaddress (                                                                 |                                    | City                                         |                                                          | Stat                         | 0                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                    |                                                                                                               |                                    |                                              |                                                          | Zip                          | Code                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5 Date of Birth: (mmidd/yyyy)                                                                                                      | 6 Gender                                                                                                      |                                    | 0 7 2                                        | alephone                                                 | Number (                     | pēcnal)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                    |                                                                                                               | male                               |                                              |                                                          |                              |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Texas Driver's License No. or T<br>LD. No. Insued by the Department of                                                             |                                                                                                               |                                    |                                              |                                                          | or Personal b                |                                 | NO POSTAGE<br>NECESSARY<br>I ITALEO<br>N THE<br>UNITED STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <ul> <li>LD, ND, Inspecify the Department of</li> </ul>                                                                            | Pade: Salats)                                                                                                 | ive last                           |                                              |                                                          | ial Security N               | umber                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                    | 979                                                                                                           |                                    | XXX-                                         | XX-                                                      |                              |                                 | BUSINESS REPLY MAIL<br>PRST-CLASS MAL PERMIT NO. 4911 AUSTIN TX<br>POSTAGE WILL BE PAID BY ADDRESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Social Security Num                                                                                                                | ed a Texas Driver's L<br>iber.                                                                                | ,iconse/                           | Persona                                      | Identific                                                | ation Numb                   | er or                           | SECRETARY OF STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| I understand that giving false in<br>state and federal law. Conviction                                                             | on of this crime may re                                                                                       | esult in i                         | imprisonn                                    | nent up to                                               |                              |                                 | ELECTIONS DIVISION<br>PO BOX 12887<br>AUSTIN TX 78711-9972<br>լ <sup>Ուդե</sup> գլկվիլ-կինյուն-գիլեզրիկներեր                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| \$2,000, or both. Please read all                                                                                                  |                                                                                                               | tirm Det                           | ore signs                                    | 19-                                                      |                              |                                 | Land Hall and a Martin Hall Hall Hall Hall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| · I am a resident of this county                                                                                                   |                                                                                                               |                                    |                                              |                                                          |                              |                                 | Field on line and red before waiting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul> <li>I am a resident of this county</li> <li>I have not been finally convict</li> </ul>                                        | y and a U.S. citizen;<br>led of a felony, or if a fel                                                         |                                    |                                              |                                                          |                              |                                 | Cualifications     You must register to vote in the county in which you reside.     You must register of the United States     You must he a citizen of the United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 입 것이 집에 다 집에 걸려 가지 않는 것이 것이 같다.                                                                                                    | y and a U.S. citizen;<br>ted of a felony, or if a fel<br>trole, supervision, peri<br>by a final judgment of a | od of pr<br>a court e              | obation, o<br>mercising                      | or I have b<br>probate )                                 | wen pardon<br>jurisdiction 1 | ed; and                         | Constitute and the second seco |
| <ul> <li>I have not been finally convict<br/>any term of incarceration, pa</li> <li>I have not been determined b</li> </ul>        | y and a U.S. citizen;<br>ted of a felony, or if a fel<br>trole, supervision, peri<br>by a final judgment of a | od of pr<br>a court e              | obation, o<br>mercising<br>without th        | or I have b<br>a probate j<br>e right to                 | wen pardon<br>jurisdiction 1 | ed; and<br>o be totally         | Constituentions     Not user registric to vice in the courter in     this state of the listed tables     A vice in the courter in     this state of the listed tables     A vice in the l      |
| I have not been finally convict<br>any term of incarceration, pa     I have not been determined b<br>mentally incapacitated or par | y and a U.S. citizen;<br>ted of a felony, or if a fel<br>trole, supervision, peri<br>by a final judgment of a | od of pr<br>a court e<br>citated y | obation, o<br>mercising<br>without the<br>Da | or I have b<br>probate )<br>e right to<br>ate <u>O</u> A | iurisdiction t<br>vote.      | ed; and<br>o be totally<br>2012 | Constitution:     All values who register to vote in the courter in the trade States.     The state of the states of the United States.     All values who register to vote in the courter in the trade States.     All values who register to vote in the courter in the state of the register and your number states of the register and you must be thyses of any the register of the register and you must be thyses of any the register of the regis      |

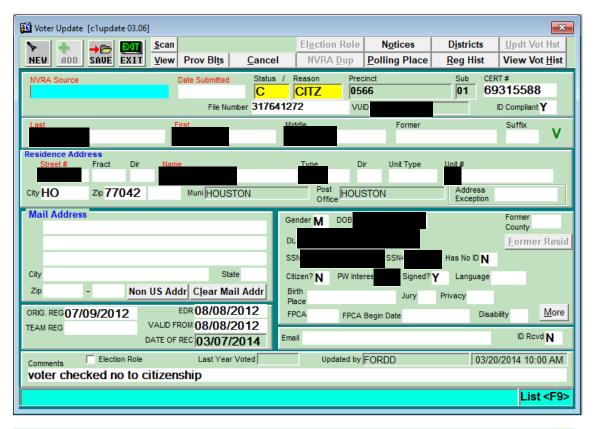
| Voter Update [c1update 03.06]           |                                              |                   |                     |               |                          | ×                                       |
|-----------------------------------------|----------------------------------------------|-------------------|---------------------|---------------|--------------------------|-----------------------------------------|
| 🕨 🔹 🛶 🔤 💆                               | can                                          |                   | Election Role       | Notices       | Districts                | Updt Vot Hst                            |
| NEW ADD SAVE EXIT V                     | iew Prov Bl <u>t</u> s                       | Cancel            | NVRA <u>D</u> up    | Polling Place | Reg Hist                 | View Vot <u>H</u> ist                   |
| NVRA Source                             | Date Submitted                               |                   | eason Prec          | 2/// T        | Sub CEF<br>02 68         | 914449                                  |
|                                         | File Number                                  |                   | VU                  | D             |                          | ID Compliant Y                          |
| Last                                    | First                                        | Mide              | die                 | Former        |                          | Suffix V                                |
| Residence Address<br>Street # Fract Dir | Name                                         |                   | Type D              |               | Unit #                   |                                         |
| City HO Zip 77044                       | Muni HOUSTON                                 |                   | Post<br>Office HOUS | STON          | Address<br>Exception     |                                         |
| Mail Address                            |                                              | Gen<br>DL#<br>SSI | 1                   | SSN4          | Has No ID <mark>N</mark> | Former<br>County<br><u>Former Resid</u> |
|                                         | State<br>Addr Clear Mail Ad<br>EDR 05/29/201 | ddr Birt          | ce                  | Jury          | Privacy                  | niity <u>M</u> ore                      |
| U HOULDIL                               | LID FROM 05/29/201<br>E OF REC 02/15/201     | 2                 |                     | Begin Date    | Disat                    | ID Rovd N                               |
| Commente T Election Role                | Last Year Vote                               | d                 | Updated by          | HASTINGSS     | 02/15                    | /2017 03:19 PM                          |
|                                         |                                              |                   |                     |               |                          | List <f9></f9>                          |

| Notices for                                              |                                                                    |                                    |                                 |                                                                    |          | notclist v 0<br>e-click or press<br>] to choose |
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| Notice #                                                 | Created                                                            | Notice Code &                      | Sub                             | Mailed                                                             | Returned | Return Code                                     |
| 20744301<br>17904383<br>14381341<br>13280256<br>13249793 | 02/15/2017<br>01/09/2016<br>12/27/2013<br>05/16/2012<br>05/09/2012 | CAN<br>CERT<br>CERT<br>CERT<br>REJ | CITZ<br>REN<br>REN<br>NEW<br>ID | 02/18/2017<br>01/14/2016<br>01/03/2014<br>05/24/2012<br>05/12/2012 |          |                                                 |

| have any questions about how to Ni o<br>please cell your local Voter Registrer<br>State's Office tot free at 1-850-252-W<br>1-800-735-2980, www.scs.state tx.us.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Texas Voter Registration                                                                                                                                                                                                                                                                                     |                                                                                                                                                                     | For Official C                                               | Lie Only                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Involved by the OFLie of the Sections by printing<br>Please complete sections by printing<br>please call your local voter registrar o<br>1-800-735-2989, www.sos.state.tx.us                                                                                                                                 | r the Secretary of State's                                                                                                                                          |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Will you be 18 years of age on o                                                                                                                                                                                                                                                                             |                                                                                                                                                                     | Yes                                                          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| If you checked 'No' in respon                                                                                                                                                                                                                                                                                |                                                                                                                                                                     | <b>C</b>                                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Are you interested in serving as                                                                                                                                                                                                                                                                             | THE OWNER AND ADDRESS OF A DAMAGE                                                                                                                                   | e, do not comple                                             | the strip restrict                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2 Last Name Include Sufficit any<br>(2r, Sr. 18)                                                                                                                                                                                                                                                             | First Name                                                                                                                                                          | Middle Name                                                  | Former Name (If any)                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Residence Address: Street Add<br>describe where you live. (Do not include I                                                                                                                                                                                                                                  | Pese and Agariment Number, if no<br>P.D. Box, Runslift, or Basiness Address                                                                                         | ine, City                                                    | TEXAS                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Mailing Address: Street Address<br>cannot be delivered to your residence                                                                                                                                                                                                                                     | and Apartment Number. (If mail address.)                                                                                                                            | City                                                         | State<br>Zip Code                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Date of Birth: (mm/dd/www)                                                                                                                                                                                                                                                                                   | 6 Gender (Option                                                                                                                                                    | nal) 7 Telephone<br>Include Area                             | Number (Optional)<br>Code             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                              | give las<br>ed a Texas Driver's License                                                                                                                             | t 4 digits of your <u>Soci</u><br>XXX-XX-                    |                                       | By Assumed to the Registry or<br>Other of the Secretary of State<br>To first of the Society of State<br>To first and Society of State<br>14.000-SSC (TO(MAS))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NO POSISA<br>MECOSOLI<br>MECOSOLI<br>MECOSOLI<br>MECOSOLI<br>MECOSOLI<br>MECOSOLI<br>MECOSISA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <ul> <li>Social Security Num</li> <li>I understand that giving false info<br/>state and federal law. Conviction<br/>\$2,000, or both. Please read all th</li> <li>I am a resident of this county a</li> <li>I have not been finally convicte<br/>including any term of incarcor<br/>pardoned; and</li> </ul> | ormation to procure a voter r<br>of this crime may result in i<br><u>reg</u> statements to affirm bef<br>and a U.S. citizen;<br>d of a felony, or if a felon, i har | mprisonment up to 1<br>ore signing,<br>ve completed all of m | 80 days, a fine up to<br>y punishment | BUSINESS F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Т но. 61 илияти. Та                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| I have not been determined by<br>be totally mentally incapacitate                                                                                                                                                                                                                                            |                                                                                                                                                                     |                                                              |                                       | <ol> <li>Yes must be a statem of the United Dataset.</li> <li>Yes must be a statem of the United Dataset.</li> <li>Yes must be a statem of the United Dataset.</li> <li>Yes must be a statem of the United Dataset.</li> <li>Yes on the United Dataset.</li> </ol> | in the county of your new missionce.<br>• You must pended your Texas driver's license<br>personal identification number. If you do not ha<br>a driver's license or personal identification number<br>gue the lass four citigat of your social security no<br>be: If you do not have any of these identification<br>number, then check the appropriate box on 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Signature of Applicant o                                                                                                                                                                                                                                                                                     | ionship to Applicant or Printed N                                                                                                                                   | lame of Applicant if Sig                                     | ned by Witness and Date.              | Este formularia está disponible en Españo<br>Fevro de llema en cargo a la oficina de Secretario<br>Estáda de 1-989-252-4803 para conteguir una versi<br>en Español.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | appCollabol III30-<br>II Fyce have noticeen tasked any of the identificat<br>method is devoted above, you will a rouge<br>or exclose a copy of excludentiation willy<br>back if you was by mail. Identification indu-<br>tion of the start of the industry of the industry<br>back if you was by mail. Identification indu-<br>tion of the start of the industry of the industry<br>back if you was by mail. Identification indu-<br>tion of the start of the industry of the industry<br>back if you was by mail. Identification industry<br>back if you was by mail. Identification industry<br>back if you was a start of the industry of the industry<br>back if you was a start of the industry of the industry<br>back if you was a start of the industry of the industry<br>back if you was a start of the industry of the industry<br>back if you was a start of the industry of the industry<br>back if you was a start of the industry of the industry<br>back if you was a start of the industry of the industry<br>back if you was a start of the industry of the industry<br>back if you was a start of the industry of the industry<br>back if you was a start of the industry of the industry of the industry<br>back if you was a start of the industry of the industry of the industry<br>back if you was a start of the industry of the industry of the industry<br>back if you was a start of the industry of the industry of the industry<br>back if you was a start of the industry of the |

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| 16451749<br>15511205<br>13464347 | 03/20/2014<br>12/28/2013<br>07/31/2012 | CAN<br>CERT<br>CERT | CITZ<br>REN<br>NEW | 03/26/2014<br>01/03/2014<br>08/08/2012 |                  |                                                   |

| Ple | exas Voter Registration<br>arted by the Office of the Secretary of State<br>ase complete sections by printing L<br>ase call your local voter registrar. | VR3428118.00                 |                               |                         |                                                                                                                                                                  |
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| 1   | These Questions Mu<br>Check one                                                                                                                         | LIST BE COM                  | 317641;                       | _                       | or a Replacement Card                                                                                                                                            |
| _   |                                                                                                                                                         | r Other Information          | initial.                      |                         |                                                                                                                                                                  |
| -   | you a United States Citizen?                                                                                                                            |                              |                               | Yes                     | <u>A</u> ™₀                                                                                                                                                      |
| Wil | you be 18 years of age on or                                                                                                                            | before election              | day?                          | Yes                     | <b>I</b> <u></u> |
| 1   | you chiected fills in ridipant                                                                                                                          | our reflexion come data      | e altiove, o                  | io net complet          | a this torik                                                                                                                                                     |
| AN  | you interested in serving as                                                                                                                            | an election work             | er?                           |                         |                                                                                                                                                                  |
| 2   | Last Name include Suffix if any                                                                                                                         | First Name                   |                               | liddle Name             | Former Name (if any)                                                                                                                                             |
|     |                                                                                                                                                         |                              |                               |                         | NA                                                                                                                                                               |
| 3   | Residence Address: Street Ad                                                                                                                            |                              |                               | ity                     | TEXAS                                                                                                                                                            |
| _   | none, describe where you live. (Do not a<br>Address)                                                                                                    | Iclude P.O. Box, Rural Rt. ( | 3                             | Mousm                   |                                                                                                                                                                  |
|     |                                                                                                                                                         |                              |                               | ounty<br>YAHYi S        | Zip Code                                                                                                                                                         |
|     |                                                                                                                                                         |                              |                               | <u>14 rr / 3</u><br>ity | State                                                                                                                                                            |
|     | (If mail cannot be delivered to your resid                                                                                                              | lence address.)              | 1                             | as abou                 | 2 Zip Code                                                                                                                                                       |
| 5   | Date of Birth: (mm/dd/yyyy)                                                                                                                             | <u> </u>                     | r (Optional)<br>fale<br>emale | 7 Telephone             | Number (Optional)<br>Code                                                                                                                                        |
| 8   | Texas Driver's License No. or Te<br>I.D. No. (Issued by the Department of                                                                               | xas Personal                 | If no Texas                   |                         | r Personal Identification,                                                                                                                                       |
| _   | na no coso y ne seperanti o                                                                                                                             | r duite Salety)              | -                             | XXX-XX-                 | al Security Number                                                                                                                                               |
|     | I have not been issue<br>Social Security Numb                                                                                                           |                              | License/Pe                    | ersonal Identifica      | ation Number or                                                                                                                                                  |
| y   | I understand that giving false inf<br>state and federal law. Conviction<br>\$2,000, or both. Please read all tj                                         | n of this crime may          | result in imp                 | prisonment up to        |                                                                                                                                                                  |
|     | I am a resident of this county a                                                                                                                        | and a U.S. citizen;          |                               |                         |                                                                                                                                                                  |
|     | <ul> <li>I have not been finally convicte<br/>any term of incarceration, per</li> </ul>                                                                 |                              |                               |                         |                                                                                                                                                                  |
|     | <ul> <li>I have not been determined by<br/>mentally incapacitated or part</li> </ul>                                                                    |                              |                               |                         |                                                                                                                                                                  |
|     | X                                                                                                                                                       |                              |                               | Date @3                 | 10518014                                                                                                                                                         |

Signature or approach or agreement remaxmiship to Applicant or Printed Name of Applicant If Signed by Witness and Date.

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| Texas Voter Registration                                                                                                           | Application                                                  | Eco Albeida            | ine die be                 |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------|----------------------------|
| Presided by the Office of the Servery of Sate<br>Please complete sections by printing I<br>please call your local voter registrar. | EGIBLY. If you he                                            |                        | -                          |
| 1 These Questions M<br>Check one                                                                                                   | ust Be Con 30129                                             | 2410                   | -                          |
|                                                                                                                                    | Change of Address, warne,<br>or Other Information            | Hequest f              | for a Replacement Card     |
| Are you a United States Citizen?                                                                                                   |                                                              | Yes                    | No                         |
| Will you be 18 years of age on o                                                                                                   | r before election day?                                       | Yes                    | E No                       |
| If you checked 'No' in respon                                                                                                      | se to either of the above                                    | , do not complet       | te this form.              |
| Are you interested in serving as                                                                                                   | an election worker?                                          |                        |                            |
| 2 Last Name Include Suffix If any<br>Glt. St. III)                                                                                 | First Name                                                   | Middle Name            | Former Name (Farty)        |
| (a), (b)                                                                                                                           |                                                              | (r ary)                | NID                        |
| 3 Kesidence Address: Street Ad                                                                                                     | dress and Apartment Number. If                               | City                   | TEXAS                      |
| <ul> <li>none, describe where you live. (Do not in<br/>Address)</li> </ul>                                                         | ICUSI P.O. Box, Rural Rt. or Business                        | Houston                | 17X                        |
|                                                                                                                                    |                                                              | Happis                 | Zip Code                   |
| manning reserved at order retriese                                                                                                 | an charater second.                                          | City                   | State                      |
| (If mail cannot be delivered to your resid                                                                                         | fence address.)                                              |                        | Zip Code                   |
| AS above                                                                                                                           |                                                              |                        |                            |
| 5 Date of Birth: (mm/dd/yyyy)                                                                                                      | 6 Gender (Options                                            | al) 7 Telephone        | Number (Optional)          |
|                                                                                                                                    | Female                                                       |                        |                            |
| 8 Texas Driver's License No. or Te                                                                                                 |                                                              | as Driver's License o  | r Personal Identification. |
| LD. No. (Issued by the Department of                                                                                               | Public Safety) give last                                     | 4 digits of your Socia | al Security Number         |
|                                                                                                                                    |                                                              | XXX-XX-                |                            |
| I have not been issue<br>Social Security Numb                                                                                      | d a Texas Driver's License/<br>er.                           | Personal Identifica    | ation Number or            |
| 9 I understand that giving faise infistate and federal law. Conviction                                                             | ormation to procure a voter r                                | egistration is perjur  | y, and a crime under       |
| \$2,000, or both. Please read all <u>th</u>                                                                                        | aree statements to affirm bef                                | ore signing.           | roo days, a line up to     |
| <ul> <li>I am a resident of this county a</li> <li>I have not been finally convicted</li> </ul>                                    |                                                              | s completed all of mu  |                            |
| any term of incarceration, part                                                                                                    | ble, supervision, period of pr                               | obation, or I have be  | en pardoned; and           |
| <ul> <li>I have not been determined by<br/>mentally incorrectioned as and</li> </ul>                                               | a final judgment of a court e<br>by mentally incapacitated w |                        |                            |
| Y                                                                                                                                  |                                                              |                        | 10010-10                   |
| <u>^</u>                                                                                                                           |                                                              |                        | 109 19019                  |
| Signature of                                                                                                                       | nship to Applicant or Printed                                | Name of Applicant if S | igned by Witness and Date. |

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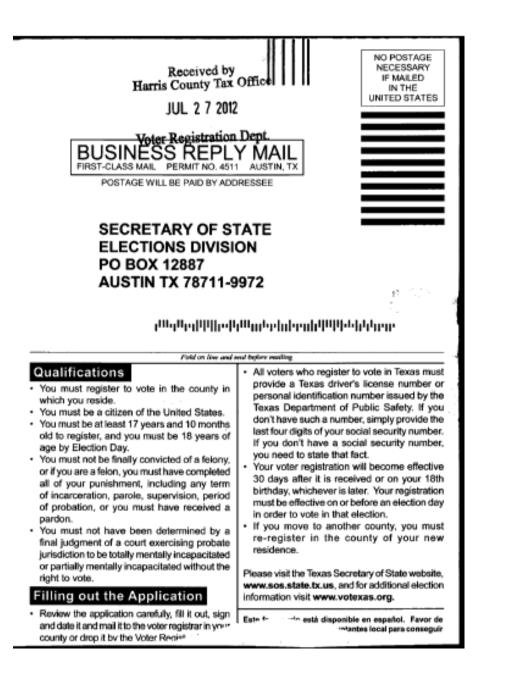
# 69342376:

| NEW ADD SAVE EXT                                        | I <u>S</u> can<br>I <u>V</u> iew Prov Bl <u>t</u> s         |                                         |                       | N <u>o</u> tices<br>ling Place | D <u>i</u> stricts<br><u>R</u> eg Hist | Updt Vot Hst<br>View Vot <u>H</u> ist    |
|---------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------|-----------------------|--------------------------------|----------------------------------------|------------------------------------------|
| NVRA Source                                             | Date Submitted                                              | Status / Reaso<br>C CH<br>r 15 189 0014 | C 0647                |                                |                                        | RT #<br>9342376<br>ID Compliant <b>Y</b> |
| l ast                                                   | First                                                       | Middle                                  |                       | Former                         |                                        | Suffix V                                 |
| City HO Zip 77083                                       |                                                             | N                                       | e Dir<br>Post HOUSTON | Unit Type                      | Unit #<br>Address<br>Exception         |                                          |
| Mail Address                                            | State                                                       | Gender<br>DL<br>SSN<br>Citizen?         |                       | SSN4<br>Signed? <b>Y</b>       | Has No ID <b>N</b><br>Language         | Former<br>County<br>Eormer Resid         |
| Zip - No<br>ORIG. REG 07/16/2012<br>TEAM REG 07/16/2012 | EDR 08/15/20<br>VALID FROM 08/15/20<br>DATE OF REC 08/07/20 | 12 Place<br>FPCA<br>12                  | FPCA Begin            |                                | Privacy<br>Disal                       | bility <u>M</u> ore                      |
| Comments Election Rol<br>Report from SOS/Ju             | irors that marked N                                         | o for Citizen                           | ship; Sent cl         |                                | · · · · · ·                            | 0/2015 07:08 AM                          |

| Notices for          |                          |               |            |                          |          | notclist v 031<br>e-click or press<br>] to choose | 126 |
|----------------------|--------------------------|---------------|------------|--------------------------|----------|---------------------------------------------------|-----|
| Notice #             | Created                  | Notice Code 8 | Sub        | Mailed                   | Returned | Return Code                                       | 1   |
| 15707966<br>13472503 | 12/28/2013<br>08/06/2012 | CERT          | REN<br>NEW | 01/03/2014<br>08/31/2012 |          |                                                   |     |

| Taxaa Matax Deviatedian                                                                         | Ameliaetter                                  | <u> </u> |                 |            |                      |
|-------------------------------------------------------------------------------------------------|----------------------------------------------|----------|-----------------|------------|----------------------|
| Texas Voter Registration .<br>Practical by the Office Security of Security                      | Application -                                | hama     |                 |            |                      |
| Please complete sections by printing L                                                          |                                              |          |                 |            |                      |
| please call your local voter registrar.                                                         |                                              |          |                 |            |                      |
| These Questions Mu                                                                              | ist Be Co 3013                               | 62709    | 9               |            |                      |
| Check one<br>New Application                                                                    | hanna of Address Name                        |          | C Record        | t for a D  | interement Cost      |
|                                                                                                 | hange of Address, Name,<br>Other Information |          | L Reques        | a for a Pa | eplacement Card      |
| Are you a United States Citizen?                                                                |                                              |          | 🗌 Yes           |            | No No                |
| Will you be 18 years of age on or                                                               | before election day?                         |          | Yes             |            | E No                 |
| If you checked 'No' in response                                                                 | e to either of the abr                       | ve, do   | not compl       | lete this  | form                 |
| Are you interested in serving as                                                                | an election worker?                          |          |                 |            |                      |
| 2 Last Name Include Suffx If any                                                                | First Name                                   | Mic      | idle Name       | Forr       | ner Name (if any)    |
| (Jr, Sc 11)                                                                                     |                                              | Har      | wi              |            |                      |
|                                                                                                 |                                              |          |                 |            |                      |
| Residence Address: Street Address: Street Address: Street Address: Do not in                    |                                              |          | Y               | ~          | TEXAS                |
| Address                                                                                         | team P. M. Ben, Marine PE, W. Banar          |          | fousi           | an'        |                      |
|                                                                                                 |                                              | Co       | LOO VS          | 10         | Zip Code             |
| Mailing Address: Street Address                                                                 | and Agartment Number                         | Cit      | (and            | 0          | State                |
| (If mail cannot be delivered to your resid                                                      |                                              | l [~"    | ,               |            |                      |
|                                                                                                 |                                              |          |                 |            | Zip Code             |
| 5 Date of Birth: (mm/dd/yyyy)                                                                   | Gender (Op                                   | conol)   | Telephor        | e Numb     | er (Optonal)         |
| Sale of Birat: (mitbadyyyy)                                                                     | 6 Gender (Op)<br>Male                        | inal)    | Include An      | ea Code    | (opening)            |
|                                                                                                 | Female                                       |          | (               |            |                      |
| P Texas Driver's License No. or Tex                                                             | cas Personal If no                           | Texas De | tver's License  | e or Pers  | onal identification. |
| I.D. No. (Issued by the Department of                                                           |                                              |          | its of your Sc  |            |                      |
|                                                                                                 |                                              | x I      | xx-xx-          |            |                      |
| / / I have not have in such                                                                     | d a Texas Driver's Licer                     | a Par    | onal Identif    | leafler I  | lumber or            |
| Social Security Numb                                                                            |                                              | server   | sonal idenui    | cauon      | Number of            |
| 9 Junderstand that giving false infi                                                            | ormation to procure a vo                     | er regis | tration is per  | jury, and  | a crime under        |
| state and federal law. Conviction                                                               | of this crime may result                     | in impr  | isonment up     |            |                      |
| \$2,000, or both. Please read all the                                                           |                                              | before a | signing.        |            |                      |
| <ul> <li>I am a resident of this county a</li> <li>I have not been finally convicted</li> </ul> |                                              |          | noisted all of  | mu numb    | shmost inclusion     |
| any term of incarceration, pare                                                                 | He, supervision, period o                    | probat   | tion, or I have | been pa    | rdoned; and          |
| <ul> <li>I have not been determined by</li> </ul>                                               | a final judgment of a co                     | rt exerc | ising probat    | e jurisdio | tion to be totally   |
| mentally incapacitated or parti                                                                 | ally mentally incapacitat                    | ed witho | ut the right 5  | o vote.    |                      |
| X                                                                                               | +                                            |          | Data            | 1/1        | 6112.                |
|                                                                                                 |                                              |          | Date            | 111        | a.                   |

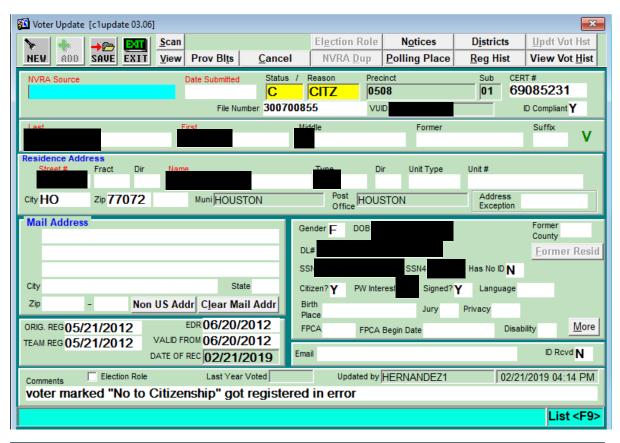
Signature of Signature of Applicant or Printed Name of Applicant if Signed by Witness and Date.



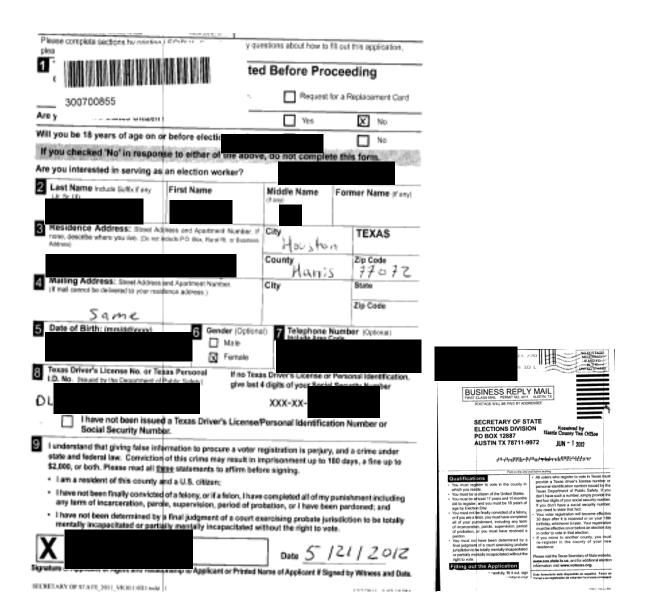
| Voter Update [c1update 03.0             | 06]                               |                 |                          |                      |                      | <b>—</b> ×                               |
|-----------------------------------------|-----------------------------------|-----------------|--------------------------|----------------------|----------------------|------------------------------------------|
|                                         | <u>Scan</u>                       | Garage          | Election Role            | Notices              | Districts            | Updt Vot Hst                             |
| NEW ADD SAVE EXIT                       | I <u>V</u> iew Prov Bl <u>t</u> s |                 | NVRA <u>D</u> up         | Polling Place        | <u>R</u> eg Hist     | View Vot <u>H</u> ist                    |
| NVRA Source                             | Date Submitte                     | ed Status /     | Reason Pred<br>CITZ 04   | cinct<br>88          |                      | स #<br>9 <b>175008</b>                   |
|                                         | File                              | Number          | VU                       | ID                   |                      | ID Compliant Y                           |
| Last                                    | First                             | M               | ddle                     | Former               |                      | Suffix V                                 |
| Residence Address<br>Street # Fract Dir | Name                              |                 | Type D                   | ir Unit Type         | Unit #               |                                          |
| City HO Zip 77099                       | Muni HOL                          | JSTON           | Post<br>Office HOU       | STON                 | Address<br>Exception |                                          |
| Mail Address                            |                                   |                 | ender <mark>M</mark> DOE |                      |                      | Former<br>County<br><u>F</u> ormer Resid |
| City                                    |                                   |                 | SN<br>tizen? N PW Inte   | SSN4<br>rest Signed? | Has No ID N          |                                          |
| Zip – No                                | on US Addr C <u>l</u> ear I       | Mail Addr 🛛 🛛 🖪 | irth<br>lace             | Jury                 | Privacy              |                                          |
| ORIG. REG 06/26/2012                    | EDR 07/20                         |                 | PCA FPCA                 | Begin Date           | Disa                 | bility More                              |
| TEAM REG                                | VALID FROM 07/20                  |                 | ail                      |                      |                      | ID Rovd N                                |
| Comments Election Role                  | e Last Yo                         | ear Voted 2012  | Updated by               | HASTINGSS            | 11/17                | 7/2014 12:22 PM                          |
| NOT a citizen (see i                    | mage)                             |                 |                          |                      |                      |                                          |
|                                         |                                   |                 |                          |                      |                      | List <f9></f9>                           |

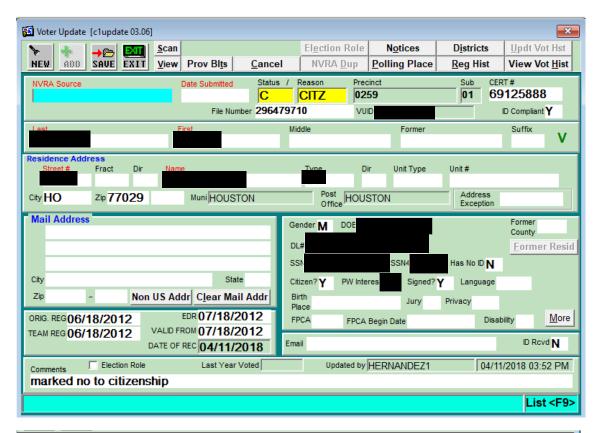
| Notices for          |                          |              |            |                          |          | notclist v 031<br>e-click or press<br>] to choose |
|----------------------|--------------------------|--------------|------------|--------------------------|----------|---------------------------------------------------|
| Notice #             | Created                  | Notice Code  | e & Sub    | Mailed                   | Returned | Return Code                                       |
| 16862287             | 12/01/2014               | CAN          | CITN       | 12/03/2014               |          |                                                   |
| 16817869             | 11/12/2014               | CAN          | CITZ       | 11/14/2014               |          |                                                   |
| 15328486<br>13428406 | 12/28/2013<br>07/05/2012 | CERT<br>CERT | REN<br>NEW | 01/03/2014<br>07/27/2012 |          |                                                   |
| 13420400             | 01103/2012               | OLIVI        |            | 0112112012               |          |                                                   |
|                      |                          |              |            |                          |          |                                                   |
|                      |                          |              |            |                          |          |                                                   |
|                      |                          |              |            |                          |          |                                                   |
|                      |                          |              |            |                          |          |                                                   |
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|                      |                          |              |            |                          |          |                                                   |

| Please                      | as Voler Registr<br>the termination from the former of the<br>e complete sections by p<br>collections by p                                                                                                                                                                     | ≈<br>printing L                                                                                                     | V0.07.201                                                                                                                                                | 0.0                                                                                                                                                         |                                                                                                                                               |                                                                                                       |                                                                                                        |                                                            | _  |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----|
|                             | hese Question                                                                                                                                                                                                                                                                  | -                                                                                                                   | ist Bo C                                                                                                                                                 | omplete                                                                                                                                                     | 300935022                                                                                                                                     |                                                                                                       |                                                                                                        | _                                                          | _  |
| C                           | heck one                                                                                                                                                                                                                                                                       | _                                                                                                                   |                                                                                                                                                          |                                                                                                                                                             |                                                                                                                                               |                                                                                                       |                                                                                                        | 9                                                          |    |
| . )                         | New Application                                                                                                                                                                                                                                                                |                                                                                                                     | hange of Add<br>r Other Infom                                                                                                                            |                                                                                                                                                             | P P                                                                                                                                           | tequest fo                                                                                            | r a Replac                                                                                             | ement Card                                                 |    |
| Are yo                      | ou a United States C                                                                                                                                                                                                                                                           | itizen?                                                                                                             |                                                                                                                                                          |                                                                                                                                                             |                                                                                                                                               | /es                                                                                                   | X                                                                                                      | No                                                         | _  |
| Will y                      | ou be 18 years of ag                                                                                                                                                                                                                                                           | e on or                                                                                                             | before ele                                                                                                                                               | ction day?                                                                                                                                                  | D)                                                                                                                                            | fes                                                                                                   |                                                                                                        | No                                                         |    |
| lf yo                       | u checked 'No' in r                                                                                                                                                                                                                                                            | espons                                                                                                              | se to either                                                                                                                                             | of the above                                                                                                                                                | , do <u>not c</u>                                                                                                                             | omplet                                                                                                | e this for                                                                                             | m.                                                         |    |
| Are ye                      | ou interested in serv                                                                                                                                                                                                                                                          | ing as                                                                                                              | an election                                                                                                                                              | worker?                                                                                                                                                     |                                                                                                                                               |                                                                                                       |                                                                                                        |                                                            |    |
|                             | st Name Include Suffix                                                                                                                                                                                                                                                         | il any                                                                                                              | First Nam                                                                                                                                                | 0                                                                                                                                                           | Middle N                                                                                                                                      | ame                                                                                                   | Former                                                                                                 | Name (1 any                                                | ò  |
| 2 Br                        | sidence Address:                                                                                                                                                                                                                                                               | Stand & de                                                                                                          | trace and dam                                                                                                                                            | fermiont Microlene III                                                                                                                                      | City                                                                                                                                          |                                                                                                       | - 1                                                                                                    |                                                            |    |
| 10                          | ne, describe where you live                                                                                                                                                                                                                                                    | n (Do not is                                                                                                        | Nude P.O. Box, 1                                                                                                                                         | fund Rt. or Business                                                                                                                                        | City<br>Houstor                                                                                                                               | 1 I                                                                                                   | TE                                                                                                     | XAS                                                        |    |
|                             |                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                                                          |                                                                                                                                                             | County<br>Harris                                                                                                                              |                                                                                                       |                                                                                                        | Code<br>099                                                |    |
| 4 M                         | ailing Address: Street                                                                                                                                                                                                                                                         | Address                                                                                                             | and Apartment                                                                                                                                            | Number.                                                                                                                                                     | City                                                                                                                                          |                                                                                                       | Sta                                                                                                    |                                                            | _  |
| ę.                          | meil cennot be delivered to<br>S                                                                                                                                                                                                                                               |                                                                                                                     | F AN                                                                                                                                                     |                                                                                                                                                             |                                                                                                                                               |                                                                                                       | Zip                                                                                                    | Code                                                       |    |
| 5                           | ate of Birth: Immidd                                                                                                                                                                                                                                                           | lunant                                                                                                              | 6                                                                                                                                                        | Gender (Option<br>DAMale                                                                                                                                    | al) 7 Tek<br>Incl                                                                                                                             | ephone /<br>ude Area (                                                                                | Number (<br>Code                                                                                       | Optional}                                                  |    |
|                             |                                                                                                                                                                                                                                                                                | io. or Te                                                                                                           | xas Persona                                                                                                                                              |                                                                                                                                                             |                                                                                                                                               |                                                                                                       |                                                                                                        | dentification                                              | ١, |
| 8 <u>7</u>                  | xas Driver's License M                                                                                                                                                                                                                                                         | and search and                                                                                                      |                                                                                                                                                          |                                                                                                                                                             | A distant of a                                                                                                                                |                                                                                                       | I Security I                                                                                           | Number                                                     |    |
|                             |                                                                                                                                                                                                                                                                                | denni ni                                                                                                            |                                                                                                                                                          | give last                                                                                                                                                   | 4 digits of y<br>XXX-X                                                                                                                        |                                                                                                       |                                                                                                        |                                                            |    |
|                             | ) No. Convertino de Dere                                                                                                                                                                                                                                                       |                                                                                                                     |                                                                                                                                                          | give ast                                                                                                                                                    | XXX-X                                                                                                                                         | X-                                                                                                    |                                                                                                        |                                                            |    |
| 9 1.0<br>sta<br>\$2,<br>• 1 | I have not bee<br>Social Securit<br>inderstand that giving fit<br>te and federal law. Co<br>000, or both. Please re<br>I am a resident of this of<br>I have not been fimally of<br>I have not been fimally of                                                                  | ty Numk<br>nise info<br>nviction<br>ad all <u>th</u><br>county a<br>onvicted                                        | er.<br>of this crime<br>the statemen<br>nd a <b>statemen</b><br>i of a leiony, o                                                                         | river's License<br>may result in in<br>ts to affirm befo<br>cart 1/04 1/24<br>or if a felon, I hav                                                          | XXX-X<br>/Personal I<br>nprisonmer<br>re signing.                                                                                             | X-<br>dentifica<br>s perjury,<br>it up to 18                                                          | and a cris<br>tion Num<br>and a cris<br>days, a<br>punishme                                            | ber or<br>ne under<br>fine up to                           |    |
| 9 1.0<br>sta<br>\$2,        | I have not been<br>Social Securit<br>inderstand that giving fi<br>te and federal law. Co<br>000, or both. Please re<br>I am a resident of this o<br>I have not been firmily o                                                                                                  | ty Numb<br>alse info<br>nviction<br>ad all <u>th</u><br>county a<br>onvicted<br>ncarcers<br>nined by                | per.<br>Imation to proof this crime<br>to this crime<br>to statemen<br>nd a statemen<br>nd a statemen<br>to failed and the<br>statement<br>a final judge | river's License<br>may result in in<br>ts to affirm befo<br>ctint 1/0 4 1/2<br>or if a felon, i hav<br>supervision, per<br>nent of a court i                | XXX-X<br>/Personal I<br>nprisonmen<br>re signing.<br>e completed<br>priod of prol<br>exercising p                                             | X-<br>dentifica<br>s perjury,<br>it up to 18<br>d all of my<br>bation, or<br>probate ju               | and a cris<br>and a cris<br>0 days, a<br>punishme<br>1 have be<br>risdiction                           | ber or<br>ne under<br>fine up to<br>en<br>to               |    |
|                             | I have not been<br>Social Securit<br>inderstand that giving fit<br>te and federal law. Co<br>000, or both. Please re-<br>law a reficient of this of<br>the rot been finally of<br>including any term of i<br>pardoned; and<br>have not been determ<br>be totally mentally inco | ty Numb<br>alse info<br>nviction<br>ad all <u>the</u><br>county a<br>onviction<br>ncarcers<br>nined by<br>specitate | er.<br>mation to pr<br>of this crime<br>statemen<br>a day of the statemen<br>of a felority, o<br>ttion, parole,<br>a final judge<br>d or partially       | river's License<br>may result in in<br>ts to affirm befo<br>clift 1/04 94<br>or if a felon, i hav<br>supervision, pe<br>nent of a court i<br>mentally incap | XXX-X<br>/Personal I<br>registration is<br>nprisonmer<br>re signing.<br>e completed<br>priod of prol<br>exercising p<br>acitated with<br>Date | X-<br>dentifica<br>s perjury,<br>it up to 11<br>d all of my<br>bation, or<br>probate ju<br>hout the r | and a cris<br>and a cris<br>days, a<br>punishme<br>i have be<br>arisdiction<br>right to voi<br>/ / 2 / | ber or<br>ne under<br>fine up to<br>en<br>to<br>le.<br>/ A |    |
|                             | I have not been<br>Social Securit<br>inderstand that giving fi<br>te and federal law. Co<br>000, or both. Please re<br>I am a resident of this of<br>including any term of i<br>pardoned; and<br>I have not been determ                                                        | ty Numb<br>alse info<br>nviction<br>ad all <u>the</u><br>county a<br>onviction<br>ncarcers<br>nined by<br>specitate | er.<br>mation to pr<br>of this crime<br>statemen<br>a day of the statemen<br>of a felority, o<br>ttion, parole,<br>a final judge<br>d or partially       | river's License<br>may result in in<br>ts to affirm befo<br>clift 1/04 94<br>or if a felon, i hav<br>supervision, pe<br>nent of a court i<br>mentally incap | XXX-X<br>/Personal I<br>registration is<br>nprisonmer<br>re signing.<br>e completed<br>priod of prol<br>exercising p<br>acitated with<br>Date | X-<br>dentifica<br>s perjury,<br>it up to 11<br>d all of my<br>bation, or<br>probate ju<br>hout the r | and a cris<br>and a cris<br>days, a<br>punishme<br>i have be<br>arisdiction<br>right to voi<br>/ / 2 / | ber or<br>ne under<br>fine up to<br>en<br>to<br>le.<br>/ A |    |



| Notices for                                              |                                                                    |                                     |                                  |                                                                    |          | notclist v 031126<br>e-click or press<br>] to choose |
|----------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|----------------------------------|--------------------------------------------------------------------|----------|------------------------------------------------------|
| Notice #                                                 | Created                                                            | Notice Code 8                       | Sub                              | Mailed                                                             | Returned | Return Code                                          |
| 24502549<br>22417262<br>18861314<br>15372200<br>13406695 | 02/21/2019<br>12/18/2017<br>01/10/2016<br>12/28/2013<br>06/19/2012 | CAN<br>CERT<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>REN<br>NEW | 02/23/2019<br>12/22/2017<br>01/14/2016<br>01/03/2014<br>07/11/2012 |          | ×                                                    |





| Notices for                                              |                                                                    |                                     |                                  |                                                                    |          | notclist v 031126<br>e-click or press<br>] to choose |
|----------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|----------------------------------|--------------------------------------------------------------------|----------|------------------------------------------------------|
| Notice #                                                 | Created                                                            | Notice Code 8                       | Sub                              | Mailed                                                             | Returned | Return Code                                          |
| 23724350<br>21810372<br>18327193<br>14832260<br>13415304 | 04/11/2018<br>12/18/2017<br>01/10/2016<br>12/27/2013<br>06/25/2012 | CAN<br>CERT<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>REN<br>NEW | 04/13/2018<br>12/22/2017<br>01/14/2016<br>01/03/2014<br>07/11/2012 |          | -                                                    |

| Texas Voter Registration Applic                                                                 | ation                                                    | Ter Official List                                                                                               | Unity                          |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------|
| Inst?<br>Plee                                                                                   | IN RAY VIEW DIE NAME                                     | ins about how to fill                                                                                           | out this application,          |
| Free .                                                                                          |                                                          | Before Proc                                                                                                     | eeding                         |
| 296479710                                                                                       |                                                          | Request for                                                                                                     | a Replacement Card             |
| or Other                                                                                        | nomution                                                 | Yes -                                                                                                           | 11-10                          |
| Are you a United States Citizen?                                                                |                                                          |                                                                                                                 | No.                            |
| Will you be 18 years of age on or before                                                        |                                                          | conception of the second se | NAMES OF TAXABLE PARTY.        |
| If you checked 'No' in response to e                                                            |                                                          | de                                                                                                              | CORPORTS                       |
| Are you interested in serving as an electronic                                                  | ction worker?                                            |                                                                                                                 | Former Name (Famp)             |
| 2 Last Name Include Suffa Finny First                                                           | Name                                                     | Middle Name<br>(Tanyi                                                                                           | Pormer Marrie (Famp            |
| Residence Address: Street Address an                                                            | d Apartment Number. If<br>J. Box. Funsi Rt. or Businessi | Houston                                                                                                         | TEXAS                          |
|                                                                                                 |                                                          | County                                                                                                          | 71829                          |
| Mailing Address: Struct Address and Add                                                         | atment Number.                                           | City                                                                                                            | State                          |
| (I mult cannot be delivered to your residence a                                                 | ddress.)                                                 | 1                                                                                                               | Zip Code                       |
|                                                                                                 |                                                          |                                                                                                                 |                                |
| 5 Date of Birth: (mm/dd/yyyy)                                                                   | 6 Gender (Option                                         | al) 7 Telephone<br>Include Area                                                                                 | Number (Optional)<br>Code      |
|                                                                                                 | Famale                                                   |                                                                                                                 |                                |
| Total States No. of Total D                                                                     | Man Ten                                                  | on Driver's License                                                                                             | or Personal Identification,    |
| Texas Driver's License No. or Texas P<br>LD, No. (snued by the Department of Public             | Safety) give last                                        | t 4 digits of your Soc                                                                                          | iai Security Number            |
|                                                                                                 |                                                          | XXX-XX                                                                                                          |                                |
| I have not been issued a T     Security Remoter                                                 | exas Driver's Licens                                     | elPersonal Identifi                                                                                             | cation Number or               |
| Social Security Number.<br>Understand that giving false informa                                 | tion to procure a vote                                   | registration is par                                                                                             | ury, and a crime under         |
| state and federal law. Conviction of the<br>\$2,000, or both. Please read all three             | statements to affirm b                                   | a statistic the second second second                                                                            | io 180 days, a fine up to      |
| <ul> <li>I am a resident of this county and a</li> </ul>                                        | U.S. citizen;                                            | the test second all of                                                                                          | my punishment including        |
| <ul> <li>I am a resident or this convicted of any term of incarceration, parole, t</li> </ul>   |                                                          |                                                                                                                 |                                |
| <ul> <li>I have not been determined by a fil<br/>mentally incapacitated or partially</li> </ul> |                                                          | t exercising process<br>d without the right t                                                                   | p vole.                        |
| X                                                                                               |                                                          |                                                                                                                 | 1612012                        |
| Signature of Applicant or Agent and Relations                                                   | rep to Applicant or Print                                | ed Name of Applicant                                                                                            | If Signed by Witness and Data. |
| SECRETARY OF STATE_201_VR36.11ED.INM 1                                                          |                                                          |                                                                                                                 | 12/(011 502.38 /M              |
|                                                                                                 |                                                          |                                                                                                                 |                                |

|             | AVE EXII         | <u>S</u> can<br><u>V</u> iew | Prov Bl <u>t</u> s                                 | <u>C</u> ancel    |                        | <u>e</u> ction Ro<br>IVRA <u>D</u> up |                  | otices<br>ng Place | D <u>i</u> strie<br><u>R</u> eg H |        | Updt Vot<br>View Vot   |              |
|-------------|------------------|------------------------------|----------------------------------------------------|-------------------|------------------------|---------------------------------------|------------------|--------------------|-----------------------------------|--------|------------------------|--------------|
| NVRA Source |                  |                              | Date Submitted                                     | Status            | CH                     |                                       | Precinct<br>0984 |                    | Sub                               |        | 707305                 |              |
| Last        |                  | F                            | File Nui<br>irst                                   | mber <b>13</b> 35 | 0 MAF                  |                                       | VUD              | Former             |                                   |        | O Compliant Compliant  | V            |
|             | Fract Dir        | Name                         |                                                    |                   | Тур                    |                                       |                  | Jnit Type          | Unit #                            |        |                        |              |
| City HO Z   | zip <b>77099</b> |                              | Muni HOUS                                          | TON               | Gender                 | Post<br>Office HC                     |                  |                    | Addr<br>Exce                      |        | Former<br>County       |              |
| City        |                  |                              | Sta                                                | ate               | DL#<br>SSN<br>Citizen? | ? <b>Y</b> PW1                        | S                | SN4<br>Signed?     | Has No<br>Y Lang                  |        | <u>F</u> ormer         | Res          |
| Zip -       | _                |                              | dr C <u>l</u> ear Ma<br>EDR 10/12/2<br>ROM 06/19/2 | 2012              | Birth<br>Place<br>FPCA | FP                                    | CA Begin Di      | Jury<br>ate        | Privacy                           | Disabi | ity                    | <u>M</u> ore |
| EAM REG     | Election Role    | DATE OF                      | REC <b>12/16/</b><br>Last Year                     | 2013              | Email                  | Updated                               |                  | I-AP-RITC          | HIFP                              | 12/16  | ID Rovd<br>(2013 11:20 |              |
| Comments    |                  |                              |                                                    | ,                 |                        | opullu                                |                  |                    | 4 II <b>L</b> F                   | 12/10/ | 2013 11.20             |              |

| List of Voter Notices [notclist 0 | 3.06]<br>Print <u>C</u> ertified | Print ID Now | Force Status | Create Notice                                  |
|-----------------------------------|----------------------------------|--------------|--------------|------------------------------------------------|
| Notices for                       |                                  |              |              | notclist v 031126<br>lick or press<br>o choose |
| Notice # Created                  | Notice Code & Sub                | Mailed       | Returned     | Return Code                                    |
| 13582102 09/25/2012               | CERT NE                          | W 10/05/2012 |              |                                                |

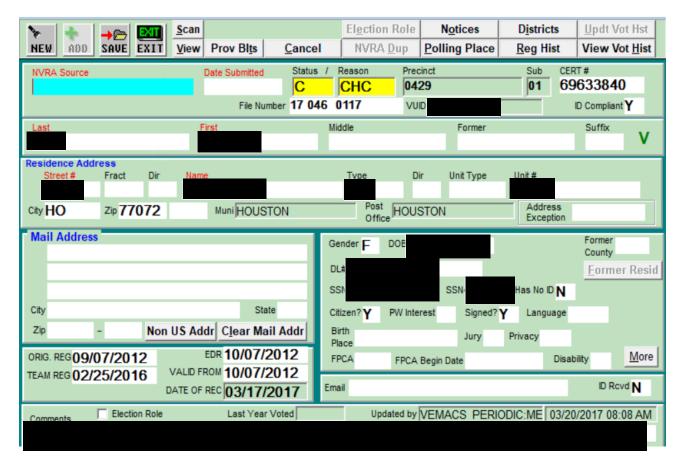
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|          | 300021331 |  |  |

iny questions about how to fill out this application,

# eted Before Proceeding

| 30302 133 I                                                                                                                                           | me,                | Request f                         | or a Replacement Card     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are you a United States Citizen?                                                                                                                      |                    | Yes                               | No No                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Will you be 18 years of age on or before ele                                                                                                          | ection day?        | Yes                               | No                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| If you checked 'No' in response to eithe                                                                                                              | r of the above     | , do not complet                  | e this form.              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Are you interested in serving as an election                                                                                                          | n worker?          |                                   | 1.1.1.1.1.1.1             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2 Last Name Include Suffix If any First Nam<br>(Jr, Sr, II)                                                                                           | 10                 | Middle Name<br>(flang)            | Former Name (Fany)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3 Residence Address: Street Address and Apa<br>none, describe where you live. (Do not indude P.O. Bax                                                 |                    | cily<br>Houston                   | TEXAS                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                       |                    | County                            | Zip Code<br>77099         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4 Mailing Address: Street Address and Apartmen<br>(if mail cannot be delivered to your residence address                                              |                    | City                              | State<br>Zip Code         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5 Date of Birth: (mm/dd/yyyy) 6                                                                                                                       | Male<br>Female     |                                   | Number (Optional)<br>Code |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| LD. No. (Issued by the Department of Public Safety)                                                                                                   | 0.066.0666         | 4 digits of your Socia<br>XXX-XX- |                           | BUSINESS REPLY MAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I have not been issued a Texas D<br>Social Security Number.                                                                                           |                    |                                   |                           | REC-2.ASS MA. PERMITIKO (SI AUTRA TR.<br>PORTAGE WILL BE PAO BY ACCIENCISE<br>SECRETARY OF STATE<br>ELECTIONS DIVISION IAY 2 0 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I understand that giving false information to<br>state and federal law. Conviction of this crin<br>\$2,000, or both. Please read all three statements | ne may result in i | imprisonment up to                |                           | PO BOX 12887<br>AUSTIN TX 78711-9972 Voter Registration Dept.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul> <li>I am a resident of this county and a U.S. c</li> </ul>                                                                                       |                    |                                   |                           | Ouralifications  • You must register to vote in the county in<br>which you weide. • All voters who register to vote in Texas must<br>provide a Texas driver's icense number or<br>personal distribution number issued by the<br>Texas Devotment of the Sedue I (you would be a sedue of you would be a sedue o |
| <ul> <li>I have not been finally convicted of a felony,<br/>any term of incarceration, parole, supervise</li> </ul>                                   |                    |                                   |                           | You must be a cream or recommendation of the such a number, simply provide the<br>ast four digits of your social security number,<br>age by Election Day,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I have not been determined by a final judg<br>mentally incapacitated or partially mentall                                                             | ment of a court of | xercising probate ju              | risdiction to be totally  | <ul> <li>too many contact or a way contact or a way.</li> <li>too many contact or a way contact or a way of the contac</li></ul>       |
| X                                                                                                                                                     |                    | Date 05                           | 10/ 12013-                | production be tetrally retrainly respectively<br>or partially mentally negocitated without the<br>right to vate.<br>Filling out the Application<br>thomation visit www.vetexas.org.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Skindline of Application of Applied and Relationship to A                                                                                             | T. ATT             | ACHMEN                            | TB<br>AP                  | PENDX PAGE 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Texas Voter Registration Application           Impletely define the Segment of Segmento Segment of Segment of Segmentor Segment of | 301903527                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| New Application Change of Address, M<br>or Other Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lame, Request for a                                                                                                   | Replacement Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Are you a United States Citizen?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Will you be 18 years of age on or before election                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lay? 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| If you checked 'No' in response to either of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e above, do not complete t                                                                                            | his form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Are you interested in serving as an election work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | H? 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| Last Name Include Softwill any First Name     Jr. St. 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| I have not been issued a Texas Driver's<br>Social Security Number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <ul> <li>I understand that giving faise information to procursistate and federal law. Conviction of this crime may \$2,003, or both. Please read all <u>three</u> statements to read and a u.s. citizen;</li> <li>I am a resident of this county and a U.S. citizen;</li> <li>I have not been finally convicted of a felory, or if a feary term of incarceration, parole, supervision, per statements and the statement of the second statement of the second statement.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                   | ) days, a fine up to<br>unishment including                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| There not been determined by a final judgment or<br>mentally incapacitated or partially mentally incapacitated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a court exercising probate juris                                                                                      | diction to be totally $\frac{1}{2012}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul> <li>You must not be finally consisted of a lowy,<br/>or fly your as then your must have completed<br/>all of your puntiohment, including any term<br/>of incarcention, parete, apparetion, parete<br/>paretor.</li> <li>You must not have been determined by a<br/>final judgment of a court enviroing proceeds<br/>unridiation to a beardly mentally incapacitated<br/>or partially mentally incapacitated whore the<br/>right to vole.</li> <li>Filling out the Application</li> <li>Review the application candid, bit it out show</li> </ul> | you need to state hat fact.<br>You work registration will become effective<br>binflog withows to later. You registration<br>must be efficitive on boths an election's<br>on order to vote in the election.<br>If you move to endore country, you must<br>re-registrar in the country of your new<br>residence.<br>Please viait the Texas Secretary of State website,<br>www.soc.statibit.tut.m. and for additional elector<br>information viait www.votenas.org. |
| SECRETARY OF STATE, 201, VIOL HER AND 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | 137201 5453094                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and date it and mail it to the voter registrar in your<br>county or drop it by the Voter Registrar's office.<br>societTART OF STATE, 2011, YOU (1823-94). 1                                                                                                                                                                                                                                                                                                                                                                                           | una menaino esta dagonole en español. Parer de<br>Tamar a su registrador de votartes local para conseguir<br>una versión en español.<br>1370011 340.00 M                                                                                                                                                                                                                                                                                                         |



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| Notices for                                              |                                                                    |                                      |                                 |                                                                    |              | notclist v 03<br>e-click or press<br>] to choose | 112 |
| Notice #                                                 | Created                                                            | Notice Code                          | & Sub                           | Mailed                                                             | Returned     | Return Code                                      |     |
| 20791146                                                 | 03/20/2017                                                         | CAN                                  | CIT7                            | 03/22/2017                                                         |              |                                                  |     |
| 19860109<br>19835864<br>18675808<br>15187098<br>13567207 | 02/29/2016<br>02/19/2016<br>01/10/2016<br>12/28/2013<br>09/19/2012 | CERT<br>CERT<br>CERT<br>CERT<br>CERT | RPL<br>RPL<br>REN<br>REN<br>NEW | 03/08/2016<br>02/23/2016<br>01/14/2016<br>01/03/2014<br>09/28/2012 |              |                                                  |     |

| Please complete sections by printing LEGIBLY. If you han please cal your local voter registrar. 3504 These Questions Must Be Com Check one New Application Change of Address, Name,                          | 69156                                          | for a Replacement Ca                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Are you a United States Citizen?                                                                                                                                                                             | IV Yes                                         | No.                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 5 Date of Birth: (mmidd/yyyy) 6 Gender (Option<br>Male<br>V Female                                                                                                                                           |                                                | Sede                                       | Bigwanagh, an / an my in yay<br>Michael Markana<br>Michael Markana<br>Michael Markana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| LD. No. (Insued by the Department of Public Salety) give last                                                                                                                                                | 4 digits of your fast<br>XXX-XX                | Personal identification                    | BUSINESS REPLY MAIL<br>INST CASE MAIL PERMIT FOR ART ACTION TO<br>POPTAGE WILL BE PAGE OF ADDRESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| I have not been issued a Texas Driver's License Social Security Number.      I understand that giving false information to procure a voter     state and federal law. Conviction of this crime may result in | registration is perjur                         | y, and a crime under                       | SECRETARY OF STATE<br>ELECTIONS DIVISION<br>PO BOX 12887<br>AUSTIN TX 78711-8972                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| \$2,000, or both. Please read all <u>three</u> statements to affirm bet<br>• I am a resident of this county and a U.S. citizen;<br>• I have not been finally convicted of a felony, or if a felon, I have    | fore signing.                                  |                                            | Professional and a second |
| any term of incarceration, parole, supervision, period of pr<br>I have not been determined by a final judgment of a court a<br>mentally incapacitated or partially mentally incapacitated s                  | obation, or I have be<br>exercising probate ju | en pardoned; and<br>risdiction to be total | <ul> <li>You must be a classe of the United States,<br/>To must be a classe of the United States,<br/>apply between the second states, and the united states<br/>apply between the second states, and the second states<br/>or any care a factor, you must have complete<br/>and you praintener, including any complete<br/>and you praintener (and you praintener (and</li></ul>                                                                                                                              |
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| Signature of Applicant or Printed                                                                                                                                                                            | Name of Applicant If S                         | igned by Witness and E                     | Filing out the Application     Filing out the Application definition def |

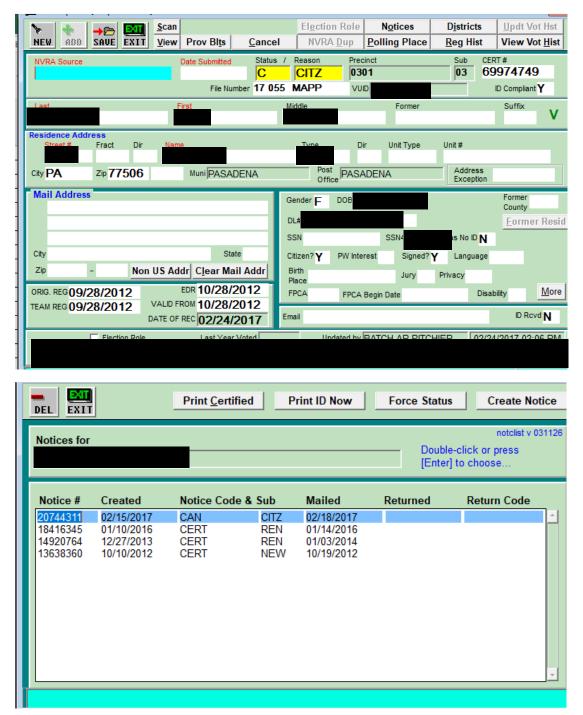
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| Texas Voter Registration Application<br>Peace of the Intervention of the Veliation Veliation<br>Please complete sections by printing LEGIBLY. If you have an<br>please call your local voter registrar or the Secretary of State's<br>1-800-735-2968, www.sos.state.tx.us.                                                                                                                                                                                                                                                                              | 3018                                                     | 821606                                                                                         | HWA                                                            |                 |                                                                                                                                                                                                                                                                                                                                                                               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| describe where you live. Do not include P.O. Box, Runal Rt. or Business Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 28810                                                    | Housto                                                                                         | ~                                                              | Zip C           | ode<br>77072                                                                                                                                                                                                                                                                 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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | last 4 d                                                 | Driver's License<br>ligits of your Soc<br>XXX-XX<br>ersonal Identifie                          | ial Secu                                                       | rity No         | unber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Instructions to Registrants<br>Qualification<br>• I are any access to in the for<br>which are main.<br>• Is not are for allowed for the for<br>by strate day.                                                                                                                                                                                                                                                                                                                                                                                                    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| <ul> <li>I understand that giving faise information to procure a vot state and federal law. Conviction of this crime may result \$2,000, or both. Please read all <u>three</u> statements to affirm i</li> <li>I am a resident of this county and a U.S. citizen;</li> <li>I have not been finally convicted of a feliony, or if a felon, i including any term of incarceration, parole, supervision pardoned; and</li> <li>I have not been determined by a final judgment of a cobe totally mentally incanaritated or partially mentally in</li> </ul> | in impr<br>before :<br>I have co<br>n, perio<br>surt exe | isonment upits<br>signing<br>Aliis<br>ompleted all of n<br>of second second<br>rclsing probate | ABBINADIA<br>APP Durnis<br>APP Defet<br>Jurisdic<br>s right to | tion to<br>vote | ne de to<br>t<br>NS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul> <li>The set of buff, response to the buff, response to th</li></ul> | Parent of another. By the parent of the pare |
| Signature of Applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed Name                                                  |                                                                                                | 10072                                                          |                 | 10 10 States and                                                                                                                                                                                                              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| Voter Update [c1update 03.0                           | 6]                                                                     |                                            |                                                                       |                              |                                               | ×                                                                |
|-------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| 🕨   🖗   🗕 🖂                                           | <u>S</u> can                                                           | _                                          | El <u>e</u> ction Role                                                | Notices                      | D <u>i</u> stricts                            | Updt Vot Hst                                                     |
| NEW ADD SAVE EXIT                                     | <u>View</u> Prov Bl <u>t</u> s                                         | s <u>C</u> ancel                           | NVRA <u>D</u> up                                                      | Polling Place                | <u>R</u> eg Hist                              | View Vot <u>H</u> ist                                            |
| NVRA Source                                           | Date Submitte                                                          |                                            |                                                                       | cinct                        | Sub CER                                       | स#<br>9432821                                                    |
|                                                       | File I                                                                 | C<br>Number 12 362                         | <b>10110</b>                                                          |                              |                                               | ID Compliant Y                                                   |
|                                                       |                                                                        |                                            |                                                                       |                              |                                               |                                                                  |
| Last                                                  | First                                                                  | M                                          | iddle                                                                 | Former                       |                                               | Suffix V                                                         |
| Residence Address                                     |                                                                        |                                            |                                                                       |                              |                                               |                                                                  |
| Street # Fract Dir                                    | Name                                                                   |                                            | Type D                                                                | ir Unit Type                 | Lloit #                                       |                                                                  |
|                                                       |                                                                        |                                            |                                                                       |                              |                                               |                                                                  |
| City HO Zip 77099                                     | Muni HOL                                                               | JSTON                                      | Post<br>Office HOU                                                    | STON                         | Address<br>Exception                          |                                                                  |
|                                                       |                                                                        |                                            | Unice                                                                 |                              | Excoption                                     |                                                                  |
| Mail Address                                          |                                                                        |                                            |                                                                       |                              | Exception                                     | Former                                                           |
| Mail Address                                          |                                                                        |                                            | ender F DOB                                                           |                              | Exception                                     | County                                                           |
| Mail Address                                          |                                                                        |                                            | ender <b>F</b> DOB                                                    |                              |                                               |                                                                  |
|                                                       |                                                                        | C                                          | ender F DOB                                                           | SSN4                         | Has No ID N                                   | County                                                           |
| City                                                  |                                                                        | State C                                    | ender <b>F</b> DOB                                                    | SSN4                         | Has No ID N                                   | County                                                           |
| City                                                  | n US Addr∫ C <u>l</u> ear I                                            | State C<br>Mail Addr E                     | ender F DOB<br>L#<br>SI<br>itizen? Υ PW Inte<br>Birth                 | SSN4                         | Has No ID N                                   | County                                                           |
| City                                                  |                                                                        | State C<br>Mail Addr E                     | ender F DOB<br>DL#<br>SI<br>itizen? Υ PW Inte<br>Birth<br>Nace        | SSN4<br>rest Signed?         | Has No ID <b>N</b><br>Y Language              | County<br>Eormer Resid                                           |
| City<br>Zip – <u>No</u>                               | n US Addr Clear I<br>EDR 08/23<br>VALID FROM 08/23                     | State C<br>Mail Addr E<br>3/2012<br>3/2012 | ender F DOB<br>SI<br>itizen? Y PW Inte<br>Birth<br>Place<br>FPCA FPCA | SSN4<br>rest Signed?<br>Jury | Has No ID <b>N</b><br>Y Language<br>Privacy   | County<br><u>Former Resid</u>                                    |
| City<br>Zip - No<br>ORIG. REG <mark>07/24/2012</mark> | n US Addr C <u>l</u> ear I<br>EDR <mark>08/2</mark> 3                  | State C<br>Mail Addr E<br>3/2012<br>3/2012 | ender F DOB<br>SI<br>itizen? Y PW Inte<br>Birth<br>Place<br>FPCA FPCA | SSN4<br>rest Signed?<br>Jury | Has No ID <b>N</b><br>Y Language<br>Privacy   | County<br>Eormer Resid                                           |
| City<br>Zip - No<br>ORIG. REG <mark>07/24/2012</mark> | n US Addr Clear I<br>EDR 08/23<br>VALID FROM 08/23<br>DATE OF REC 02/2 | State C<br>Mail Addr E<br>3/2012<br>3/2012 | ender F DOB<br>SI<br>itizen? Y PW Inte<br>Sirth<br>Nace<br>PCA FPCA   | SSN4<br>rest Signed?<br>Jury | Has No ID N<br>Y Language<br>Privacy<br>Disat | County<br><u>Former Resid</u><br>pility <u>More</u><br>ID Rovd N |

| Notices for |            |             |       |            |          | notclist v 031126<br>e-click or press<br>  to choose |
|-------------|------------|-------------|-------|------------|----------|------------------------------------------------------|
| Notice #    | Created    | Notice Code | & Sub | Mailed     | Returned | Return Code                                          |
| 13498398    | 08/21/2012 | CERT        | NEW   | 08/31/2012 |          | ▲<br>                                                |

| Texas Voter Registration Application                                                                                                                                                             |                                                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| People of the former of the former of the VERSHEED<br>People complete sections by printing LEGIBLY. If you he please call your local voter registrar.                                            |                                                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1 These Questions Must Be Con 301<br>Check one                                                                                                                                                   | 610488                                                               | _                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| New Application Change of Address, Name.<br>or Other Information                                                                                                                                 | Request for                                                          | a Replacement Card                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Are you a United States Citizen?                                                                                                                                                                 | Ves Ves                                                              | ⊠ No                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Will you be 18 years of age on or before election day?                                                                                                                                           | X Yes.                                                               | No No                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If you checked 'No' in response to either of the abo                                                                                                                                             | we, do not complete                                                  | this form.                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Are you interested in serving as an election worker?                                                                                                                                             |                                                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2 Last Name Include Sufficiency First Name                                                                                                                                                       | Middle Name                                                          | Former Name (# stry)                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Residence Address: Street Address and Apartment Number<br>nees, describe where you like, Do not induce P.D. Box, Rurk R. or Basin                                                                |                                                                      | 1 TEXAS<br>1 → ✓<br>Zip Code                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mailing Address; steel Access and Approximit Nation.                                                                                                                                             | USA<br>City 1-1045                                                   | 77099                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5 Date of Birth: (mm/dd/wwy) Gender (Cost                                                                                                                                                        |                                                                      | Umber (Optional)                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                  | Texas Driver's License or<br>last 4 digits of your Social<br>XXX-XX- |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Social Security Number.                                                                                                                                                                          | nse/Personal identifica                                              | tion Number or                                 | PUDUANE / CORESS<br>34 BA 2012 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I understand that giving false information to procure a vol<br>state and federal law. Conviction of this crime may result<br>\$2,000, or both. Please read all <u>three</u> statements to affirm | t in imprisonment up to 1                                            | y, and a crime under<br>180 days, a fine up to | POSINGE WILL BE PADDIE ADDRESSEE<br>SECRETARY OF STATE<br>ELECTIONS DIVISION<br>PO BOX 12887<br>AUSTIN TX 78711-0972                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul> <li>I am a resident of this county and a U.S. citizen;</li> </ul>                                                                                                                           |                                                                      | a suis bas ant la chaffer                      | AUSTIN TX 78711-9972 AUG 1 # 2012<br>Water Reprint Reprint Provider Reprint Provider Comp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <ul> <li>I have not been finally convicted of a felony, or if a felon, i<br/>any term of incarceration, parole, supervision, period of</li> </ul>                                                | nave completed all of my<br>of probation, or I have be               | en pardoned; and                               | Not write out ad bytin using     Ourpullinent boots in the county is     white with register to vote in Texas must     vite the county is     pende a Sease theirs if speese surface or     pende a Sease their is located bytin     pende a Sease their is located bytin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul> <li>I have not been determined by a final judgment of a co-<br/>mentally incapacitated or pertially mentally incapacitate</li> </ul>                                                        | urt exercising probate ju                                            | risdiction to be totally                       | <ul> <li>You must be a cellizer of the United States.</li> <li>You must be allest 17 years and 10 recents<br/>of 00 registric and you must be 18 years of<br/>age by Election Day.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| X                                                                                                                                                                                                | Date 07                                                              | 120/12                                         | all of your prevailness, including any term<br>of inclusioning, parties, second, parties, par |
| Signature of Applicant or Agent and treatmentip to Applicant or Priv                                                                                                                             | nied Name of Applicant # S                                           | igned by Witness and Date.                     | Filling out the Application information visit www.wetilites.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SECRETARY OF STATE 2011, VIOLUTE-MAL                                                                                                                                                             |                                                                      | (2/1201) 3:82:50 PM                            | Review the application carefully, BI it cut, sign<br>and date transformation processing in the second sec   |

| Texas voter Registration Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pre-Official Use Only                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Are you a United States Citizen?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ves 🔽 No                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Will you be 18 years of age on or before election day?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ves No                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| If you checked 'No' in response to either of the abo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | we, do not complete this form.                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Last Name Induce Settor Party     First Name     Gr. So. (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Middle Name Former Name (fam)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3 Residence Address: Street Address and Apartment Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | City TEXAS                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Aces, describe where you live. (So not induce P.D. Box, Runal R. or Davier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HELSEN TX                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| menting would be a construction and operated humble.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CHI STUDIES                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Date of pitt: (mis/gd/WM)     Geoder (000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | onal) 7 Telephone Number (Optional)<br>Include Area Code |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| S Ferrale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| The second secon | issis Driver's License or Personal Identification.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Social Security Number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | se/Personal identification Number or                     | BUSINESS REPLY MAIL<br>INST-CLASS MAIL BIDDITIES OF ALITHE TO<br>SOLETALE WILL RE MOUT ACCOMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I understand that giving faise information to procure a vot<br>state and federal law. Conviction of this offer may result<br>\$2,000, or both. Please read all <u>three</u> statements to affirm b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n imprisonment up to 180 days, a fine up to              | Harric County Tax Office<br>ELECTIONS DIVISION DEC 2 0 200<br>PO BOX 12867<br>AUSTIN TX 78711-9972 <sup>Vhttr Redictedion Dep.</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul> <li>I am a resident of this county and a U.S. cittern;</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and square.                                              | 10-ph-style-ph-ma-shale-ah/049-bh/ase                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ul> <li>I have not been finally convicted of a falony, or if a falon, its<br/>any term of incarceration, parole, supervision, period of</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ave completed all of my punishment including             | Advice two and not higher market     Constitutions in the county is     Yes mays register to value in the county is     which yes method:     which yes method:     which yes method:     Advice and not higher market     Yes mays register to value in the county is     which yes method:     Non-operative and the second participation of the linear difference of the li     |
| <ul> <li>I have not been determined by a final judgment of a coumentally incapacitated or partially mentally incapacitated</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | esercising probate jurisdiction to be totally            | <ul> <li>You must be a board if yours and 10 months.</li> <li>You must be all board if yours and 10 months.</li> <li>Our may be all your must be 10 months.</li> <li>Our hyper and you must be 10 months.</li> <li>You hyper a social security number.</li> <li>You hyper a social security number.</li> <li>You hyper a social security number.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          | <ul> <li>to custom states payment these complexities</li> <li>de your payment these complexities</li> <li>de your payment these complexities</li> <li>to many co</li></ul>                                                                                                                                                                                                                                  |
| Λ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date 11/23/12                                            | or partially mentally incepediated without the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Applicant or Ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d Name of Applicant If Signed by Witness and Data.       | nght to volta.  Filings on 2010 and the second and |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I                                                        | COTAC A CODE OF ALL AND ADDREED A COLOR. In the second of reference.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



| Texas Voter Registration<br>Preached by the Office of the Secretary of State<br>Please complete sections by printing Li<br>please call your local voter registrar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VR17.2011E13                                                                                                                                                                                     |                                                                                                                                    |                                                                                                             |
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| Are you a United States Citizen?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                  | Yes                                                                                                                                | No No                                                                                                       |
| Will you be 18 years of age on or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | before election day?                                                                                                                                                                             | Yes                                                                                                                                | No No                                                                                                       |
| If you checked 'No' in response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e to either of the above                                                                                                                                                                         | , do not complet                                                                                                                   | te this form                                                                                                |
| Are you interested in serving as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | an election worker?                                                                                                                                                                              |                                                                                                                                    |                                                                                                             |
| 2 Last Name Include Suffix if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | First Name                                                                                                                                                                                       | Middle Name                                                                                                                        | Former Name (if any)                                                                                        |
| 3 Residence Address: Street Add<br>none, describe where you live. (Do not in<br>Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                  | city<br>Pasadena                                                                                                                   | 1                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  | Harris                                                                                                                             | 77506                                                                                                       |
| Mailing Address: Street Address<br>(If mail cannot be delivered to your resid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                  | City                                                                                                                               | Zip Code                                                                                                    |
| 5 Date of Birth: (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 Gender (Option<br>Male<br>Female                                                                                                                                                               | al) 7 Telephone                                                                                                                    | Number (Optional)                                                                                           |
| Texas Driver's License No. or Te:<br>LD. No. (Issued by the Department of<br>I have not been issue<br>Social Security Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Public Safety) give last<br>d a Texas Driver's License                                                                                                                                           | 4 digits of you <u>r Soci</u><br>XXX-XX-                                                                                           |                                                                                                             |
| <ul> <li>I understand that giving false infistate and federal law. Conviction \$2,000, or both. Please read all the state and resident of this county at a na resident of this county at the state of the state of</li></ul> | n of this crime may result in<br>aree statements to affirm be<br>and a U.S. citizen;<br>d of a felony, or if a felon, I hav<br>ole, supervision, period of per<br>a final judgment of a court of | imprisonment up to<br>ore signing.<br>e completed all of m<br>obation, or I have b<br>exercising probate j<br>without the right to | 180 days, a fine up to<br>y punishment including<br>sen pardoned; and<br>urisdiction to be totally<br>vote. |
| Signature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | p to Applicant or Printed                                                                                                                                                                        |                                                                                                                                    | /26/12<br>Signed by Witness and Date.                                                                       |

| Voter Update [c1update]             | 03.06]           |                       |                |                  |               |              |          |                 |                |                | X                |
|-------------------------------------|------------------|-----------------------|----------------|------------------|---------------|--------------|----------|-----------------|----------------|----------------|------------------|
| 🕨 🗼 🕨 🖪                             | <u>S</u> can     |                       |                | El <u>e</u> ctio | n Role        | N <u>o</u> f | tices    | D <u>i</u> stri | cts            | <u>U</u> pdt V | /ot Hst          |
|                                     | XIT <u>V</u> iew | Prov Blts             | <u>C</u> ancel | NVRA             | \ <u>D</u> up | Pollin       | g Place  | <u>R</u> eg H   | list           | View V         | /ot <u>H</u> ist |
| NVRA Source                         |                  | Date Submitted        | Status /       | Reason           | Prec          |              |          | Sub             |                |                | 0                |
|                                     |                  |                       | C              |                  | 064           |              |          | 05              |                | 54360          | _                |
|                                     |                  | File Num              | ber            |                  | VU            | D            |          |                 |                | ID Compliar    | nt <b>Y</b>      |
| Last                                | F                | irst                  |                | liddle           |               |              | Former   |                 |                | Suffix         | v                |
|                                     |                  |                       |                |                  |               | _            |          |                 |                |                |                  |
| Residence Address<br>Street # Fract | Dir Nam          | e                     |                | Type             | Di            | r Ui         | nit Type | Unit #          |                |                |                  |
|                                     |                  |                       |                |                  |               |              |          |                 |                |                |                  |
| City HO Zip 770                     | 83               | Muni HOUST            | ON             | Post             | HOUS          | STON         |          | Add             | ress<br>eption |                |                  |
| Mail Address                        |                  |                       |                |                  |               |              | _        |                 |                | Former         |                  |
|                                     |                  |                       |                | Gender M         | DOE           |              |          |                 |                | County         |                  |
|                                     |                  |                       |                | DL#              |               |              |          |                 |                | Eorm           | er Resid         |
|                                     |                  |                       |                | SSN              |               | SS           | N4       | Has No          | ID N           |                |                  |
| City                                |                  | State                 | e (            | Citizen?Y        | PW Inte       | rest         | Signed?  | Y Lang          | juage          |                |                  |
| Zip –                               | Non US Ad        | dr C <u>l</u> ear Mai |                | Birth            |               |              | Jury     | Privacy         |                |                |                  |
| ORIG. REG 10/27/2012                | <br>>            | EDR 11/26/2           | 040            | Place<br>FPCA    | 5004          |              |          |                 | Disab          | ality a        | More             |
| TEAM REG 10/27/2012                 | -                | ROM 11/26/2           |                | IFCA             | FPCA          | Begin Da     | te       |                 | Disat          | mity           |                  |
| TOILTIEUTE                          | -                | REC 06/21/2           |                | mail             |               |              |          |                 |                | ID Ro          | ovd N            |
| Comments Election                   | Role             | Last Year \           | /oted          | Up               | dated by      | MUNOZ        | 'A       |                 | 06/21          | /2018 10       | :01 AM           |
|                                     |                  |                       |                |                  |               |              |          |                 |                |                |                  |
|                                     |                  |                       |                |                  |               |              |          |                 |                |                |                  |
|                                     |                  |                       |                |                  |               |              |          |                 |                |                | st <f9></f9>     |

| Notices for          |                          |              |            |                          |          | e-click or press<br>] to choose |
|----------------------|--------------------------|--------------|------------|--------------------------|----------|---------------------------------|
| Notice #             | Created                  | Notice Cod   | e & Sub    | Mailed                   | Returned | Return Code                     |
| 23867436             | 06/21/2018               | CAN          | CITZ       | 06/23/2018               |          |                                 |
| 22797558             | 12/18/2017               | CERT         | REN        | 12/22/2017               |          |                                 |
| 19192341             | 01/10/2016               | CERT         | REN        | 01/14/2016               |          |                                 |
| 15711166<br>13748521 | 12/28/2013<br>11/05/2012 | CERT<br>CERT | REN<br>NEW | 01/03/2014<br>11/16/2012 |          |                                 |
| 13740521             | 11/05/2012               | CERI         |            | 11/10/2012               |          |                                 |
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| L                    |                          |              |            |                          |          |                                 |

| Texas Voter Registra<br>Preserved to de Ottice et the Socreary of Stere<br>Please complete sections b<br>out this application, please<br>free at 1-800-252-VOTE(8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | v84348E12<br>y printing LEGIBLY.<br>call your local voter r                                                                                                                        | 3043803                                                              | 55                                                                                                   | -                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------|
| 1 These Questions<br>Check one New Application<br>Are you a United States Citiz<br>Will you be 18 years of age or<br>If you checked 'no' in respons<br>Are you interested in serving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n Change of Address<br>en?                                                                                                                                                         | and/or Name<br>do not comple                                         | Request for a Rep                                                                                    | es Vino                          |
| 2 Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | First Name                                                                                                                                                                         |                                                                      | Middle Name (If any)                                                                                 | Former Name                      |
| 3 Residence Address: Street A<br>when you live. (Do not include P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address and Apartment Number. 3<br>O. Box. Bural R1, or Basiness Ad                                                                                                                |                                                                      | city<br>Huuston                                                                                      | State<br>7x<br>Zip Code<br>77083 |
| -Mailing Address: Street Addre | itess.)                                                                                                                                                                            |                                                                      | Howston                                                                                              | Tx<br>Zip Code<br>77083          |
| 5 Date of Birth: (mm/dd/vv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    | ler (Optional)<br>de 🗖 Female                                        | 7 Telephone Number                                                                                   | r (Optional)                     |
| <ul> <li>B Texas Driver's License N</li> <li>LD. No. (leased by the Dener</li> <li>Check if you do not h</li> <li>License, or Texas Per</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    | give last 4 dig<br>x                                                 | 1<br>river's License of Pers<br>jits of your Social Seem<br>3.x-3.x<br>you do not have a Socia       | rits Number                      |
| <ul> <li>I understand that giving fall<br/>and federal law. Conviction</li> <li>I affirm that I</li> <li>am a resident of this county a</li> <li>have not been finally convict<br/>of incarceration, parole, supe</li> <li>have not been determined by<br/>incapacitated or partially me</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | se information to procure a<br>of this crime may result in<br>and U.S. Citizen;<br>ef of a febory, or if a felon, I<br>rvision, period of probation<br>a final judgment of a court | imprisonment<br>have complete<br>, or I have been<br>exercising prof | up to 180 days, a line up<br>d all of my punishment<br>1 pardoned; and<br>bate jurisdiction to be to | including any term               |
| X<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | itionship to Applican                                                                                                                                                              | t or Printed Nar                                                     | <u> </u>                                                                                             |                                  |

For Assistance Call your local Voter Registrar of ACRITH HOLESTON Office of the Secretary of State Toll Free: *Si necesita asistencia lame gratis al*: 1-800-252-VOTE(8683) www.sos.state.tx.us





POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS COUNTY COURTHOUSE (CITY)

Houston

(ZIP CODE)

### Qualifications

#### General Information

Fold on line and seal before mailing

TX 77253

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.
- You must be at least 17 years and 10 months old to register, and you must be 18 years of age by election day.
- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

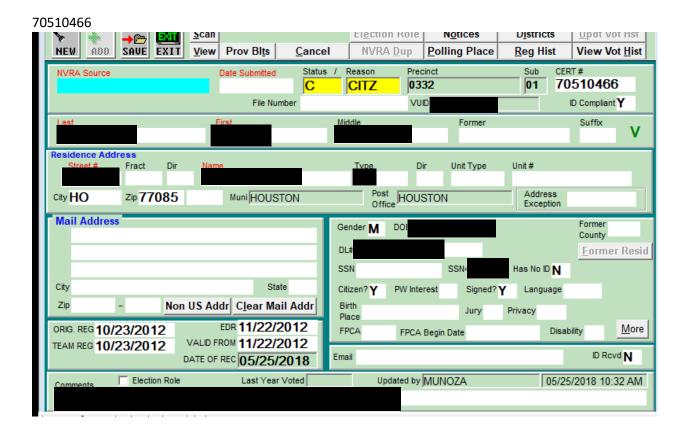
#### Identification Requirement

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.  Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later. Your registration must be effective on or before an election in order to vote in that election.

• If you move to another county, you must re-register in the county of your new residence.

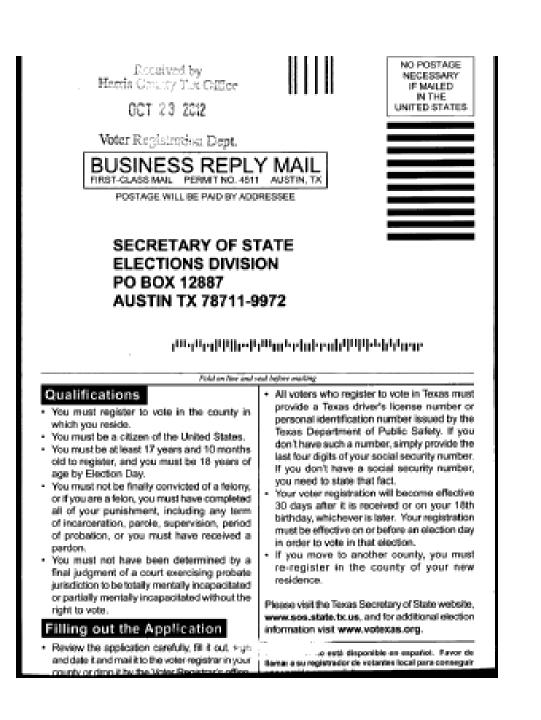
 You must provide your Texas driver's license or personal identification number. Only when you do a shave a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then yournust indicate by checking the appropriate box in the application side.

Este Tormulario está disponible en Español. Favor de llamar sin cargo a la oficina del Secretario de Estado al 1-800-252-8683 para conseguir una versión en Español.

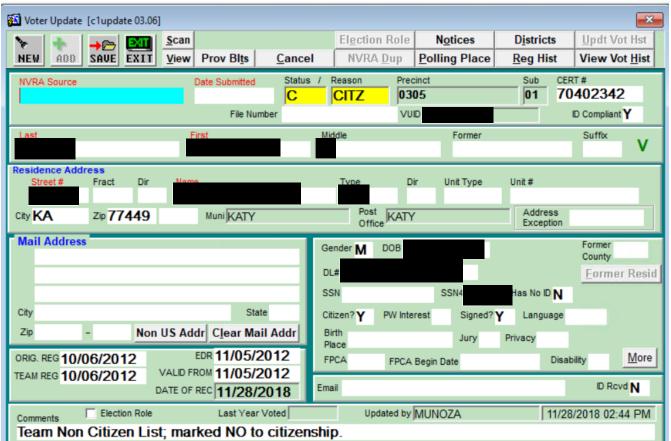


| Notices for                                              |                                                                    |                                     |                                  |                                                                    |          | notclist v 0<br>e-click or press<br>] to choose |
|----------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|----------------------------------|--------------------------------------------------------------------|----------|-------------------------------------------------|
| Notice #                                                 | Created                                                            | Notice Cod                          | e & Sub                          | Mailed                                                             | Returned | Return Code                                     |
| 23796106<br>21978638<br>18477923<br>14893805<br>13743805 | 05/25/2018<br>12/18/2017<br>01/10/2016<br>12/27/2013<br>11/02/2012 | CAN<br>CERT<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>MAP<br>REN<br>NEW | 05/30/2018<br>12/22/2017<br>01/14/2016<br>01/03/2014<br>11/16/2012 |          |                                                 |

| Presidently in Office of the Sergersy of Titles TRUE CRI 2011 2011                                                                                       |                                     |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| These Questions Must Be Comp 303                                                                                                                         | 987050                              |                          |
| Check one                                                                                                                                                |                                     |                          |
| Mow Application Change of Address, Name,<br>or Other Information                                                                                         | And the second                      | a Replacement Cord       |
| Are you a United States Citizen?                                                                                                                         | Yes                                 | ⊉∾                       |
| Will you be 18 years of age on or before election day?                                                                                                   | _ <b>_</b> _~~                      | Ø ∾                      |
| If you checked 'No' in response to either of the above                                                                                                   | , do not complete                   | this form.               |
| Are you interested in serving as an election worker?                                                                                                     | Yes                                 | 1276                     |
| 2 Last Name Indude Sufficiency First Name                                                                                                                | Middle Name                         | Former Name (Fars)       |
|                                                                                                                                                          |                                     |                          |
| Residence Address: Street Address and Apartment Number. If                                                                                               | City C. L.                          | TEXAS                    |
| Pane, desorbe where you live. On not include F.O. Bio, illum Pt. or fourness<br>Address I                                                                | Houston                             |                          |
|                                                                                                                                                          | Çounty                              | 77085                    |
| Mailing Address: Stoet Address and Apothem Humber.<br>(If mail cannot be delivered to your residence address.)                                           | City                                | State                    |
| <ul> <li>(in that cannot be derivered to your recipience address.)</li> </ul>                                                                            |                                     | Zip Code                 |
|                                                                                                                                                          |                                     |                          |
| 5 Date of Birth: (mm/dd/yyyr) 6 Gender (Option                                                                                                           | Telephone K     Include Area C      | umber (Optional)<br>ode  |
| Fernale                                                                                                                                                  |                                     |                          |
|                                                                                                                                                          |                                     | Personal Identification, |
| greense                                                                                                                                                  | 4 digits of your Social<br>XXX-XX-  | Security Number          |
|                                                                                                                                                          |                                     |                          |
| I have not been issued a Texas Driver's License<br>Social Security Number.                                                                               | Personal identificat                | ion Number or            |
| 9 I understand that giving false information to procure a voter                                                                                          |                                     |                          |
| state and federal law. Conviction of this crime may result in<br>\$2,094, or both. Please read all <u>three</u> statements to affirm bell                | and the second second second second | 88 days, a fine up to    |
| <ul> <li>Lam a resident of this county and a U.S. citizen;</li> </ul>                                                                                    |                                     |                          |
| <ul> <li>I have not been finally convicted of a felory, or if a felor, I has<br/>any term of incarceration, parole, supervision, period of pr</li> </ul> |                                     |                          |
| <ul> <li>I have not been determined by a final judgment of a court or<br/>mentally incapacitated or partially mentally incapacitated or</li> </ul>       |                                     |                          |
| Y                                                                                                                                                        |                                     | 12012                    |
|                                                                                                                                                          |                                     | and by Wiress and Date.  |



Mine Window



| Notices for          |                          |              |             |                          |          | notclist v 03112<br>e-click or press<br>] to choose |
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| Notice #             | Created                  | Notice Cod   | e & Sub     | Mailed                   | Returned | Return Code                                         |
| 24376014<br>21919892 | 11/28/2018<br>12/18/2017 | CAN<br>CERT  | CITZ<br>REN | 11/30/2018<br>12/22/2017 |          | A                                                   |
| 18425986<br>14930706 | 01/10/2016 12/27/2013    | CERT<br>CERT | REN<br>REN  | 01/14/2016<br>01/03/2014 |          |                                                     |
| 13713855             | 10/22/2012               | CERT         | NEW         | 10/26/2012               |          |                                                     |
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|                      |                          |              |             |                          |          |                                                     |
|                      |                          |              |             |                          |          |                                                     |

| Texas Voter Registration                                                                                                                                                      | Application                                                                            | Fer Official Us                                                 | Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Presidently the Office of the Sections by printing<br>Please complete sections by printing<br>please call your local voter registrar o<br>1-800-735-2969, www.sos.state.bx.us | r the Secretary                                                                        |                                                                 | ricen,<br>ITDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| These Questions M                                                                                                                                                             |                                                                                        |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                               | Change of Address, Name,<br>or Other Information                                       | L Heedness In                                                   | in a researcement Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Are you a United States Citizen                                                                                                                                               | ?                                                                                      | Yes                                                             | No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Vill you be 18 years of age on o                                                                                                                                              | or before election day?                                                                | Yes Yes                                                         | No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| If you checked 'No' in respon                                                                                                                                                 | ase to either of the above                                                             | e, do not complet                                               | e this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Are you interested in serving as                                                                                                                                              | an election worker?                                                                    |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2 Last Name Include Suffix If any<br>(Jr. Sz. III)                                                                                                                            | First Name                                                                             | Middle Name                                                     | Former Name (If any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                               | dress and Apartment Number. If no                                                      |                                                                 | TEXAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| describe where you live. (De not include                                                                                                                                      | P.O. Ben, Rand RL or Business Address                                                  | 1                                                               | Zip Code<br>77449                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| annot be delivered to your residence                                                                                                                                          | address.)                                                                              | City<br>Katy                                                    | Texas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                               |                                                                                        | Katy                                                            | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 5 Date of Birth: (mm/dd/yyyy)                                                                                                                                                 | 6 Gender (Option<br>Male<br>Female                                                     | nal) 7 Telephone                                                | Number (Optional)<br>Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 8 Texas Driver's License No. or 1<br>I.D. No. development is the Development<br>I.D. No. development is the Development<br>I have not been issue<br>Social Security Num       | ued a Texas Driver's Licens                                                            | st 4 digits of your Soci<br>XXX-XX-                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                               | on of this crime may result in<br>three statements to affirm be<br>and a U.S. citizen: | imprisonment up to t<br>fore signing.<br>ave completed all of m | 180 days, a fine up to<br>19 punishment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul> <li>pardoned; and</li> <li>I have not been determined<br/>be totally mentally incapacit;</li> </ul>                                                                      | by a final judgment of a cour<br>ated or partially mentally inca                       | t exercising probate<br>apacitated without the                  | jurisdiction to<br>right to vote.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                                                                                                                                                                             |                                                                                        |                                                                 | 04112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| NO POSTAGE<br>NECESSARY<br>IF MALED<br>IN THE<br>UNITED STATES                                                                                                                                                                                                                                                                                                          |  |  |  |
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| EPLY MAIL<br>TNO. 4511 AUSTIN, TX<br>Received by<br>tris County Tax Office<br>DORESSEE<br>OCT 0 6 2012                                                                                                                                                                                                                                                                  |  |  |  |
| Image: Contraction Dept.       (ZIP CODE)       .TX                                                                                                                                                                                                                                                                                                                     |  |  |  |
| real before mailing                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| General Information                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| <ul> <li>Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later. Your registration must be effective on ar before an election day in order to vote in that election.</li> <li>If you move to another county, you must re-register in the county of your new residence.</li> </ul>                      |  |  |  |
| In the county of your new residence. You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, give the last four digits of your social security number. If you do not have any of these identification numbers, then check the appropriate box on the application site. |  |  |  |
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don. You must not have been detarmined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

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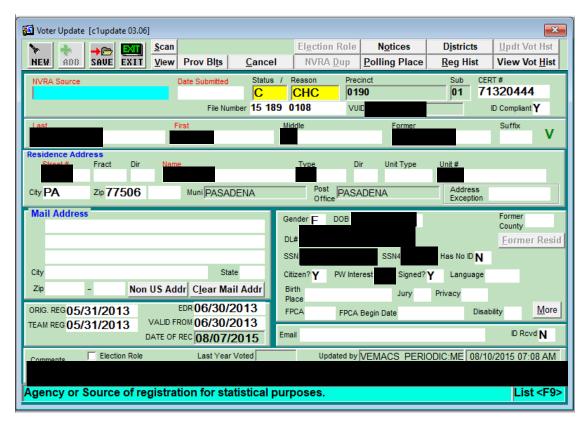
| NEW       ADD       Yew       Prov Blts       Cancel       NVRA Dup       Polling Place       Reg Hist       Vie         NVRA Source       Date Submitted       Status / Reason       Precinct       Sub       CERT #         NVRA Source       Date Submitted       Status / Reason       Precinct       Sub       CERT #         Interview       Date Submitted       Status / Reason       Precinct       Sub       CERT #         Interview       Date Submitted       Status / Reason       Precinct       Sub       CERT #         Interview       Date Submitted       Status / Reason       Precinct       Sub       CERT #         Interview       File Number       VUID       DO Co       Do Co       Do Co       Do Co         Interview       First       Middle       Former       Sub       Sub       Cert #         Residence Address       Street #       Fract       Dir       Unit Type       Unit #       Address         Street #       Fract       Dir       Muni HOUSTON       Post       Office       HOUSTON       Address         City HO       Zip 77036       Muni HOUSTON       Gender F       DOB       For       Co <th>adt Vot Hst<br/>ew Vot <u>H</u>ist<br/>3605<br/>mpliant N<br/>ffix V</th> | adt Vot Hst<br>ew Vot <u>H</u> ist<br>3605<br>mpliant N<br>ffix V |
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| NVRA Source     Date Submitted     Status / Reason     Precinct     Sub     CERT #       ID Co     ID Co     ID Co     ID Co     ID Co     ID Co       Last     First     Middle     Former     Su       Residence Address     Street #     Fract     Dir     Unit Type     Unit #       City HO     Zip 77036     Muni HOUSTON     Post Office     HOUSTON     Address Exception                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3605<br>mpliant N                                                 |
| C     CITZ     1002     01     70733       File Number     VUID     ID Co       Last     First     Middle     Former     Su       Residence Address     Street #     Fract     Dir     Unit Type     Unit #       City HO     Zip 77036     Muni HOUSTON     Post Office     HOUSTON     Address Exception                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | mpliant N                                                         |
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| Mail Address     Gender F     DOB     For Col       DL#     For Col                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ormer Resid                                                       |
| SSN SSN4 Has No ID Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |
| City State Citizen? Y PW Interest Signed? Y Language                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |
| Zip - Non US Addr Clear Mail Addr Birth Jury Privacy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |
| Place Place Disability Disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mara                                                              |
| ORIG. REG         12/03/2012         EDR         01/02/2013         FPCA         FPCA Begin Date         Disability           TEAM REG         12/03/2012         VALID FROM         01/02/2013         FPCA         FPCA Begin Date         Disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | More                                                              |
| TEAM REG 12/03/2012 VALID FROM 01/02/2013<br>DATE OF REC 02/15/2017 Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID Rovd N                                                         |
| Comments Election Role Last Year Voted Updated by HASTINGSS 02/15/201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |

| Notices for                                  |                                                      |                             |                           |                                                      |          | notclist v 031<br>e-click or press<br>] to choose |
|----------------------------------------------|------------------------------------------------------|-----------------------------|---------------------------|------------------------------------------------------|----------|---------------------------------------------------|
| Notice #                                     | Created                                              | Notice Code                 | & Sub                     | Mailed                                               | Returned | Return Code                                       |
| 20744314<br>19644747<br>16141860<br>13862687 | 02/15/2017<br>01/10/2016<br>12/28/2013<br>12/13/2012 | CAN<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>NEW | 02/18/2017<br>01/14/2016<br>01/03/2014<br>12/21/2012 |          |                                                   |

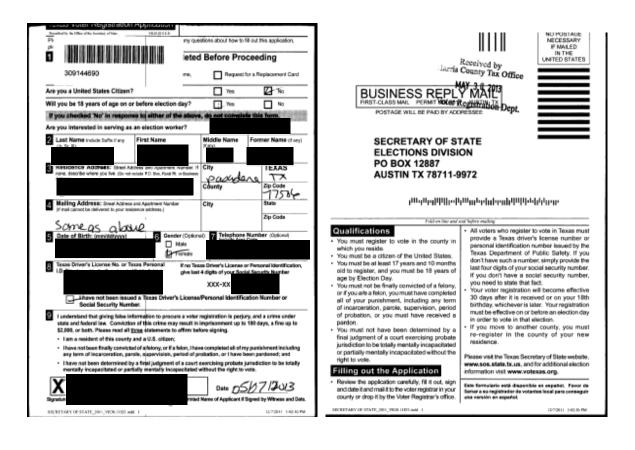
| Presenterity in Office of de Researcy of See     Prese compared sections: by printing LEGBLY. If you have please call your local voter registrar.     These Questions Must Be Com     Check one     New Application     Change of Address, Na     or Other Information     Are you a United States Critizen?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 305282002                                                                                                                                                                                                                        | BUSINESS REPLY<br>PRST-GLASS MUL PERMIT ND 4511<br>POSTACULUS PULDE FOR DY ADDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AUSTIN, TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Will you be 18 years of age on or before election da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 197 🗋 Yan 🗌 No                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| If you checked 'No' in response to either of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | above, do not complete this form.                                                                                                                                                                                                | SECRETARY OF ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ATE Received by<br>IN Harris County Tax Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Are you interested in serving as an election worker  Last Name Indust Sufficienty  First Name  Lists. III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | PO BOX 12887<br>AUSTIN TX 78711-99<br>با <sup>الارب</sup> الاربيالاربيالاربيالاربيال                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DEC - 3 2012<br>972<br>Voter Registration Dept.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Koskdence Address: Steel Address and Apartment Number,<br>norm, describe where you live. (De not induce P.D. Des. Rank R. of<br>Address)     Mailing Address: Steel Address and Apartment Number.     pl null samed be delivered to your residence address.)     Laste of Berth: (menidallywyy)     Gender ()     Mailing Texas Driver's License No. of Texas Personal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | County Zip Code<br>How 5 For Zip Code                                                                              | Cualifications     You must register to vote in the courty in which you reside.     You must be a citizen of the United States.     You must be a citizen of the United States.     You must be a titizen of the United States.     You must be a titizen of the United States.     You must be a titizen of the United States.     You must be the finally convicted of a follow; or if you are a halon, you must be 18 years of age by Election Day.     You must not be finally convicted of a follow; or you must be average of a go are a halon, you must have nonpeted all of your pushtment, including any hum of incorrection, parket, supervision, period of probasion, or you must have nonewed a pardon.     You must not have been determined by a finally generic of a court exencising probate jurisdicion to be totally mentally incapacitated without the right to vote.     Filling out the Application     Review the accidation cardwly, fill it out, sign | <ul> <li>All voters who register to vote in Texas must<br/>provide a Texas driver's license number or<br/>personal identification number issued by the<br/>Texas Department of Public Safety. If you<br/>don't have such a number, simply provide the<br/>last bur digits of your social security number.<br/>If you don't have a social security number,<br/>you need to state that fact.</li> <li>Your votar registration will become effective<br/>30 days after it is receiver an election day<br/>in order to vote in that election.</li> <li>Your model cause is later. Your registration<br/>must be effective on or before an election day<br/>in order to vote in that election.</li> <li>Your new to another country of your new<br/>residence.</li> <li>Please visit the Texas Secretary of State website,<br/>www.soc.state.bus,and for additional election<br/>information visit www.votexas.org.</li> </ul> |
| NAME AND ADDRESS OF A DECEMBER | rio Texas Driver's License or Personal Identification.<br>ve last 4 eligits of your Social Security Number<br>XXX-XX-<br>Cense/Personal Identification Number or                                                                 | and date it and mail it to the voter registrar in your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Exte formularilo end disponitible en engelate. Parer de<br>Januar a su registrator de ostantas local pare conseguir<br>una versión en aspañol.<br>12700/1 3/02/0196                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ul> <li>Lunderstand that giving false information to precere a state and federal law. Conviction of this crime may multiple and federal law. Conviction of this crime may multiple of this county and a U.S. citizer;</li> <li>Lam a resident of this county and a U.S. citizer;</li> <li>There not been finally convicted of a felore; or if a fetor any term of incarcentation, parole, supervision, period and there not been determined by a final judgment of a mentally incapacitated or partially mentally incapacit.</li> <li>Eignsture - operation representation processing collegicant or P</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | uit in imprisonment up to 180 days, a fine up to<br>em before signing.<br>1. Ihave completed all of my punishment including<br>d of probation, or I have been pardoned; and<br>court exectains probate insistintion in he tetals |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

1270911-340330 PM

SECRETARY OF STATE, 201, YESS IT REPORT 1



| Notices for          |                          |               |            |                          |          | notclist v 031126<br>e-click or press<br>] to choose |
|----------------------|--------------------------|---------------|------------|--------------------------|----------|------------------------------------------------------|
| Notice #             | Created                  | Notice Code & | Sub        | Mailed                   | Returned | Return Code                                          |
| 14693401<br>14050746 | 12/27/2013<br>06/04/2013 | CERT          | REN<br>NEW | 01/03/2014<br>06/11/2013 |          |                                                      |



| <b>N</b>                                                                                             |                                                                                                                               | <u>S</u> can |                                                                 |                                                   | Election Role                                                   | Notices       | Districts                      | Updt Vot                                            | Hst          |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|---------------|--------------------------------|-----------------------------------------------------|--------------|
| NEW 800                                                                                              | SAVE EXIT                                                                                                                     | View         | Prov Blts                                                       | Cancel                                            | NVRA Dup                                                        | Polling Place | <u>R</u> eg Hist               | View Vot                                            | <u>H</u> ist |
| NVRA Source                                                                                          |                                                                                                                               |              | Date Submitted                                                  | Status /                                          | Reason Pre                                                      | cinct         | Sub CE                         | ERT #                                               |              |
|                                                                                                      |                                                                                                                               |              |                                                                 | C                                                 | CITZ 04                                                         |               | 01 7                           | 1455984                                             |              |
|                                                                                                      |                                                                                                                               |              | File Nun                                                        | nber                                              | VU                                                              | ID            |                                | ID Compliant <b>Y</b>                               | (            |
| Last                                                                                                 | -                                                                                                                             | F            | irst                                                            | 1                                                 | liddle                                                          | Former        |                                | Suffix                                              | v            |
|                                                                                                      |                                                                                                                               |              |                                                                 |                                                   |                                                                 | _             |                                |                                                     | v            |
| Residence Ado<br>Street #                                                                            | d <b>ress</b><br>Fract Dir                                                                                                    | Nam          | e                                                               |                                                   | Туре D                                                          | ir Unit Type  | Unit #                         |                                                     |              |
|                                                                                                      |                                                                                                                               |              |                                                                 |                                                   |                                                                 |               |                                |                                                     |              |
| City HO                                                                                              | Zip 77099                                                                                                                     |              | Muni HOUST                                                      | FON                                               | Post<br>Office HOU                                              | STON          | Address<br>Exception           |                                                     |              |
| Mail Addres                                                                                          | 20                                                                                                                            | _            |                                                                 | _                                                 |                                                                 |               | Exception                      | -                                                   |              |
| Mail Autres                                                                                          | <b>55</b>                                                                                                                     |              |                                                                 |                                                   | Gender DOB                                                      |               |                                | Former<br>County                                    |              |
|                                                                                                      |                                                                                                                               |              |                                                                 |                                                   | DL#                                                             |               |                                | <u>F</u> ormer                                      | Resi         |
|                                                                                                      |                                                                                                                               |              |                                                                 |                                                   | SSN                                                             | SSN4          | Has No ID N                    |                                                     |              |
| City                                                                                                 |                                                                                                                               |              | Stat                                                            | te (                                              | Citizen? Y PW Inte                                              | rest Signed?  | Language                       |                                                     |              |
| Zip                                                                                                  | - Nor                                                                                                                         | n US Ad      | dr C <u>l</u> ear Ma                                            |                                                   | Birth                                                           | Jury          | Privacy                        |                                                     |              |
|                                                                                                      |                                                                                                                               |              | EDR 08/10/2                                                     | 2040                                              | Place                                                           |               |                                |                                                     | More         |
| ORIG. REG <mark>07/</mark><br>TEAM REG <mark>07/</mark>                                              |                                                                                                                               |              | ROM 08/10/2                                                     |                                                   | FPCA FPCA                                                       | Begin Date    | Disa                           | ability _                                           | <u>M</u> ore |
|                                                                                                      | 11/2013                                                                                                                       |              | REC 08/08/2                                                     |                                                   | mail                                                            |               |                                | ID Rovd                                             | Ν            |
|                                                                                                      | Election Pole                                                                                                                 |              |                                                                 |                                                   |                                                                 |               | 0.00/0                         | 0/2010 00-02                                        |              |
|                                                                                                      | Comments Election Role Last Year Voted Updated by MUNOZA 08/08/2018 09:02 AM TEAM Non-Citizen List; marked No to citizenship. |              |                                                                 |                                                   |                                                                 |               |                                |                                                     |              |
| I LAM NO                                                                                             | n-Citizen L                                                                                                                   | ist; ma      | arked No to                                                     | o citizensi                                       | hip.                                                            |               |                                |                                                     |              |
|                                                                                                      |                                                                                                                               |              |                                                                 | o citizensl                                       | hip.                                                            |               |                                |                                                     | ~            |
| List of Voter                                                                                        | Notices [notc                                                                                                                 |              |                                                                 | o citizensl                                       | hip.                                                            |               |                                |                                                     | x            |
| List of Voter                                                                                        | Notices [notc                                                                                                                 | list 03.06   |                                                                 | 1                                                 | hip.<br>rint ID Now                                             | Force Stat    | us C                           | reate Notic                                         |              |
| List of Voter                                                                                        | Notices [notc                                                                                                                 | list 03.06   | ]                                                               | 1                                                 |                                                                 | Force Stat    |                                | reate Notic                                         | e            |
| List of Voter                                                                                        | Notices [notc                                                                                                                 | list 03.06   | ]                                                               | 1                                                 |                                                                 |               |                                | reate Notic                                         | e            |
| List of Voter                                                                                        | Notices [notc                                                                                                                 | list 03.06   | ]                                                               | 1                                                 |                                                                 | Dou           | ble-click or p                 | reate Notic<br>notclist v 031 <sup>-</sup><br>press | e            |
| List of Voter                                                                                        | Notices [notc                                                                                                                 | list 03.06   | ]                                                               | 1                                                 |                                                                 | Dou           |                                | reate Notic<br>notclist v 031 <sup>-</sup><br>press | e            |
| List of Voter                                                                                        | Notices [notc                                                                                                                 | list 03.06   | )<br>Print <u>C</u> ertifi                                      | ed P                                              | rint ID Now                                                     | Dou<br>[Ent   | ble-click or p<br>er] to choos | reate Notic<br>notclist v 031<br>press<br>e         | e            |
| List of Voter<br>DEL EXIT<br>Notices for<br>Notice #                                                 | Notices [notc                                                                                                                 | list 03.06   | )<br>Print <u>C</u> ertific                                     | ed P                                              | rint ID Now                                                     | Dou           | ble-click or p<br>er] to choos | reate Notic<br>notclist v 031 <sup>-</sup><br>press | e            |
| List of Voter<br>DEL EXIT<br>Notices for<br>Notice #<br>23948571                                     | Notices [notc                                                                                                                 | list 03.06   | Print <u>C</u> ertifie                                          | ed P<br>& Sub<br>CITZ                             | rint ID Now                                                     | Dou<br>[Ent   | ble-click or p<br>er] to choos | reate Notic<br>notclist v 031<br>press<br>e         | e            |
| List of Voter<br>DEL EXIT<br>Notices for<br>Notice #<br>23948571<br>22366771                         | Notices [notc                                                                                                                 | list 03.06   | orint <u>C</u> ertifie<br>otice Code<br>AN<br>ERT               | ed P<br>& Sub<br>CITZ<br>REN                      | rint ID Now<br>Mailed<br>08/10/2018<br>12/22/2017               | Dou<br>[Ent   | ble-click or p<br>er] to choos | reate Notic<br>notclist v 031<br>press<br>e         | e            |
| List of Voter<br>DEL EXIT<br>Notices for<br>Notice #<br>23948571<br>22366771<br>18817240             | Notices [notc                                                                                                                 | F            | orint <u>C</u> ertifie<br>otice Code<br>AN<br>ERT<br>ERT        | ed P<br>& Sub<br>CITZ<br>REN<br>REN<br>REN        | rint ID Now<br>Mailed<br>08/10/2018<br>12/22/2017<br>01/14/2016 | Dou<br>[Ent   | ble-click or p<br>er] to choos | reate Notic<br>notclist v 031<br>press<br>e         | e            |
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| List of Voter<br>DEL EXIT<br>Notices for<br>Notice #<br>23948571<br>22366771<br>18817240<br>15328620 | Notices [notc                                                                                                                 | Iist 03.06   | orint <u>C</u> ertifie<br>orice Code<br>AN<br>ERT<br>ERT<br>ERT | ed P<br>& Sub<br>CITZ<br>REN<br>REN<br>REN<br>REN | mailed<br>08/10/2018<br>12/22/2017<br>01/14/2016<br>01/03/2014  | Dou<br>[Ent   | ble-click or p<br>er] to choos | reate Notic<br>notclist v 031<br>press<br>e         | e            |
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| List of Voter<br>DEL EXIT<br>Notices for<br>Notice #<br>23948571<br>22366771<br>18817240<br>15328620 | Notices [notc                                                                                                                 | Iist 03.06   | orint <u>C</u> ertifie<br>orice Code<br>AN<br>ERT<br>ERT<br>ERT | ed P<br>& Sub<br>CITZ<br>REN<br>REN<br>REN<br>REN | mailed<br>08/10/2018<br>12/22/2017<br>01/14/2016<br>01/03/2014  | Dou<br>[Ent   | ble-click or p<br>er] to choos | reate Notic<br>notclist v 031<br>press<br>e         | e            |
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| List of Voter<br>DEL EXIT<br>Notices for<br>Notice #<br>23948571<br>22366771<br>18817240<br>15328620 | Notices [notc                                                                                                                 | Iist 03.06   | orint <u>C</u> ertifie<br>orice Code<br>AN<br>ERT<br>ERT<br>ERT | ed P<br>& Sub<br>CITZ<br>REN<br>REN<br>REN<br>REN | mailed<br>08/10/2018<br>12/22/2017<br>01/14/2016<br>01/03/2014  | Dou<br>[Ent   | ble-click or p<br>er] to choos | reate Notic<br>notclist v 031<br>press<br>e         | e            |
| List of Voter<br>DEL EXIT<br>Notices for<br>Notice #<br>23948571<br>22366771<br>18817240<br>15328620 | Notices [notc                                                                                                                 | Iist 03.06   | orint <u>C</u> ertifie<br>orice Code<br>AN<br>ERT<br>ERT<br>ERT | ed P<br>& Sub<br>CITZ<br>REN<br>REN<br>REN<br>REN | mailed<br>08/10/2018<br>12/22/2017<br>01/14/2016<br>01/03/2014  | Dou<br>[Ent   | ble-click or p<br>er] to choos | reate Notic<br>notclist v 031<br>press<br>e         | e            |

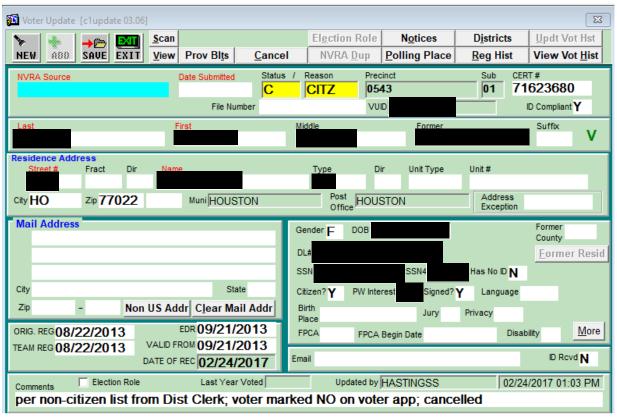


| <b>&gt;</b>                                                                    |                                                                            |        | <u>S</u> can | Prov Blts              | Canad         |              | El <u>e</u> ctio |                       |          | tices     | D <u>i</u> str |        |                         | Vot Hst          |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------|--------------|------------------------|---------------|--------------|------------------|-----------------------|----------|-----------|----------------|--------|-------------------------|------------------|
| NEW ADD                                                                        | SAVE                                                                       | EALL   | <u>V</u> iew | Prov Bits              | <u>C</u> ance |              | NVRA             | ( <u>D</u> up         | Pollin   | g Place   | <u>R</u> eg    |        |                         | Vot <u>H</u> ist |
| NVRA Source                                                                    |                                                                            |        |              | Date Submitted         | Status        | F            | eason            | Prec                  |          |           | Sub            |        | रा #<br>  <b>4910</b> 4 | 17               |
| 1                                                                              |                                                                            |        |              |                        | C             |              |                  | 07                    |          |           | 03             |        |                         |                  |
|                                                                                |                                                                            |        |              | File Nu                | mber 31914    | 4064         | 8                | VUI                   | D        |           |                |        | ID Complia              | int Y            |
| Last                                                                           |                                                                            |        | Fi           | irst                   |               | Mide         | lle              |                       |          | Former    |                |        | Suffix                  | v                |
|                                                                                |                                                                            |        |              |                        |               |              |                  |                       | _        |           |                |        |                         | •                |
| Residence Add<br>Street #                                                      | ress<br>Fract                                                              | Dir    | Name         |                        |               |              | Туре             | Di                    |          | Init Type | Unit #         |        |                         |                  |
| Sileer#                                                                        | Hact                                                                       |        | Name         |                        |               |              | Type             |                       |          | листуре   | 0111.#         |        |                         |                  |
| City HO                                                                        | Zip 77(                                                                    | 14     |              | Muni HOUS              | TON           | _            | Post             |                       | NOT      |           |                | Iress  |                         |                  |
|                                                                                |                                                                            | 714    |              |                        |               |              | Offi             | ce <sup>ji 1000</sup> |          |           | Exc            | eption |                         |                  |
| Mail Addres                                                                    | S                                                                          |        |              |                        |               | Gen          | der F            | DOB                   |          |           |                |        | Former                  |                  |
| _                                                                              |                                                                            |        |              |                        | _             | DL#          |                  |                       |          | _         |                |        | County                  | er Resid         |
| _                                                                              |                                                                            |        |              |                        |               |              |                  |                       |          |           |                |        | Entim                   | er kesn          |
|                                                                                |                                                                            |        |              | _                      | _             | SSN          |                  |                       | S        | SN4       | Has No         | N      |                         |                  |
| City                                                                           | _                                                                          |        |              | Sta                    | ate           | Citiz        | en?Y             | PW Inter              | rest     | Signed?   | Y Lan          | guage  |                         |                  |
| Zip                                                                            | -                                                                          | Non    | US Add       | dr C <u>l</u> ear Ma   | ail Addr      | Birt<br>Plac |                  |                       |          | Jury      | Privacy        |        |                         |                  |
| ORIG. REG                                                                      | 22/201                                                                     | 3      | E            | EDR 08/21/             | 2013          | FPO          |                  | EDCA                  | Begin Da | to        |                | Disa   | hility                  | More             |
| TEAM REG                                                                       |                                                                            | -      | VALID FR     | юм <mark>08/21/</mark> | 2013          |              |                  | TFCA                  | Degin Da | 110       |                | Diod   |                         |                  |
|                                                                                |                                                                            | D      | ATE OF F     | REC 07/30/             | 2014          | Email        |                  |                       |          |           |                |        | ID R                    | cvd N            |
| Comments                                                                       | Electio                                                                    | n Role |              | Last Year              | r Voted       | _            | Up               | dated by              | HERNA    | ANDEZ1    |                | 08/13  | 3/2014 0 <sup>.</sup>   | 1:36 PM          |
| Voter marked "No to Citizenship on first app sent-cancelled-Not a U.S. Citizen |                                                                            |        |              |                        |               | sen          | t-cano           | celled-               | Not a    |           | Citizen        | ,      |                         |                  |
| voter mar                                                                      | voter marked no to orazensnip or mist app sene-cancelled-not a 0.0. orazen |        |              |                        |               |              |                  |                       |          |           |                |        |                         |                  |

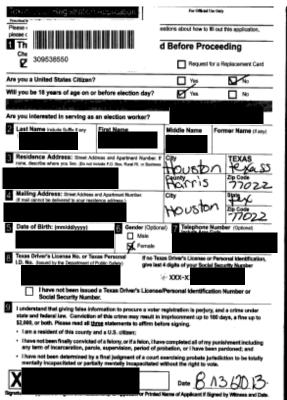
| List of Voter Notices [notclist 03.06] |                                        |                         |                    |                                        |              |                                                  |  |
|----------------------------------------|----------------------------------------|-------------------------|--------------------|----------------------------------------|--------------|--------------------------------------------------|--|
| DEL EXI                                |                                        | Print <u>C</u> ertified | Р                  | rint ID Now                            | Force Status | Create Notice                                    |  |
| Notices for                            |                                        |                         |                    |                                        |              | notclist v 031126<br>click or press<br>to choose |  |
| Notice #                               | Created                                | Notice Code &           | Sub                | Mailed                                 | Returned     | Return Code                                      |  |
| 16662604<br>15934184<br>14104338       | 08/13/2014<br>12/28/2013<br>07/25/2013 | CAN<br>CERT<br>CERT     | CITZ<br>REN<br>NEW | 08/15/2014<br>01/03/2014<br>07/30/2013 |              |                                                  |  |

| texture is notified as locations by printing LEGBEY. If you Presse call your local volue registra:     These Questions Must Be ca     Sale     | below roter registration Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | For Official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Use Only                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Are you a United States Citizen?       Yes       No         Are you a United States Citizen?       Yes       No         Will you be 18 years of age on or before election day?       Yes       No         Year Checked States Citizen?       Yes       No         If Year Checked States Citizen?       Yes       No         If Year Checked States Citizen?       Yes       No         If Year Checked States Citizen?       Will you be 18 years of age on or before election day?       Yes       No         If Year Checked States Citizen?       First Name       Middle Name       Former Name (if asy)         If year Checked States States (any Checked States and Agentment Number, if City       TEXAS       TEXAS         Astewal       Willing Address: Street Address and Agentment Number, if City       TEXAS       TEXAS         Mateing Address: Street Address and Agentment Number, if Yes       Dig Code       Yes       Yes         If that cannot be deletered to year constance of the street Address and Agentment Number, give lists 4 digits of your Social Security Number       Telephone Number (Optional)       Telephone Number (Optional)         If that cannot be not been issued a Texas Driver's License Personal Identification Number or Social Security Number.       No       Telephone Number (Optional)         If the state Information to procume a voter registration is pedury, and a crime under state and fede                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Please complete sections by printing LEGIBLY. If were                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NE ONA ANNI DAL MAD PROV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
| Are you a United States Citizen?     Are you a United States Citizen?     Yes No     Yes     Yes   | These Questions Must Be Cc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AN NAKANINI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NMAN —                                  |
| Will you be 18 years of age on or before election day?       Yes       No         If you checked ho is response to other of the shows, do as the provide the statement of the shows, do as the provide the statement of the shows, do as the provide the statement of the shows, do as the provide the statement of the shows, do as the provide the statement of the shows, do as the provide the statement of the shows, do as the provide the shows, and the sh                                                                       | or Other Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0648                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Will you be 18 years of age on or before election day?       Yes       No         If you checkhod two is presonance to athles of two above is       No         Are you interested in serving as an election worker?       Interested in serving as an election worker?         I have not been device sufficient any first Name       Middle Name       Former Name (if any)         Resource Address: Street Address and Apartment Number.       City       TEXAS         County       Zip Code       Yes       Difference         Mailing Address: Street Address and Apartment Number.       City       House the first is         Mailing Address: Street Address and Apartment Number.       City       State         If mailing Address: Street Address and Apartment Number.       City       House the first is         If mail cannot be defreened to sour position       Male       Telephone Number (Optional)         If mail cannot be defreened to sour position       Male       Telephone Number (Optional)         It may cannot be defreened to sour position       Male       Telephone Number (Optional)         It was briver's License No. or Texas Personal       Male       Yes XX-XX-         It have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.       XX-XX-         It have not been issued a Texas Driver's License signing.       I have not been finally convicted of a fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | KT No                                   |
| Ace you interested in serving as an election worker?     Last Name include Sufficience of the serving of the service of t | Will you be 18 years of age on or before election day?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FT Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| Last Name tocked Sufficit any First Name Middle Name Former Name (if any)     (b), Sr (iii)     Resecurice Address: Sime Address and Apartment Number if     Address     Resecurice Address: Sime Address and Apartment Number if     City     Housdan     Deate of Birth: (mmdddbuood     Deate of Birth: (mmdddbuod     Deate of Birth: (mmdddbuod      | If you checked 'No' in response to either of the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n do not domates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NO NO                                   |
| Last Name tocked Sufficit any First Name Middle Name Former Name (if any)     (b), Sr (iii)     Resecurice Address: Sime Address and Apartment Number if     Address     Resecurice Address: Sime Address and Apartment Number if     City     Housdan     Deate of Birth: (mmdddbuood     Deate of Birth: (mmdddbuod     Deate of Birth: (mmdddbuod      | Are you interested in serving as an election worker?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 168                                     |
| Address: Street Address: and Agerment Number.     City HD USHA     Zip Code     Dol 4     (I'mat cannot be determed to your residuese address     (Optional)     Date of Birth; (mm/dddooed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 Last Name Include Suffix if any Einet Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Former Name (If any)                    |
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| If mat cannot be definered to sour matchines and Aparment Number.       City HDUSHN       State         Image: State of Birth; (mm/dd/boood)         Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)         Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)         Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)         Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)         Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)         Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)       Image: State of Birth; (mm/dd/boood)         Image: State of Dirth; State of Dirth; State of Dirth; State of State of State of State of Dirth; State of Dirth; State of                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and the second se |                                         |
| Date of Birth; (mm/dd/voor)     Gender (Optional)     Male     Male    | Mailing Address: Street Address and Apartment Number.<br>(If mail cannot be delivered to your casidoce address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City Loui stau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
| Date of Birth; (mm/dd/wood) Gender (Optional) Male Male Female Tetephone Number (Optional) Incluis Area Code Optional It not exas Driver's License No. or Texas Personal If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number XXX-XX- Inave not been issued a Texas Driver's Licensel/Personal Identification Number or Social Security Number. 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 incarcoration, parole, supervision, period of probation, or I have been pardoned; and I have not been determined by a final judgment of a court exarcising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. Date 07 / 27 / 2074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIDUSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TX                                      |
| Consider (Cptone)     Male     Male     Male     Male     Female     Fem | 5 Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | $\int \frac{\partial p}{\partial n} dx$ |
| Exas Driver's License No. or Texas Personal     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Dath Sector     I.D. No. (Issued by the Department of Issued a Texas Driver's License/Personal Identification Number or     Social Security Number.     I.U. No. (Issued by Issued a Texas Driver's License/Personal Identification Number of Sector     I.I.D. No. (Issued by Issued a Texas Driver's License/Personal Identification Number of Sector     I.I.D. No. (Issued by Issued a U.S. citizen;     I.I.D. No. (Issued by Issued a U.S. citizen;     I.I.D. No. (Issued by Issued a U.S. citizen;     I.I.D. No. (Issued by Issued a Issued Issued a Issued a  | O adviser (Obroug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | i) 7 Telephone Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mber (Optional)                         |
| Indented. Inside the file determined of the second se | Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| XXX-XX-     Inave not been issued a Texas Driver's License/Personal Identification Number or     Social Security Number.      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 <u>three</u> 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.      Date D7/27/2074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | man may produce by the Department of Public Public Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s Driver's License or Pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rsonal Identification                   |
| Inave not been issued a Texas Driver's License/Personal Identification Number or<br>Social Security Number.      Iunderstand that giving false information to procure a voter registration is perjury, and a crime under<br>state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to<br>\$2,000, or both. Please read all <u>three</u> 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<br>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<br>mentally incapacitated or partially mentally incapacitated without the right to vote.     Date D7/27/2074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | give last 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or your social Si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | curity Number                           |
| <ul> <li>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 <u>three</u> statements to affirm before signing.</li> <li>I am a resident of this county and a U.S. citizen;</li> <li>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</li> <li>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.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I I Dave not been in and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | XXX-XX-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |
| S2,000, or both. Please read all <u>three</u> statements to affirm before signing.     I am a resident of this county and a U.S. citizen;     Ihave 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.     Date D7/27/2074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| <ul> <li>Fam a resident of this county and a U.S. citizen;</li> <li>Thave 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</li> <li>Thave 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.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I understand that giving false information to procure a voter re-<br>state and federal law. Conviction of this crime may result in im<br>\$2,000, or both. Please read all the state and state | gistration is perjury, ar<br>prisonment up to 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d a crime under                         |
| Thave 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.     Date D7/27/2074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul> <li>I am a resident of this county and a U.S. citizen.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e signing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
| There 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.      Date D7/27/2074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul> <li>I have not been finally considered at a feature</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ompleted all of mumor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| Date 07/27/2074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul> <li>I have not been determined by a final is</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | mont or three been p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ardoned; and                            |
| Date D7/27/2074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | hout the right to vote.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | coon to be totally                      |
| specialit or Printed Name of Applicant if Signed by Wirness and Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date 07/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7/2014                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | percent or Printed Na-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | m <sup>a</sup> of Applicant If Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | by Witness and Det-                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |

|                                                                        |                                    | l                           | on                                                            | For Official U                                 | e Only                                           |  |  |
|------------------------------------------------------------------------|------------------------------------|-----------------------------|---------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|--|--|
|                                                                        |                                    |                             | ou have any questions about how to fill out this application. |                                                |                                                  |  |  |
| 309503560                                                              |                                    |                             | Before Proc                                                   | ceeding                                        |                                                  |  |  |
| New Application                                                        | n 🗆 ch                             | ange of Ada<br>Other Inform | iress, Name,<br>nation                                        | Request fo                                     | or a Replacement Card                            |  |  |
| Are you a United Stat                                                  | es Citizen?                        |                             |                                                               | Yes                                            | X №                                              |  |  |
| Will you be 18 years of                                                | of age on or I                     | before ele                  | ction day?                                                    | ⊠ Yes                                          | □ No                                             |  |  |
| If you checked No.                                                     | In mapping                         | do altre                    | nel the shore                                                 | do not complia                                 | o this form.                                     |  |  |
| Are you interested in                                                  | serving as a                       | n election                  | worker?                                                       |                                                | _                                                |  |  |
| 2 Last Name Include 8<br>(Jr. Sc III)                                  | Suttix if any                      | First Nam                   | e                                                             | Middle Name                                    | Former Name (if any)                             |  |  |
| E Basidanaa Addra                                                      | C C 1 A 44                         | ees and Ann                 | denced blambar H                                              | City                                           | TEXAS                                            |  |  |
| 3 Residence Addre<br>none, describe where yo<br>Address)               |                                    |                             |                                                               | Housto                                         | I LAAS                                           |  |  |
| Accessio                                                               |                                    |                             |                                                               | County                                         | Zip Code                                         |  |  |
|                                                                        |                                    |                             |                                                               | town?                                          | State 5                                          |  |  |
| 4 Mailing Address:<br>(If mail cannot be delive                        |                                    |                             |                                                               | City                                           | 10                                               |  |  |
|                                                                        |                                    |                             |                                                               | Housto                                         | ZIP COde                                         |  |  |
| E Date of Birth: (mr                                                   | n/dd/yyyy)                         | 6                           | Gender (Optiona                                               | al) 7 Telephone                                | Number (Optional)<br>Code                        |  |  |
|                                                                        |                                    |                             | Male Male                                                     | Include Area                                   | Code                                             |  |  |
|                                                                        |                                    |                             | R Female                                                      |                                                |                                                  |  |  |
| 8 Texas Driver's Lice<br>LD. No. (Issued by the                        |                                    |                             |                                                               | as Driver's License o<br>4 digits of your Soci | r Personal Identification,<br>al Security Number |  |  |
|                                                                        |                                    |                             | -                                                             | xxx-xx-                                        |                                                  |  |  |
|                                                                        | t been issued<br>curity Numbe      |                             | river's License                                               | Personal Identific                             | ation Number or                                  |  |  |
| 9 I understand that g<br>state and federal la<br>\$2,000, or both. Ple | w. Conviction                      | of this crin                | ne may result in                                              | imprisonment up to                             | ry, and a crime under<br>180 days, a fine up to  |  |  |
| <ul> <li>I am a resident o</li> </ul>                                  |                                    |                             |                                                               |                                                |                                                  |  |  |
| any term of inca                                                       | rceration, paro                    | ile, supervit               | sion, period of pr                                            | robation, or I have b                          |                                                  |  |  |
| <ul> <li>I have not been a<br/>mentally incapad</li> </ul>             | determined by<br>citated or partic | a final judg<br>ally mental | ment of a court of<br>ly incapacitated v                      | exercising probate j<br>without the right to   | urisdiction to be totally<br>rote.               |  |  |
| X                                                                      |                                    |                             |                                                               | _                                              | 16/2013                                          |  |  |
| Signatur                                                               | C                                  | 9                           | nted                                                          | Name of Applicant if 1                         | Signed by Witness and Date.                      |  |  |
| SECRETARY OF STATE_201                                                 | 1_V830-11ED3 indd                  | 1                           |                                                               |                                                | 12/7/2011 5/02/30 PM                             |  |  |
|                                                                        |                                    |                             |                                                               |                                                |                                                  |  |  |

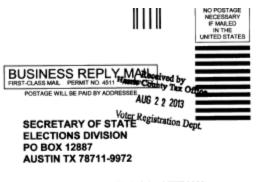


| Notices for                                  |                                                      |                             |                           |                                                      |          | notclist v 03112<br>e-click or press<br>] to choose |
|----------------------------------------------|------------------------------------------------------|-----------------------------|---------------------------|------------------------------------------------------|----------|-----------------------------------------------------|
| Notice #                                     | Created                                              | Notice Code                 | & Sub                     | Mailed                                               | Returned | Return Code                                         |
| 20758068<br>18947905<br>15455800<br>14157459 | 02/24/2017<br>01/10/2016<br>12/28/2013<br>09/11/2013 | CAN<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>NEW | 02/28/2017<br>01/14/2016<br>01/03/2014<br>09/17/2013 |          | ×                                                   |



SECRETARY OF STATE 2011, VR0011EELindd 1

DOMESTIC: LOCALING



### Full on line and seal lighter mailing All voters who register to vote in Texas must provide a Texas driver's license number or personal identification number issued by the Texas Department of Public Safety. If you You must register to vote in the county in Sou Trues register to your at the County in which you reside. You must be a citizen of the United States. You must be at least 17 years and 10 months old to register, and you must be 18 years of age by Election Day. You must not be finally convicted of a feitory. don't have such a number, simply provide the don't have such a number, simply provide the last four cigits of your social security number. If you don't have a social security number, you need to state that fact. Your voter registration will become effective 30 days after it is noosived or on your 16th bitthday, which wer is later. Your registration must be effective on or before an election day in order to work in that election. or if you are a faion, you must have completed all of your punishment, including any term of incarceration, percie, supervision, period of probation, or you must have received a

re-register in the county of your new residence.

Please visit the Texas Secretary of State website, www.sos.state.tx.us, and for additional election information visit www.votexas.org.

Este tormalarlo está disponible en español. Pavor de lamar a se registedor de votantes local para conseguir una versión en español.

MERITARY OF STATE, DOI, VIOLANDER 1

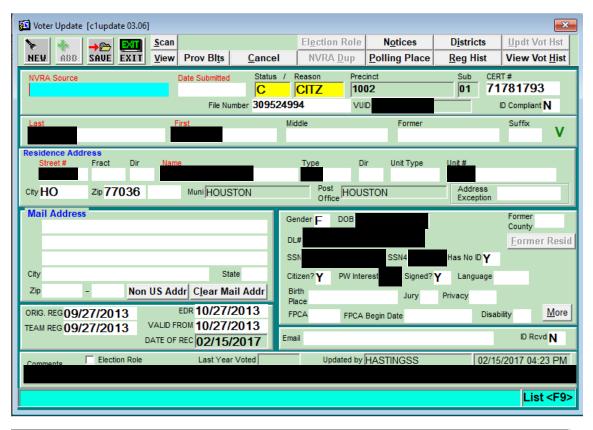
Filling out the Application Review the application carefully, fill it out, sign and date it and mail it to the voter negistrar in your county or drop it by the Voter Registrar's office.

or processor, or you must nave received a parton. You must not have been determined by a final juridiction to be totally mentally incapacitated or partially mentally incapacitated without the detail to use

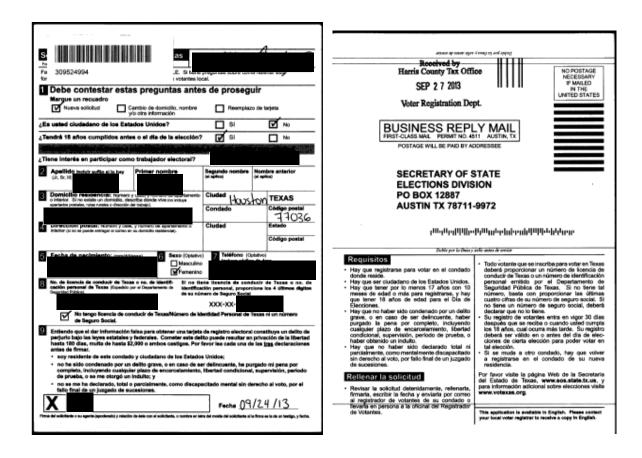
Qualifications

right to vote

12/7/2011 14:00 PM



| Notices for Double-click or press<br>[Enter] to choose |                                                      |                             |                           |                                                      |          |             |  |
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| Notice #                                               | Created                                              | Notice Cod                  | de & Sub                  | Mailed                                               | Returned | Return Code |  |
| 20744325<br>19644879<br>16141964<br>14186948           | 02/15/2017<br>01/10/2016<br>12/28/2013<br>10/03/2013 | CAN<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>NEW | 02/18/2017<br>01/14/2016<br>01/03/2014<br>10/08/2013 |          |             |  |



| Voter Update [c1update 03             | .06]                                           |                                                                           |                |                      | <b>×</b>              |  |  |  |
|---------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|----------------|----------------------|-----------------------|--|--|--|
| ▶ <b>● ●</b>                          |                                                | Election Role                                                             | Notices        | D <u>i</u> stricts   | Updt Vot Hst          |  |  |  |
| NEW ADD SAVE EXI                      | T <u>View</u> Prov Bl <u>t</u> s <u>C</u> ance | NVRA <u>D</u> up                                                          | Polling Place  | <u>R</u> eg Hist     | View Vot <u>H</u> ist |  |  |  |
| NVRA Source                           | Date Submitted Status                          | A Reason Preci<br>CHC 015                                                 |                | CER                  | ™<br>668825           |  |  |  |
|                                       | File Number 16 2                               | 47 0006 VUIC                                                              | D              | I                    | D Compliant <b>Y</b>  |  |  |  |
| Last                                  | First                                          | Middle                                                                    | Former         |                      | Suffix V              |  |  |  |
| Residence Address<br>Street # Fract D | ir Name                                        | Type Dir                                                                  |                | Unit #               |                       |  |  |  |
| City HO Zip 7702                      | Muni HOUSTON                                   | Post<br>Office HOUS                                                       | STON           | Address<br>Exception |                       |  |  |  |
| Mail Address                          | Gender M DOB County                            |                                                                           |                |                      |                       |  |  |  |
|                                       |                                                | DL#<br>SSN                                                                | SSN4           | Has No ID <b>N</b>   | <u>F</u> ormer Resid  |  |  |  |
| City                                  | State                                          | Citizen? Y PW Inter                                                       | rest Signed? Y | Language             |                       |  |  |  |
| Zip – <u>N</u>                        | on US Addr C <u>l</u> ear Mail Addr            | Birth<br>Place                                                            | Jury           | Privacy              |                       |  |  |  |
| ORIG. REG 05/13/2014                  | EDR 06/12/2014<br>VALID FROM 06/12/2014        | FPCA FPCA E                                                               | Begin Date     | Disab                | ility <u>M</u> ore    |  |  |  |
| TEAM REG 05/13/2014                   | DATE OF REC 10/03/2016                         | Email                                                                     |                |                      | ID Rovd N             |  |  |  |
| Comments Election Ro                  |                                                | Updated by                                                                | VEMACS PERIO   | DIC:ME 10/07         | /2016 07:36 AM        |  |  |  |
| TEAM NON-CIUZEN II                    | st dated 06/02/2016                            |                                                                           |                |                      |                       |  |  |  |
|                                       |                                                | Agency or Source of registration for statistical purposes. List <f9></f9> |                |                      |                       |  |  |  |
| Agency or Source of                   | registration for statistical                   | purposes.                                                                 |                |                      | List <f9></f9>        |  |  |  |

| Notices [notclist        | 03.06]                |                     |                                                                              |                                                                                                                                  | 23                                                                                                                                                                                        |
|--------------------------|-----------------------|---------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | Print <u>C</u> ertifi | ed P                | rint ID Now                                                                  | Force Status                                                                                                                     | Create Notice                                                                                                                                                                             |
|                          |                       |                     |                                                                              |                                                                                                                                  | notclist v 031126<br>click or press<br>to choose                                                                                                                                          |
| Created                  | Notice Code           | & Sub               | Mailed                                                                       | Returned                                                                                                                         | Return Code                                                                                                                                                                               |
| 01/09/2016<br>05/27/2014 | CERT                  | REN<br>NEW          | 01/14/2016<br>06/03/2014                                                     |                                                                                                                                  | 7                                                                                                                                                                                         |
|                          | Created<br>01/09/2016 | Created Notice Code | Print <u>Certified</u> P<br>Created Notice Code & Sub<br>01/09/2016 CERT REN | Print Certified     Print ID Now       Created     Notice Code & Sub     Mailed       01/09/2016     CERT     REN     01/14/2016 | Print Certified     Print ID Now     Force Status       Double-<br>[Enter] 1       Created     Notice Code & Sub     Mailed     Returned       01/09/2016     CERT     REN     01/14/2016 |

| Toyae Maker Desire                                                                  | alas Assis                                                              | B                  | 100                          |                               |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|------------------------------|-------------------------------|
| Texas Voter Registr                                                                 | ation Application                                                       | Proceedings by the | Offernal the locatory of The | 907200023                     |
| Please complete sections by p                                                       | minting LEGIBLY, If you                                                 | 1000               | THE LEVE AND DUE             | NAT BURGE AND ADDRESS AND     |
| have any questions about how                                                        | to fill out this application.                                           | 1000               | IN THE FACT FACT IN          | niel waar inde waar en de     |
| please call your local Votar Re                                                     | gistrar at (713) 368-2000,                                              |                    | 3069                         | 54176                         |
| These Question                                                                      | ne Must Re Cam                                                          | mlate d            |                              |                               |
| Cineya one                                                                          | ns Must Be Com                                                          | pieted             | Before Pro                   | ceeding                       |
| New Application                                                                     | Change of Address,<br>or Other Information                              | Name,              | Request                      | for a Replacement Card        |
| Are you a United States C                                                           |                                                                         |                    | Yes Yes                      | M No                          |
| Will you be 18 years of ag                                                          | e on or before election                                                 | day?               | Ves Ves                      | No No                         |
| Wyou oneplayed 'No' in a                                                            | aspones to plant of a                                                   | an an de ing       | do not comple                | to Bull form.                 |
| Are you interested in serv                                                          | ing as an election work                                                 | er?                | Viss                         | No No                         |
| 2 Last Name Include Suffer                                                          | any First Name                                                          |                    | Middle Name                  | Former Name (Fary)            |
| (A. 8t 10)                                                                          |                                                                         | - 1                | (R ang)                      | Pormate reasone (Farry)       |
|                                                                                     |                                                                         |                    |                              |                               |
| Residence Address: 33<br>desorte where you live. (b) or                             | reet Address and Apartment Nat<br>Induce P.O. Box, Runal Pit. or Busing | tiber. If none     | City                         | TEXAS                         |
|                                                                                     |                                                                         | na recense)        | County                       | Zip Code                      |
|                                                                                     |                                                                         |                    | Harris                       |                               |
| carried be delivered to your rea                                                    | Address and Apartment Number<br>Adence address (                        | (Finel             | City                         | State                         |
|                                                                                     |                                                                         |                    | 1                            | Zip Code                      |
|                                                                                     |                                                                         |                    |                              |                               |
| <u> </u>                                                                            |                                                                         |                    | _                            |                               |
| 5 Date of Birth: (mm/ddly                                                           |                                                                         | r (Optional        | 7 Telephone                  | Number (Optional)             |
|                                                                                     |                                                                         |                    |                              |                               |
|                                                                                     | □ Fe                                                                    | nuke               |                              |                               |
| Texas Driver's License No<br>1.D. No. disseritiv the Dared                          |                                                                         | If no Texas        |                              | Presente internation,         |
|                                                                                     | (n)                                                                     | give test 4        | dialts of your Socia         | Security Kumber               |
|                                                                                     |                                                                         |                    |                              |                               |
| I have not been                                                                     | issued a Texas Driver's                                                 | License/P          | ersonal identifica           | tion Number or                |
| Social Security                                                                     | Number:                                                                 |                    |                              |                               |
| I understand that giving fail                                                       | se information to procure a                                             | voter rea          | intration is periory         | and a crime under             |
| PARK AND ROBERT LINE. COST                                                          | nearon of this crime may re-                                            | ALL IN STREET      | Concernment and the fit      | 90 days, a fine up to         |
| \$2,060, or both. Please read                                                       | all three statements to aff                                             | irm before         | signing.                     | ,                             |
| <ul> <li>I am a resident of this co</li> </ul>                                      | unty and a U.S. citizen;                                                |                    |                              |                               |
| <ul> <li>I have not been finally con<br/>including any term of including</li> </ul> | twicted of a felony, or if a fel<br>arceration, parole, superv          | on, I have a       | completed all of my          | punishment                    |
|                                                                                     |                                                                         |                    |                              |                               |
| <ul> <li>I have not been determin<br/>be totally mentally incase</li> </ul>         | ed by a final judgment of<br>acitated or partially mental               | a court ex-        | probate ju                   | risdiction to                 |
|                                                                                     | per stat y stat stat                                                    | y mapped           | Laten without the r          | ight to vote.                 |
| X                                                                                   |                                                                         |                    | - 05                         | 108114 .                      |
|                                                                                     |                                                                         |                    |                              |                               |
| OR VOLUNTEER DEPU                                                                   | TY USE ONLY                                                             | Vinted Name        | of Applicant if Signe        | d by Witness and Date.        |
| Der U                                                                               | 0                                                                       |                    |                              | den aller regist (TV: 11.00). |
|                                                                                     |                                                                         |                    |                              | - Helu                        |
| CARRY INVESTOR                                                                      |                                                                         |                    | The second second            | 2/0/14                        |
| (IT applicable)                                                                     |                                                                         | Of ano             | licable)                     | topic y                       |

Detach the receipt below for your records. To mail: Peel the tape, fold in half and seal-

13 NAV 14 PM 51



BUSINESS REPLY MAIL FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX POSTAGE WILL BE PAID BY ADDRESSEE

ARRIS COUNTY TAX ASSESSOR-COLLECTOR ARRIS COUNTY TAX ASSESSOR-COLLECTOR AND VOTER REGISTRAR O BOX 3527 HOUSTON. TX 77253-9803

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#### ի անվարերություն անվանություն անվար

| Fold on her and inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a before mailing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Dual/Activitions     Nor must register to vote in the county in which you needs.     You must be a citizen of the United States.     You must be a citizen of the United States.     You must be a citizen of the United States.     You must be a citizen of the United States.     You must not be finally convicted of a felone, or if you are a felone, you must be 18 years of age by election day.     You must not be finally convicted of a felone, or if you are a felone, you must here considered all of your purietment, including any them of tencinetation, particle, waarvase, waarvase, a waarvase, you must have received a pardor.     You must not have been determined by a final judgmint of a court correlating previately incapacitated or partially mentally incapacitated antibod the state.strue, y parts informacion adicional sobre electories visite www.vole.state.strue, you www.vole.state.strue, you www.vole.state.strue, you www.vole.state.strue, without the state true, with bidly them them them the off to work some.state.strue, or when one off the state true, with bidly them them them the off to work works.com. | Filling cut the Application carefully, M & out, sign and table & and mail & to the value registrate in your ounly or drop 10 µm Voter Registrate in your ounly or drop 10 µm Voter Registrate office.     All voters who registrate to vote in Texas must provide a Texas develop literate must be the Texas must of Public Salety. If you don't have such a mustber, amply prender the solid and digital dynamics of solid security number. If you don't have solid security number. If you don't have a solid security number, you need to state that that.     Your voter registrates will become effective 30 days after it is neceived or on your 18th birthday, which were in later.     Your work or solid and the vote is that election.     If you move to another county, you must an the forea.     Procearing of your new residence.     Procearing of your new residence.     Procearing of your new residence.     Procearing of your new residence. |
| 諸部開接交易逐州州臺房處站:www.sos.state.tx.us,若應<br>要至多書单資訊,講記冊 Hist www.volecas.org。                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Detach the receipt belies for four Weards. To mail: Beef the tage, fold in half and seal.

#### 73346306:

| 🛐 Voter Update [c1update 03.06]                            |                   |                       |               |                      | <b>×</b>              |
|------------------------------------------------------------|-------------------|-----------------------|---------------|----------------------|-----------------------|
| 🍾 🗼 🛶 🕅 Scan                                               | E                 | l <u>e</u> ction Role | Notices       | Districts            | Updt Vot Hst          |
| NEW ADD SAUE EXIT View Prov Blts Ca                        | ancel             | NVRA <u>D</u> up      | Polling Place | <u>R</u> eg Hist     | View Vot <u>H</u> ist |
| Date Submitted                                             |                   | ison Pred             |               |                      | RT#                   |
|                                                            | C C               | TZ 05                 |               | 05 73                | 3346306               |
| File Number                                                |                   | VU                    | ID            |                      | ID Compliant Y        |
| Last First                                                 | Middle            | •                     | Former        |                      | Suffix V              |
| Desidence Address                                          | _                 |                       |               |                      |                       |
| Residence Address<br><u>Street #</u> Fract Dir <u>Name</u> | т                 | vpe D                 | ir Unit Type  | Unit #               |                       |
|                                                            |                   |                       |               |                      |                       |
| City HO Zip 77093 Muni HOUSTON                             |                   | Post<br>Office HOUS   | STON          | Address<br>Exception |                       |
| Mail Address                                               | Cond              |                       |               |                      | Former                |
|                                                            | Gend              | er M DOE              |               |                      | County                |
|                                                            | DL#               |                       |               |                      | <u>F</u> ormer Resid  |
|                                                            | SSN               |                       | SSN4          | Has No ID N          |                       |
| City State                                                 | Citize            | n?Y PW Inte           | rest Signed?  | Y Language           |                       |
| Zip - Non US Addr Clear Mail Add                           | dr Birth<br>Place |                       | Jury          | Privacy              |                       |
| ORIG. REG09/18/2014 EDR 10/18/2014                         |                   |                       | Begin Date    | Disa                 | bility <u>M</u> ore   |
| TEAM REG 09/18/2014 VALID FROM 10/18/2014                  |                   |                       | -             | _                    | D David M             |
| DATE OF REC 09/18/2018                                     | B Email           |                       |               |                      | ID Rovd N             |
| Comments Election Role Last Year Voted                     |                   | Updated by            | MUNOZA        | 09/1                 | 8/2018 01:02 PM       |
|                                                            |                   |                       |               |                      |                       |
|                                                            |                   |                       |               |                      | List <f9></f9>        |

| lease call your local voter registrar.                                                                                                                             | Application<br>ventorito<br>LEGIBLY, If you have                                                        |                                  |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------|
| These Questions M<br>Check one                                                                                                                                     | ust be com                                                                                              | 87038                            | _                         |
|                                                                                                                                                                    | Change of Address, Name,<br>or Other Information                                                        | Request to                       | or a Replacement Card     |
| re you a United States Citizen                                                                                                                                     | 7                                                                                                       | Yes                              | E No                      |
| fill you be 18 years of age on o                                                                                                                                   | or before election day?                                                                                 | Ves Ves                          | No No                     |
| f you checked "No" in respon                                                                                                                                       | se to either of the above                                                                               | , do not complet                 | e this form.              |
| re you interested in serving as                                                                                                                                    | an election worker?                                                                                     | Yes                              | No No                     |
| Last Name Include Sufficit any<br>Classes 10                                                                                                                       | First Name                                                                                              | Middle Name                      | Former Name (#any)        |
| Assessment And Assessment Assessment Assessment                                                                                                                    | coress and Apartment Number, If<br>include P.O. Box, Rural Rt. or Business                              | Houston                          |                           |
|                                                                                                                                                                    |                                                                                                         | County A                         | Zip Code                  |
| Mailing Address: Street Address                                                                                                                                    | s and Apartment Number.                                                                                 | City                             | State                     |
| (If mail cannot be delivered to your ret                                                                                                                           | sidence address.)                                                                                       |                                  | Zip Code                  |
|                                                                                                                                                                    |                                                                                                         |                                  | -                         |
| Date of Birth: (mm/dd/yyyy)                                                                                                                                        | 6 Gender (Option                                                                                        | al) 7 Telephone<br>Include Area  | Number (Optional)<br>Code |
|                                                                                                                                                                    | Female                                                                                                  |                                  |                           |
|                                                                                                                                                                    | of Public Safety) give last                                                                             | 4 digits of your Soci<br>XXX-XX- |                           |
| Social Security Num<br>I understand that giving false is<br>state and federal law. Convicti<br>\$2,000, or both. Please read all<br>1 am a resident of this county | nformation to procure a voter<br>on of this crime may result in<br><u>three</u> statements to affirm be | imprisonment up to               |                           |
| <ul> <li>Fam a resident of this county</li> </ul>                                                                                                                  |                                                                                                         | re completed all of m            | y punishment including    |
| <ul> <li>I have not been finally convict</li> </ul>                                                                                                                | role, supervision, period of p<br>by a final judgment of a court                                        | exercising probate j             | urisdiction to be totally |
|                                                                                                                                                                    | rtially mentally incapacitated                                                                          | manufacture and regard the r     |                           |
| any term of incarceration, pa<br>+ I have not been determined to                                                                                                   | risally mentally incapacitated                                                                          |                                  | 11812014                  |

|                                              | Notices [notclist                                    | 03.06]                      |                           |                                                      |              | ×                                                 |
|----------------------------------------------|------------------------------------------------------|-----------------------------|---------------------------|------------------------------------------------------|--------------|---------------------------------------------------|
| DEL EXI                                      | <b>a</b>                                             | Print <u>C</u> ertified     | і <u>Р</u>                | rint ID Now                                          | Force Status | Create Notice                                     |
| Notices for                                  |                                                      |                             |                           |                                                      |              | notclist v 031126<br>-click or press<br>to choose |
| Notice #                                     | Created                                              | Notice Code &               | Sub                       | Mailed                                               | Returned     | Return Code                                       |
| 24033891<br>22589787<br>19010751<br>16773685 | 09/18/2018<br>12/18/2017<br>01/10/2016<br>10/15/2014 | CAN<br>CERT<br>CERT<br>CERT | CITZ<br>REN<br>REN<br>NEW | 09/21/2018<br>12/22/2017<br>01/14/2016<br>10/21/2014 |              | ×                                                 |

#### 73222937:

|                                       |              | <u>S</u> can<br>View | Prov Blts                              | <u>C</u> ance |                              | on Role<br>IA <u>D</u> up |          | tices<br>g Place               | D <u>i</u> strict<br><u>R</u> eg His | 1                | t Vot Hst<br>v Vot <u>H</u> ist |
|---------------------------------------|--------------|----------------------|----------------------------------------|---------------|------------------------------|---------------------------|----------|--------------------------------|--------------------------------------|------------------|---------------------------------|
| NVRA Source                           |              |                      | Date Submitted                         | Status        | / Reason                     | Prec<br>03                | 45       |                                | Sub<br>01                            | CERT #<br>732229 |                                 |
| Last                                  |              | F                    | File Nu<br>irst                        | mber          | Middle                       | VU                        |          | Former                         |                                      | ID Comp<br>Suffi |                                 |
| Street # Fra                          | ct Dir       | Nam                  | e                                      |               | Туре                         | D                         |          | nit Type                       | Unit #                               |                  |                                 |
| City HO Zip                           | 77081        |                      | Muni HOUS                              | TON           | Po                           | fice HOUS                 | STON     |                                | Addres<br>Except                     | ion              |                                 |
| Mall Address                          |              |                      |                                        |               | Gender M                     | DOB                       |          |                                | No. 17                               |                  |                                 |
| City<br>Zip –                         | Non          | US Ad                | Sta<br>dr Clear Ma                     | 110           | Citizen? Y<br>Birth<br>Place | PW Inte                   |          | N4<br>Signed? <b>Y</b><br>Jury | as No ID<br>Langua<br>Privacy        |                  |                                 |
| DRIG. REG 09/03/2<br>TEAM REG 09/03/2 | 2014         | VALID FI             | EDR 10/03/<br>ROM 10/03/<br>REC 02/15/ | 2014          | FPCA                         | FPCA                      | Begin Da | te                             |                                      | Disability<br>IC | More<br>Rcvd N                  |
| Commente T E                          | lection Role |                      | Last Year                              |               |                              | lpdated by                | HASTIN   | IGSS                           | 0                                    | 2/15/2017        | 04:48 PM                        |
|                                       |              |                      |                                        |               |                              |                           |          |                                |                                      |                  | List <f9< td=""></f9<>          |

| 🔯 List of Voter      | Notices [notclist        | 03.06]                  |      |                          |              |                                              | x        |
|----------------------|--------------------------|-------------------------|------|--------------------------|--------------|----------------------------------------------|----------|
| DEL EXIT             |                          | Print <u>C</u> ertified | Prii | nt ID Now                | Force Status | Create Noti                                  | ice      |
| Notices for          |                          |                         |      |                          |              | notclist v 03<br>click or press<br>to choose | 1126     |
| Notice #             | Created                  | Notice Code & S         | iub  | Mailed                   | Returned     | Return Code                                  |          |
| 20744337<br>18504111 | 02/15/2017<br>01/10/2016 |                         |      | 02/18/2017<br>01/14/2016 |              |                                              | <u>^</u> |
| 16724038             | 09/26/2014               |                         |      | 09/30/2014               |              |                                              | ×        |

| These Questions N<br>Check one                                                                                                                                                                                                          | Lust Be Con 3193<br>Change of Address, Name,<br>or Other Informatice                                                                                                                                                                           | 22540<br>Spl Pinquest for a                                                                                                         | Neplacement Card                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are you a United States Citizen                                                                                                                                                                                                         | ?                                                                                                                                                                                                                                              | Time 1                                                                                                                              | XX No                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Will you be 18 years of age on o                                                                                                                                                                                                        | r before election day?                                                                                                                                                                                                                         | ₽ ×m                                                                                                                                | D No                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Are you interested in serving a                                                                                                                                                                                                         | an election worker?                                                                                                                                                                                                                            | a de rol porrelida a                                                                                                                | and Party of                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Last Name which Sufe damy                                                                                                                                                                                                               | First Name                                                                                                                                                                                                                                     | Middle Name Fo                                                                                                                      | ormer Name (Zany)                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Residence Address: Drust A<br>nore, dearibe when you her. Do no<br>Admini                                                                                                                                                               | Afress and Apartment Number, If<br>Indult PC, Nor, Partl R. or Bostone                                                                                                                                                                         | City<br>Houston<br>County                                                                                                           | Zip Gode                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Nailing Address: Savet Address                                                                                                                                                                                                          | and Apartment Number                                                                                                                                                                                                                           | Houston                                                                                                                             | 770-81<br>Blanker<br>T-X<br>Zip Code<br>770-81               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date of Birth: (mm/dd/yyyy)                                                                                                                                                                                                             | G Gender (Option<br>25-Jatele<br>Ferrule                                                                                                                                                                                                       | iii) 7 Telephone Nue                                                                                                                | HDW (Dptcsu)                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Texas Driver's License No. or T                                                                                                                                                                                                         |                                                                                                                                                                                                                                                | an Driver's License or Pe<br>4 digits of you<br>XXX-XX-                                                                             | monal identification                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                     |                                                              | NE POSTAN<br>NECESSAR<br>POSTAN<br>NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| I have not been issue<br>Social Security Num                                                                                                                                                                                            | ed a Texas Driver's License<br>ber.                                                                                                                                                                                                            | Personal Ide                                                                                                                        |                                                              | BUSINESS REPLY MAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| I have not been issue<br>Social Security Num     I understand that giving fails in<br>state and federal law. Convicts<br>S2,006, or both. Please read all                                                                               | ber.<br>formation to procure a voter<br>m of this crime may result in                                                                                                                                                                          | registration is parjury, an<br>imprisonment up to 100                                                                               | nd a crime under<br>days, a fine up to                       | ACCIVITIENT REPORT OF ACTIVITIES<br>RECENTIONS IN THE PROFESSION<br>ELECTIONS DIVISIONARIE Constr The Office<br>PO BOX 12887<br>AUSTIN 1X 78711-0472<br>SEP 2.3 30h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Social Security Num<br>I understand that giving false in<br>state and federal law. Convicto<br>\$2,000, or both. Please read all<br>1 am a resident of this county                                                                      | ber.<br>formation to procure a voter<br>or of this crime may result in<br><u>Drop</u> statements to affirm bet<br>and a U.S. citizer;                                                                                                          | registration is perjury, an<br>imprisonment up to 180<br>fore signing.                                                              | days, a fine up to                                           | BECHERTARY OF STATE Second by<br>BECHERTARY OF STATE Second by<br>BECHERTARY OF STATE Second by<br>DECISIONS DIVISION COUNTY OF STATE<br>DECISION OF STATE SECOND BY<br>AUTOM TX TETLE SECOND BY<br>AUTOM TX TETLE SECOND BY<br>AUTOM TX THE SECOND BY<br>AUTOM TX THE SECOND BY<br>AUTOM TY AUTOM TY AUTOM TY<br>AUTOM |
| Social Security Num<br>I understand that giving false in<br>state and federal law. Corvictio<br>52,006, or both. Please read all<br>1 am a resident of fals county<br>1 have not been finally convict<br>any farm of incarceration, par | ber.<br>formation to procure a votar<br>of this crime may result in<br><u>trops</u> statements to affirm but<br>and a U.S. oblaser;<br>et of a failong, or if a falso, Trav-<br>rain, supervision, period of pr                                | registration is perjury, an<br>imprisonment up to 180<br>fore signing.<br>In completied all of my pur<br>rebetion, or i have been p | days, a fine up to<br>sistemant including<br>particried; and | Telescolarde (Reiner and Kolls)<br>Network (Reiner and Kolls)<br>BECHERTARY OF STATE - Random (Reiner<br>PO BOX (1987) - State - State<br>AUSTIN TX 7871-1992 - State<br>AUSTIN TA State - State - State - State<br>AUSTIN TA State - State - State - State<br>AUSTIN TA State - State - State - State - State<br>AUSTIN TA State - State - State - State - State - State<br>AUSTIN TA State -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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# 73291007

|                                                                 | <u>Scan</u>      |                            |                | Electio                             |                | Notices            | D <u>i</u> stricts            |                   | /ot Hst          |
|-----------------------------------------------------------------|------------------|----------------------------|----------------|-------------------------------------|----------------|--------------------|-------------------------------|-------------------|------------------|
| NEW ADD SAVE E                                                  | XIT <u>V</u> iew | Prov Bl <u>t</u> s         | <u>C</u> ancel | NVR/                                | <u>D</u> up    | Polling Place      | <u>R</u> eg Hist              | View              | Vot <u>H</u> ist |
| NVRA Source                                                     |                  | Date Submitted             | Status /       | Reason                              | Precir         |                    | Sub<br>01                     | CERT #<br>7329100 | )7               |
|                                                                 |                  | File Num                   | ber 16 208     | 0172                                | VUID           |                    |                               | ID Complia        | ntY              |
| Last                                                            | F                | ïrst                       |                | Middle                              |                | Former             |                               | Suffix            | V                |
| esidence Address<br>Street # Fract                              | Dir Nam          | e<br>Muni HOUST            | ON             | Type<br>Post                        | Dir<br>te HOUS | Unit Type          | Unit #<br>Address<br>Exceptio |                   |                  |
| Mail Address                                                    |                  |                            |                | Gender M                            | DOB            |                    | Excoput                       | Former            |                  |
|                                                                 |                  |                            | _              |                                     | 000            |                    |                               | County            |                  |
|                                                                 |                  |                            |                | DL#                                 |                | 0011               |                               |                   | er Resid         |
| City                                                            |                  | State                      |                | SSN                                 |                | SSN4               | las No ID                     |                   |                  |
| Zip –                                                           | Non US Ad        | dr Clear Mai               |                | Citizen? <b>Y</b><br>Birth<br>Place | PW Intere      | st Signed?<br>Jury | Y Languag<br>Privacy          | je                |                  |
| DRIG. REG <mark>09/25/2014</mark><br>EAM REG <b>09/25/201</b> 4 | T                | EDR 10/25/2<br>ROM 10/25/2 |                | FPCA                                | FPCA B         | egin Date          | D                             | isability         | <u>M</u> ore     |
| EAM REG 09/20/2014                                              | •                | REC 08/25/2                |                | mail                                |                |                    |                               | ID R              | cvd N            |
|                                                                 | Role             | Last Year \                | /oted 2014     | <b>1</b> Up                         | dated by V     | EMACS PERI         | DDIC:ME 08                    | 3/29/2016 07      | (:20 AM          |

| Texas Voter Registration Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fair Official Use Only                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Presented by the other of the lowester of these<br>Pleases complete sections by printing LEGIBLY.<br>out this application, please call your local voter t<br>free at 1-800-252-VOTE(8683), TDD 1-800-735 31970785                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |
| These Operations Must Be Completed Ben<br>Check one IZ New Application Change of Address and/or Name<br>Are you a United States Citizen?                                                                                                                                                                                                                                                                                                                                                                                                                        | Request for a Replacement Card                                                                                          |
| Last Name     First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Middle Name (If any) Former Name                                                                                        |
| <ul> <li>Residence Address: Sourt Address and Apartment Number. If none, destributives you live. (Do not include P.O. Box, Russi Ru or Dusiness Address)</li> <li>Multing Address: Seven Address and Apartment Number. (If and cannot</li> </ul>                                                                                                                                                                                                                                                                                                                | Hauston -79057                                                                                                          |
| be definered to your residence address.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip Code                                                                                                                |
| S tairs brue (assa)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e                                                                                                                       |
| Check if you do not have a texas prover's Check<br>License, or Texas Personal Identification No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                | xxx-x<br>if you do not more a secon occurity Number                                                                     |
| <ul> <li>I understand that giving false information to precire a voter register<br/>and federal law. Conviction of this crime may result in imprisonme<br/>I affers that I</li> <li>am a resident of this county and U.S. Chines;</li> <li>have not been finally convicted of a federa, or if a felora, I have comple<br/>of incarceration, parale, supervision, period of probation, or I have h<br/>have not been determined by a final judgment of a court energisting<br/>incapacitated or partially mentally incapacitated without the right to</li> </ul> | ned all of my punishment including any term<br>ees pardoned; and<br>robate jurisdiction to be totally mentally<br>vote. |
| Signature of Applicant or Agent, and Researces) to Applicant or Printed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name of Applicant if Signed by Witness and Date.                                                                        |

| Call your local Votar Registracos: SEIP *1:4<br>Office of the Secretary of State<br>Toll Free: Si results asistened 17 L.<br>Ferre grade at<br>1-800-252-VOTE(4683)                                                                          | NO POSTAGE<br>NECESSARY<br>IF MALED<br>NTHE                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| www.sos.state.tx.us                                                                                                                                                                                                                          | UNITED STATES                                                                                                                                                                                                                     |
| BUSINESS R<br>FIRST CLASS MAIL PERM                                                                                                                                                                                                          | IT NO. 4511 AUSTIN, TX                                                                                                                                                                                                            |
| POSTAGE WILL BE PAID BY A                                                                                                                                                                                                                    | ADDRUSSEE                                                                                                                                                                                                                         |
| PO BOX 3527                                                                                                                                                                                                                                  | LECTOR AND Received and<br>Harris County Tax Office<br>SEP 2 S 2018                                                                                                                                                               |
| HOUSTON, TX 77253                                                                                                                                                                                                                            | -3527                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                              | Voter Registration Dept.                                                                                                                                                                                                          |
| pata 11 Papel Star Print                                                                                                                                                                                                                     | ը կլութիկ կլվեր կլվեր կլվերություն                                                                                                                                                                                                |
|                                                                                                                                                                                                                                              | nnal Argiver madding.                                                                                                                                                                                                             |
| Qualifications                                                                                                                                                                                                                               | General Information                                                                                                                                                                                                               |
| <ul> <li>You must register to vote in the county in<br/>which you reside.</li> </ul>                                                                                                                                                         | <ul> <li>Your voter registration will become effective 30</li> </ul>                                                                                                                                                              |
| You must be a citizen of the United States.                                                                                                                                                                                                  | days after it is received or on your 18th birthday,<br>whichever is later. Your registration must be of-                                                                                                                          |
| <ul> <li>You must be at least 17 years and 10 months<br/>old to register, and you must be 18 years of age<br/>by election day.</li> </ul>                                                                                                    | fective on or before an election in order to vote<br>in that election.                                                                                                                                                            |
| <ul> <li>You must not be finally considered of a data on</li> </ul>                                                                                                                                                                          | <ul> <li>If you move to another county, you must<br/>re-register in the county of your new residence.</li> </ul>                                                                                                                  |
| of it you are a felon, you must have completed<br>all of your punishment, including any term of<br>incurcoration, purole, supervision, period of<br>probation, or you must have received a pardon.                                           | <ul> <li>You must provide your Texas driver's license or<br/>personal identification number. Only when you<br/>do not have a driver's license or personal iden-<br/>tification number, then give the last four direct.</li> </ul> |
| If you do not have a Texas driver's license or a<br>social security number, you will be required to<br>present identification when you vote in person<br>or enclose a copy of such identification with                                       | of your social security number or if you do not<br>have any of these identification numbers, then<br>you must indicate by checking the appropriate<br>box on the application side.                                                |
| your hallot if you vote by mail. Identification<br>includes: a current and valid ID; a copy of a cur-<br>rent utility bill; bank statement; government check;<br>phycheck; or other government document that shows<br>your rame and address. | Este formulario está disponible en Español.<br>Favor de llamar sin cargo a la oficina del<br>Secretario de Estado al 1-800-252-8683 para<br>conseguir una version en Español.                                                     |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   |

| List of Voter                    | Notices [notclist                      | 03.06]<br>Print <u>C</u> ertified | P                  | rint ID Now                            | Force Status | Create Notice                                    |
|----------------------------------|----------------------------------------|-----------------------------------|--------------------|----------------------------------------|--------------|--------------------------------------------------|
| Notices for                      | -                                      |                                   |                    |                                        |              | notclist v 0311:<br>-click or press<br>to choose |
| Notice #                         | Created                                | Notice Code &                     | Sub                | Mailed                                 | Returned     | Return Code                                      |
| 20177098<br>18358062<br>16746890 | 07/26/2016<br>01/10/2016<br>10/07/2014 | CON<br>CERT<br>CERT               | EXAM<br>REN<br>NEW | 07/28/2016<br>01/14/2016<br>10/14/2014 |              |                                                  |

#### 40395204R

| <b>&gt;</b>                                                                                                                                                 | ) <u>(</u>                                                    | <u>S</u> can         |                                                                       |                     |                                                         | n Role                                                      | Notices              | Distri                             | icis           | Updt \                               |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------|-----------------------------------------------------------------------|---------------------|---------------------------------------------------------|-------------------------------------------------------------|----------------------|------------------------------------|----------------|--------------------------------------|-----------------------|
|                                                                                                                                                             | AVE EXIT                                                      | <u>V</u> iew         | Prov Bl <u>t</u> s                                                    | <u>C</u> ancel      | NVR/                                                    | 4 <u>D</u> up                                               | <u>P</u> olling Plac | e <u>R</u> eg I                    | Hist           | View                                 | Vot <u>H</u> ist      |
| NVRA Source                                                                                                                                                 |                                                               |                      | Date Submitted                                                        |                     | Reason                                                  | Precir                                                      |                      | Sub                                |                | RT #                                 |                       |
|                                                                                                                                                             |                                                               |                      |                                                                       | C                   | CHC                                                     | 076                                                         |                      | 01                                 | 4              | 039520                               |                       |
|                                                                                                                                                             |                                                               |                      | File Nu                                                               | umber <b>15 034</b> |                                                         | VUID                                                        |                      |                                    |                | ID Complia                           | int Y                 |
| Last                                                                                                                                                        |                                                               | F                    | irst                                                                  |                     | liddle                                                  |                                                             | Former               |                                    |                | Suffix                               | v                     |
| esidence Addres                                                                                                                                             |                                                               |                      |                                                                       |                     |                                                         | _                                                           | _                    |                                    |                | <u> </u>                             |                       |
|                                                                                                                                                             | ract Dir                                                      | Nam                  | e                                                                     |                     | Туре                                                    | Dir                                                         | Unit Type            | Unit #                             |                |                                      |                       |
|                                                                                                                                                             |                                                               |                      |                                                                       |                     | Deep                                                    |                                                             | _                    |                                    |                |                                      |                       |
| tty HO Z                                                                                                                                                    | <sup>Zip</sup> 77082                                          |                      | Muni                                                                  | STON                | Offi                                                    | t<br>ce HOUS                                                | TON                  |                                    | ress<br>eption |                                      |                       |
| Mail Address                                                                                                                                                |                                                               |                      |                                                                       |                     | Gender M                                                | DOE                                                         |                      |                                    |                | Former                               |                       |
|                                                                                                                                                             |                                                               |                      |                                                                       | _                   | DL#                                                     |                                                             |                      |                                    |                | County                               | er Der                |
|                                                                                                                                                             |                                                               |                      |                                                                       |                     | SSN                                                     |                                                             | SSN4                 | Hee Ne                             |                | Form                                 | er Res                |
| Ciby                                                                                                                                                        |                                                               |                      | 51                                                                    |                     |                                                         |                                                             |                      | Has No                             |                |                                      |                       |
| City<br>Zip –                                                                                                                                               | Non                                                           | 115 44               | dr C <u>l</u> ear Ma                                                  |                     | Citizen? <b>Y</b><br>Birth                              | PW Intere                                                   |                      |                                    | guage          |                                      |                       |
| _                                                                                                                                                           |                                                               |                      |                                                                       |                     | Place CITI                                              | ZEN                                                         | Jury                 | Privacy                            |                |                                      |                       |
| RIG. REG 10/11                                                                                                                                              |                                                               |                      | EDR 11/10/<br>ROM 01/01/                                              |                     | FPCA                                                    | FPCA B                                                      | egin Date            |                                    | Disa           | bility                               | Mor                   |
| EAM REG                                                                                                                                                     |                                                               |                      | REC 03/05/                                                            |                     | mail                                                    |                                                             |                      |                                    |                | ID R                                 | cvd N                 |
|                                                                                                                                                             | Election Role                                                 |                      | Last Yea                                                              |                     |                                                         | datad by                                                    | EMACS PE             |                                    | 02/0           | 0/0045-00                            | 0.40 AA               |
| Comments                                                                                                                                                    |                                                               |                      |                                                                       |                     |                                                         |                                                             |                      | NODIO.MO                           | 100/0          | 5/2015 00                            |                       |
|                                                                                                                                                             |                                                               |                      | Lusi rou                                                              |                     |                                                         |                                                             |                      |                                    |                | Li                                   | st <f9< th=""></f9<>  |
| DEL EXIT                                                                                                                                                    |                                                               |                      | Print <u>C</u> e                                                      |                     | Print ID                                                | ) Now                                                       | 1                    | e Status                           |                | Li                                   | st <f< th=""></f<>    |
| _                                                                                                                                                           |                                                               |                      |                                                                       |                     |                                                         | ) Now                                                       | 1                    | e Status<br>Double-c<br>[Enter] to |                | Create<br>notclis<br>or press        | st <f< th=""></f<>    |
| DEL EXIT                                                                                                                                                    | Created                                                       |                      | Print <u>C</u> e                                                      |                     |                                                         |                                                             | 1                    | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press        | st <f<br>Notic</f<br> |
| DEL EXIT                                                                                                                                                    |                                                               | 2                    | Print <u>C</u> e                                                      | rtified             | Print ID                                                | iled                                                        | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL EXIT                                                                                                                                                    | Created<br>12/28/201<br>04/04/201                             |                      | Print <u>C</u> e                                                      | rtified             | Print IE<br>Mai                                         |                                                             | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL         EXIT           Notices for           Notice #           15956949           13025955           10291116                                          | 12/28/201<br>04/04/201<br>12/14/200                           | 12<br>)9             | Print <u>C</u> e<br>Notice Co                                         | rtified             | Print IE<br>Mai<br>01/0<br>04/1<br>12/2                 | iled<br>)3/2014<br>13/2012<br>22/2009                       | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL         EXIT           Notices for         15956949           13025955         10291116           7506947         1000000000000000000000000000000000000 | 12/28/201<br>04/04/201<br>12/14/200<br>12/14/200              | 12<br>)9<br>)7       | Print <u>C</u> e<br>Notice Co<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | rtified             | Print IE<br>Mai<br>01/0<br>04/1<br>12/2<br>12/3         | iled<br>03/2014<br>13/2012<br>22/2009<br>31/2007            | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL         EXIT           Notices for         15956949           13025955         10291116                                                                 | 12/28/201<br>04/04/201<br>12/14/200<br>12/14/200<br>12/21/200 | 12<br>)9<br>)7<br>)5 | Print <u>C</u> e<br>Notice Co<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | rtified             | Print IE<br>Mai<br>01/0<br>04/1<br>12/2<br>12/3<br>01/0 | iled<br>03/2014<br>13/2012<br>22/2009<br>31/2007<br>06/2006 | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL EXIT<br>Notices for<br>15956949<br>13025955<br>10291116<br>7506947<br>5118159                                                                           | 12/28/201<br>04/04/201<br>12/14/200<br>12/14/200<br>12/21/200 | 12<br>)9<br>)7<br>)5 | Print <u>C</u> e<br>Notice Co<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | rtified             | Print IE<br>Mai<br>01/0<br>04/1<br>12/2<br>12/3<br>01/0 | iled<br>03/2014<br>13/2012<br>22/2009<br>31/2007<br>06/2006 | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL EXIT<br>Notices for<br>15956949<br>13025955<br>10291116<br>7506947<br>5118159                                                                           | 12/28/201<br>04/04/201<br>12/14/200<br>12/14/200<br>12/21/200 | 12<br>)9<br>)7<br>)5 | Print <u>C</u> e<br>Notice Co<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | rtified             | Print IE<br>Mai<br>01/0<br>04/1<br>12/2<br>12/3<br>01/0 | iled<br>03/2014<br>13/2012<br>22/2009<br>31/2007<br>06/2006 | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL EXIT<br>Notices for<br>15956949<br>13025955<br>10291116<br>7506947<br>5118159                                                                           | 12/28/201<br>04/04/201<br>12/14/200<br>12/14/200<br>12/21/200 | 12<br>)9<br>)7<br>)5 | Print <u>C</u> e<br>Notice Co<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | rtified             | Print IE<br>Mai<br>01/0<br>04/1<br>12/2<br>12/3<br>01/0 | iled<br>03/2014<br>13/2012<br>22/2009<br>31/2007<br>06/2006 | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL EXIT<br>Notices for<br>15956949<br>13025955<br>10291116<br>7506947<br>5118159                                                                           | 12/28/201<br>04/04/201<br>12/14/200<br>12/14/200<br>12/21/200 | 12<br>)9<br>)7<br>)5 | Print <u>C</u> e<br>Notice Co<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | rtified             | Print IE<br>Mai<br>01/0<br>04/1<br>12/2<br>12/3<br>01/0 | iled<br>03/2014<br>13/2012<br>22/2009<br>31/2007<br>06/2006 | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL         EXIT           Notices for           15956949           13025955           10291116           7506947           5118159           102115        | 12/28/201<br>04/04/201<br>12/14/200<br>12/14/200<br>12/21/200 | 12<br>)9<br>)7<br>)5 | Print <u>C</u> e<br>Notice Co<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | rtified             | Print IE<br>Mai<br>01/0<br>04/1<br>12/2<br>12/3<br>01/0 | iled<br>03/2014<br>13/2012<br>22/2009<br>31/2007<br>06/2006 | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |
| DEL         EXIT           Notices for           15956949           13025955           10291116           7506947           5118159           102115        | 12/28/201<br>04/04/201<br>12/14/200<br>12/14/200<br>12/21/200 | 12<br>)9<br>)7<br>)5 | Print <u>C</u> e<br>Notice Co<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | rtified             | Print IE<br>Mai<br>01/0<br>04/1<br>12/2<br>12/3<br>01/0 | iled<br>03/2014<br>13/2012<br>22/2009<br>31/2007<br>06/2006 | Force                | Double-c<br>[Enter] to             | o cho          | Create<br>notclis<br>or press<br>ose | st <f<br>Notic</f<br> |

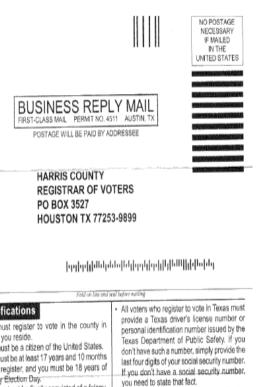
| REDENGLUM DETREMUENT                                                                                                                                                         | rrs 801 19 (* 11: 42                                                                                                                                                                  | 308325942                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name<br>(A                                                                                                                                                              | (SOLICITUD DE                                                                                                                                                                         | STRATION APP!<br>INSCRIPCION D<br>First Name (NOT H)<br>fe pila) (Siendo mujer: no el del<br>Apartment Number, City, State, and ZIP. If none,<br>mento, Giudad, Estado, y Código Postal; A falta de o                                                                                                                                                                                                                                    |                                                                                                                                                              | EDR<br>Name<br>or Rural Rt.)<br>o incluya su apartado postal                                                                                                                                                                               |
| Código Postal) (Si o                                                                                                                                                         | es imposible entregarle cor                                                                                                                                                           | ,                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                              | (Sexo) (Optativo)<br>Male (Hombre) Female (Mujer)                                                                                                                                                                                          |
| (Fe<br>Check appropri<br>(Marque el cuadro<br>I understane<br>registration<br>(Entiendo que el h<br>votantes, constituy<br>federal y estatal.)<br>I affirm th<br>• am a resi | apropiado: Soy Gudadan<br>d that giving fals<br>is perjury, and a<br>echo de proporcionar dat<br>e el delito de perjurio o de<br>OCT 1<br>at I (Declaro que soy)<br>dent of this coun | City, County, and State of Former Residence<br>((HARREStado, Estado de su residencia anter<br>ITTED STATES CITIZEN Yes<br>o/a de los Estados Unitos)<br>e information to proeure a vote<br>crime under state and federal la<br>os falsos a fin de obtener inscripción en el registro<br>claración falsa y es una infracción sancionable por<br>1 1999 NOV 10 199<br>aty; (residente del condado)<br>victed of a felony or if a felon I a | ior) TX Driver's License No. or Dept. of Public Safety) (Optiona Non Super- Telephone Number (Optiona Py Check one (Marque el cuadro) New (Nuevo) Change (Ca | Mumero de Seguro Social) (optativo) Personal I.D. No. (Issued by TX I) (Número de su licencia tejana de expedida por el Departamento de la (Número telefónico) (optativo) I) (Número telefónico) (optativo) mbiañ Replacement (Reemplazar) |

#### 51991628R

|                                           | <u>S</u> can                      | Canad          | Election Role       | Notices       | D <u>i</u> stricts       | Updt Vot Hst          |
|-------------------------------------------|-----------------------------------|----------------|---------------------|---------------|--------------------------|-----------------------|
| NEW ADD SAVE EXIT                         | View Prov Blts                    | <u>C</u> ancel | NVRA <u>D</u> up    | Polling Place | <u>R</u> eg Hist         | View Vot <u>H</u> ist |
| NVRA Source                               | Date Submitted                    | Α              | Reason Pred         | 09            | Sub CEF                  | 991628                |
|                                           | File Num                          | nber 3095149   | <b>14</b> VU        | ID            |                          | ID Compliant Y        |
| Last                                      | Firet                             | Mi             | ddle                | Former        |                          | Suffix V              |
| Residence Address<br>Street # Fract Dir   | Name                              |                | Type D              |               | Unit #                   |                       |
| City HO Zip 77003                         | Muni HOUST                        | TON            | Post<br>Office HOUS | STON          | Address<br>Exception     |                       |
| Mail Address                              |                                   | Ge             | nder M DOB          |               |                          | Former<br>County      |
|                                           |                                   | DI             | #                   |               |                          | <u>F</u> ormer Resid  |
|                                           |                                   | SS             | 6N.                 | SSN4          | Has No ID <mark>N</mark> |                       |
| City                                      | Stat                              | te Cit         | izen? Y PW Inte     | rest Signed?  | Y Language               |                       |
| Zip – Non                                 | US Addr Clear Mai                 | il Addr Bi     |                     | Jury          | Privacy                  |                       |
| ORIG. REG01/03/2002<br>TEAM REG01/03/2002 | EDR 02/02/2<br>VALID FROM 02/02/2 | 2002 FF        |                     | Begin Date    | Disat                    | ility <u>M</u> ore    |
| UNUCILUUL                                 | DATE OF REC 07/16/2               |                | ail                 |               |                          | ID Rovd N             |
| Comments Election Role                    | Last Year '                       | ,              | Updated by          | HASTINGSS     | 07/16                    | 6/2015 04:08 PM       |
| dup w/cert# 1297575                       | 1; SSN taken fro                  | om DUP         |                     |               |                          |                       |

| Notices for          |                          |              |            |                          |          | notclist v 03<br>e-click or press<br>[] to choose |
|----------------------|--------------------------|--------------|------------|--------------------------|----------|---------------------------------------------------|
| Notice #             | Created                  | Notice Code  | & Sub      | Mailed                   | Returned | Return Code                                       |
| 25167685             | 01/09/2020               | CERT         | REN        | 01/15/2020               |          |                                                   |
| 21257150<br>17845218 | 12/18/2017<br>01/09/2016 | CERT<br>CERT | REN<br>REN | 12/22/2017<br>01/14/2016 |          |                                                   |
| 17395893             | 07/30/2015               | REJ          | DUP        | 08/04/2015               |          |                                                   |
| 14318908             | 12/27/2013               | CERT         | REN        | 01/03/2014               |          |                                                   |
| 14125770             | 08/12/2013               | CERT         | RPL        | 08/20/2013               |          |                                                   |
| 14103909             | 07/24/2013               | CON          | EXAM       | 07/27/2013               |          |                                                   |
| 11621403<br>8750794  | 04/03/2012               | CERT<br>CERT | REN<br>REN | 04/13/2012               |          |                                                   |
| 6093886              | 12/14/2009<br>12/13/2007 | CERT         | REN        | 12/22/2009<br>12/31/2007 |          |                                                   |
| 3639449              | 12/21/2005               | CERT         | REN        | 01/06/2006               |          |                                                   |
| 935323               | 01/16/2004               | CERT         | REN        | 01/18/2004               |          |                                                   |

| Preset of the former of New VRUT2RUED<br>Please complete sections by printing LEGIBLY. If you have'<br>please call your local voter registrar.                                                                                                                                                                                                                                                                           |                                                                                      | fill out this application,                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| These Questions Must Be Complete<br>Check one     New Application     Vew Application     Change of Address, Name,<br>or Other Information                                                                                                                                                                                                                                                                               | _                                                                                    | ceeding<br>for a Replacement Card                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Are you a United States Citizen?                                                                                                                                                                                                                                                                                                                                                                                         | Yes                                                                                  | No No                                               | BUSINESS REP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Will you be 18 years of age on or before election day?                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                                  | No                                                  | FIRST-CLASS MAIL PERMIT NO. 4<br>POSTAGE WILL BE PAID BY /                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| If you checked 'No' in response to either of the abov                                                                                                                                                                                                                                                                                                                                                                    | e, do not comple                                                                     | te this form.                                       | Postiloc mile berrie al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Are you interested in serving as an election worker?                                                                                                                                                                                                                                                                                                                                                                     | Yes                                                                                  | No No                                               | Patient and the streng ("which of strengt" (A).                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2 Last Name Include Suffix if any First Name                                                                                                                                                                                                                                                                                                                                                                             | Middle Name                                                                          | Former Name (# ary)                                 | HARRIS COUNTY<br>REGISTRAR OF V<br>PO BOX 3527                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3 Residence Address: Street Address and Apartment Number. I<br>none, describe where you live. (De ner include P.O. Boy, Runal Rt. or Business<br>Address)                                                                                                                                                                                                                                                                |                                                                                      | Zip Code                                            | HOUSTON TX 772                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Mailing Address: Street Address and Apartment Number.<br>(If mail cannot be delivered to your residence address.)                                                                                                                                                                                                                                                                                                        | HArris                                                                               | 77003<br>State<br>EX45                              | իզիզկինել                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                          | Housto                                                                               | Zip Code                                            | Qualifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| LD. No. (Issued by the Department of Public Safety) give lat                                                                                                                                                                                                                                                                                                                                                             | tal Include Area<br>( )<br>tas Driver's License<br>t 4 digits of your Sec<br>XXX-XX- | or Personal Identification,<br>ial Security Number  | <ul> <li>You must register to vote in the county in which you reside.</li> <li>You must be a citizen of the United States.</li> <li>You must be at least 17 years and 10 months old to register, and you must be 18 years of age by Election Day.</li> <li>You must not be finally convicted of a felony, orif you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a</li> </ul> |
| <ul> <li>I understand that giving false information to procure a vote state and federal law. Conviction of this crime may result in \$2,000, or both. Please read all <u>three</u> statements to affirm b</li> <li>I am a resident of this county and a U.S. citizen;</li> <li>I have not been finally convicted of a felony, or if a felon, Int any term of incarceration, parole, supervision, period of in</li> </ul> | n imprisonment up to<br>efore signing.<br>ave completed all of n                     | ) 180 days, a fine up to<br>1y punishment including | <ul> <li>Pardon.</li> <li>You must not have been determined by a<br/>final judgment of a court exercising probate<br/>jurisdiction to be totally mentally incapacitated<br/>or partially mentally incapacitated without the<br/>right to vote.</li> </ul>                                                                                                                                                                                                                                             |
| I have not been determined by a final judgment of a cour<br>mentally incapacitated or partially mentally incapacitated<br>Signature                                                                                                                                                                                                                                                                                      | Date                                                                                 |                                                     | <ul> <li>Filling out the Application</li> <li>Review the application carefully, fill tout, sign<br/>and date it and mail it to the voter registrar in<br/>your county or drop it by the Voter Registrar's<br/>office.</li> </ul>                                                                                                                                                                                                                                                                      |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                     | FFICIAL                                                                              | MAIL<br>MAIL                                        | HASIL TUNKCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



You noter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later. Your registration must be effective on or before an election day in order to vote in that election.

 If you move to another county, you must re-register in the county of your new residence.

Please visit the Texas Secretary of State website, www.sos.state.bx.us, and for additional election information visit www.votetexas.gov.

Este formulario está disponible en español. Favor de llamar a su registrador de votantes local para conseguir una versión en español.



CHURCHWELL AFFIDAVIT - ATTACHMENT C

| ecretary of State<br>7 97 BPM1.1-97 (S                                                            | OLICITUD DI                                              | INSCRIPCION D                                                                                               | E VOTANTE)                                                   |               |                                           | PCT                                              | Cert. Nu |                                                                       | NDR.                                       |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------|-------------------------------------------|--------------------------------------------------|----------|-----------------------------------------------------------------------|--------------------------------------------|
| ast Name                                                                                          |                                                          | First Name (NOT H<br>Ap fombre de pila) (See                                                                |                                                              | a <b>s</b> o) | Middle/Maid<br>(Segando Nomber<br>(nome]) |                                                  |          | Former Name<br>(Nombra astence)                                       |                                            |
|                                                                                                   |                                                          | l Apartment Number, City,<br>tamento, Caulad, Estado, y Có                                                  |                                                              |               |                                           |                                                  |          |                                                                       | ) postal                                   |
| failing Autorss, C                                                                                | 10, 3449 and 217 : 1                                     | I MAN CRUDE DE OCUVETEN I                                                                                   | a your residence addr                                        | ees. (De      | pección postal, Cita                      | dad, Estado y                                    | (Sego)(  | er (Optional)<br>(Optional)<br>(Hambre) □Female                       | (Muger)                                    |
| use of Dirth: man                                                                                 | a, any, year                                             | (Credad, Condade, Estato d                                                                                  |                                                              | s             | ocial Security                            | No. (Oyélenzi)                                   | (Número  | de Seguro Sociali(op                                                  | (atrvo)                                    |
| Check appropriate<br>Marque el cuadro ape                                                         | box: I AM A UN<br>opiado Soy Caudada                     | H GLASTON HAN<br>AITED STATES CIT<br>mois de los Estados Unidos)                                            | TZEN[]Yes[]                                                  | No D          | opt. of Public Sa                         | fety) (Optional                                  | (Núm     | al LD. No. (Lernard<br>no de su licencia teje<br>lida por el Departam | una de                                     |
| understand the<br>egistration is<br>Entendo que el hecho                                          | hat giving fals<br>perjury, and a<br>de proporcionar dat | e information to p<br>a crime under state<br>os falsos a fin de obtener un<br>iectanición falsa y es una un | rocure a voter<br>e and federal la<br>anpsión en diregisto d | io i          |                                           |                                                  |          | efénico) (opt                                                         | ntrro)                                     |
| deni y estatul.)<br>[ affirm that I<br>am                                                         |                                                          | _                                                                                                           | -                                                            |               | New (News)                                |                                                  | alier) 🖁 | Ropincannes (Roc                                                      | eopiecer)                                  |
| eliş<br>and<br>cond                                                                               |                                                          |                                                                                                             |                                                              |               |                                           |                                                  |          | / <u>,3</u><br>Date jui                                               | 20                                         |
| hav C                                                                                             | 0074606                                                  | 33                                                                                                          |                                                              |               | count of Signa<br>of permittees the       |                                                  | nd Date  |                                                                       | <b>inted</b><br>itante o de<br>a de unita) |
| For Assistance                                                                                    | Call                                                     |                                                                                                             |                                                              |               |                                           |                                                  |          |                                                                       |                                            |
| Si Necesita Asis<br>Secretary of Sta<br>Liame Gratis Al:<br>Office Toll Free:<br>1-800-252-(VOTE) | tencia<br>te's                                           | 3 94 8                                                                                                      |                                                              |               | NEC                                       | POSTAGE<br>ESSARY<br>MAILED<br>N THE<br>D STATES |          |                                                                       |                                            |
|                                                                                                   |                                                          | NESS REP                                                                                                    |                                                              | ×             |                                           |                                                  |          |                                                                       |                                            |
|                                                                                                   | POSTAGE                                                  | WILL BE PAID BY A                                                                                           | DDRESSEE                                                     |               |                                           |                                                  |          |                                                                       |                                            |
|                                                                                                   | TAX ASSES                                                | TENCOURT<br>SSOR-COLLECT<br>527<br>TEXAS 77253-99                                                           |                                                              |               |                                           |                                                  |          |                                                                       |                                            |
|                                                                                                   |                                                          | H                                                                                                           |                                                              |               |                                           |                                                  |          |                                                                       |                                            |

#### 52369410R

| ► Sca                  | in                        |                     | El <u>e</u> ction | i Role 🛛 🛚 🛚 🛚 🛚           | tices     | D <u>i</u> strict | s <u>U</u> pdt   | Vot Hst          |
|------------------------|---------------------------|---------------------|-------------------|----------------------------|-----------|-------------------|------------------|------------------|
| NEW ADD SAVE EXIT Vie  | w Prov Bl <u>t</u> s      | <u>C</u> ancel      | NVRA              | <u>D</u> up <u>P</u> ollir | ng Place  | <u>R</u> eg His   | st View          | Vot <u>H</u> ist |
| NVRA Source            | Date Submitted            | C                   | Reason            | Precinct 0259              |           | Sub<br>01         | CERT #<br>523694 |                  |
|                        |                           | Imber <b>15 034</b> |                   | VUID                       | _         |                   | ID Complia       | ant Y            |
|                        | First                     | M                   | iddle             |                            | Former    |                   | Suffix           | V                |
| City HO Zip 77029      | ame<br>Muni HOUS          |                     | Type<br>Post      | Dir U<br>HOUSTON           | Init Type | Unit #<br>Addres  |                  |                  |
| Mail Address           | inding 1008               | _                   |                   | DOB                        | _         | Except            | ion<br>Former    |                  |
|                        |                           |                     | L#                | 000                        |           |                   | County<br>Eorn   | ,<br>ner Resid   |
|                        |                           | S                   | SN                | s                          | SN4       | Has No ID         | N                |                  |
| City                   | Sta                       | ate C               | tizen?Y           | PW Interest                | Signed?   | Langua            | age              |                  |
|                        | Addr C <u>l</u> ear Ma    | P                   | irth<br>lace      |                            | Jury      | Privacy           |                  |                  |
| ORIG. REG 04/10/2002   | EDR 05/10/<br>FROM 05/10/ |                     | PCA               | FPCA Begin D               | ate       |                   | Disability       | More             |
|                        | OF REC 03/05/             |                     | ail               |                            |           |                   | ID F             | Rovd N           |
| Comments Election Role | Last Year                 | r Voted             | Upd               | ated by VEMA               | CS PERIC  | DIC:MU 0          | 3/09/2015 0      | 8:16 AM          |
| Comments               | Edot i odi                |                     |                   |                            | 00 1 2100 | , .               | 0.00.2010 0      |                  |

| DEL EXIT                                                         |                                                                                  | Print <u>C</u> ertifie                       | d P                             | rint ID Now                                                                      | Force Status | Create Notice                                  |
|------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|----------------------------------------------------------------------------------|--------------|------------------------------------------------|
| Notices for                                                      |                                                                                  |                                              |                                 |                                                                                  |              | notclist v 0311<br>click or press<br>to choose |
| Notice #                                                         | Created                                                                          | Notice Code                                  | & Sub                           | Mailed                                                                           | Returned     | Return Code                                    |
| 14830905<br>12062723<br>9230559<br>6538154<br>4104181<br>1350423 | 12/27/2013<br>04/03/2012<br>12/14/2009<br>12/14/2007<br>12/21/2005<br>01/16/2004 | CERT<br>CERT<br>CERT<br>CERT<br>CERT<br>CERT | REN<br>REN<br>REN<br>REN<br>REN | 01/03/2014<br>04/13/2012<br>12/22/2009<br>12/31/2007<br>01/06/2006<br>01/18/2004 |              |                                                |

CHURCHWELL AFFIDAVIT - ATTACHMENT C APPENDIX PAGE 157



Ուսիսեսերին անհետերություններին

Page/Side: 1 - F nal Information For Official Use Only Prescribed by the VOTER REGISTRATION APPLICATION Sectorary of State 17.97 IBPML 1-97 PCT Cert Nus. (SOLICITUD DE INSCRIPCION DE VOTANTE) EDR. Maddle/Maiden Name (If any) Former Name First Name (NOT HUSBAND'S) (Segundo Nombre Apellelo de Soltem dal espuso) (5-4 mbre anterioc) Cis Cubrofil ( Residence Address Street Address and Apartment Number, City, State, and ZIP. If no cribe where you live. (Do not include P.O. Boz or Rurai RL) ae, de (Dornebo Calle V r gumero de aparta muo, Cuuiad. Estado, y Código Postal: A falta de estos datos, describa la localitaci de su rendentita.). (No meluya su apartado postal Na na mate Mailing Address, City, State and ZiP. If stall cannot be delivered to your residence address. (Dresson porbl. Could, Enato y Gender (Optional) (Sexo) (Opservo) Made (Hombre) Terenale (Majer) Códago Populi (Si er unpomble ettiregarle correspondencia a dorucilio ) City, County, and State of Former Residence Date of Barth. month, day, year cial Security No. (Onder Chudad, Condiado, Estado de su rendences anteriori Check appropriate box: I AM A UNITED STATES CITIZEN\_Yes\_No (Maque el madre apropade Sey Crotzdanera de los Estados Unidos) TX Driver's License No. or Personal LD No. (Issued by TX Dept of Public Safety) (Optional) (Numero de su licencia rejana de nejar o de su Codula de Nentadad expedida por el Departamente de I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. (Estando quest hecho de proporouge dues false a false obtener unsupron en el reporte de vonner, contemp el deixo de populor d'actanción das y el fills inforcers reasonais por ley. Telephone Number (Optional) (Número telefonco) (op. e. o) de. federal y estatal i Check one (Maxque el cuadro) 1 affirm that I (Deduce que soy) w (Nuevo) Change (Cambar) Replacement (Reemplaze) **NO** • am ~ 4,4,02 n kaŭ e of Applicant or Agent and Relationship to Applicant or Protect Applicant if Signed by Winness and Date. (Funts 60% is solecours a de loss qui permeteo une tifs protection ou et Gandemart Si is firm as it was the i control of the in wasante unedo idea do molicy pergala form.) 202902993

CHURCHWELL AFFIDAVIT - ATTACHMENT C

#### 59058669R

| Voter Update [c1update 03 | .06]                              |                   |                |               |               |                    |             | 83              |
|---------------------------|-----------------------------------|-------------------|----------------|---------------|---------------|--------------------|-------------|-----------------|
| 🕞 👞 🛶 🔤                   | <u>S</u> can                      |                   | Election       | n Role        | Notices       | D <u>i</u> stricts | Updt V      | fot Hst         |
| NEW ADD SAVE EXI          | T <u>V</u> iew Prov Bl <u>t</u> s | Cancel            | NVRA           | . <u>D</u> up | Polling Place | <u>R</u> eg Hist   | View V      | ot <u>H</u> ist |
| NVRA Source               | Date Submitted                    | Status /          | Reason         | Precir        |               |                    | RT#         | 0               |
|                           |                                   | C                 | CHC            | 015           |               | 02 5               | 905866      | -               |
|                           | File Numbe                        | er <b>15 189</b>  | 0012           | VUID          |               |                    | ID Complian | nt <b>Y</b>     |
| Last                      | First                             | M                 | liddle         |               | Former        |                    | Suffix      | v               |
| Residence Address         |                                   |                   | _              |               |               |                    | _           |                 |
| Street # Fract Di         | ir Name                           | -                 | Туре           | Dir           | Unit Type     | Unit #             |             |                 |
|                           |                                   |                   | Best           |               |               | Address            |             |                 |
| City HO Zip 77041         | 1 Muni HOUSTO                     | DN                | Offic          | HOUS          | TON           | Exception          |             |                 |
| Mail Address              |                                   |                   | Gender M       | DOE           |               |                    | Former      |                 |
|                           |                                   | _                 | _              | 001           |               |                    | County      |                 |
|                           |                                   |                   | DL#            |               |               |                    | Eorm        | er Resid        |
|                           |                                   | 5                 | SSN            |               | SSN4          | Has No ID N        |             |                 |
| City                      | State                             | c                 | Citizen? Y     | PW Intere     | est Signed?   | Y Language         |             |                 |
| Zip - <u>N</u>            | on US Addr C <u>l</u> ear Mail    |                   | Birth<br>Place |               | Jury          | Privacy            |             |                 |
| ORIG. REG05/17/2005       | EDR 06/16/20                      |                   | FPCA           | EDCA B        | egin Date     | Disa               | bility      | More            |
| TEAM REG 05/17/2005       | VALID FROM 06/16/20               | 005 –             | _              |               | og.n outo     | _                  | -           |                 |
|                           | DATE OF REC 08/07/20              | D15 <sup>En</sup> | nail           |               |               |                    | ID Ro       | ovd N           |
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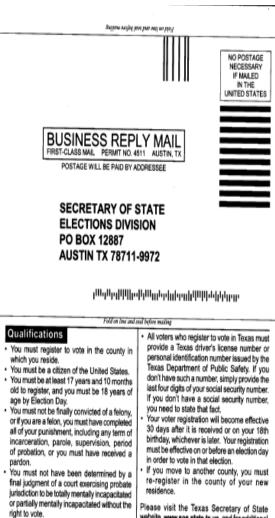
| Prescribed by the<br>Secretary of State                                                | STRATION APPLICATION                                                                                           |                        | For Official                                                                                       | Use Only                                                                                                                                |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 64.95 BPM1.2-04 (SOLICITUD DE                                                          | INSCRIPCION DE VOTANTE)                                                                                        |                        |                                                                                                    | EDR                                                                                                                                     |
| Last Name<br>(Apellido usnal)                                                          | First Name<br>(Su nombre de pila)                                                                              |                        | Middle Name (If any)<br>(Segundo Nombre (si tiene))                                                | Former Name<br>(Nombre anterior)                                                                                                        |
| Residence Address: Street Address and<br>(Domicilio: Calle y námero, número de apartan | Apartment Number, City, State, and ZIP. If<br>nento, Ciudad, Estado, y Código Postal) (No incluy               | none, de<br>a apartade | scribe where you live. (Do not i<br>o postal ni ruta rural.)                                       | nclude P.O. Box or Rural Rt.)                                                                                                           |
|                                                                                        | artment Number, City, State and ZIP: If mail<br>dad, Estado y Código Postal) (Si es imposible en               |                        |                                                                                                    | Gender (Optional)<br>(Sexp) (Optativo)<br>Dale (Hombre) Female (Mujer)                                                                  |
| Date of Birth: month, day, year<br>(Fecha de Nacimiento): (mes, día, año)              | City, County, and State of Former Resider<br>(Ciudad, Condado, Estado de su residencia ante                    | erior)                 |                                                                                                    | ersonal I.D. No. (Issued by TX                                                                                                          |
| Check appropriate box: I AM A UN<br>(Marque el cuadro apropiado: Soy Ciudadano         |                                                                                                                | No                     | Dept. of Public Safety) (Número<br>o de su Cédula de Identidad expe<br>Seguridad Pública de Teias) | o de su licencia tejana de manejar                                                                                                      |
|                                                                                        | cteral law. (Entiendo que el hecho de proporcionar<br>votantes, constituye el delito de perjurio o declaración |                        |                                                                                                    | •                                                                                                                                       |
| I affirm that I (Destant                                                               |                                                                                                                |                        | Theck one (Margue el cuadro)                                                                       |                                                                                                                                         |
| am a res'     bave not     punishm     probatio                                        |                                                                                                                |                        |                                                                                                    | mbiar) 🔲 Replacement (Reemplazar)                                                                                                       |
| de un delite<br>período de<br>o he sido in 22618031                                    | 6                                                                                                              |                        |                                                                                                    | 05/ 17/ 2005<br>Date (fecha)                                                                                                            |
| have not l     judgment     por orden judicial.)                                       | na declarado mentalmente incapacitado N<br>st                                                                  | iame of A<br>apoderado | applicant if Signed by Witness a                                                                   | and Date. (Firms del/do la solicitante o de<br>lo con el/la solicitante. Si la firma es de un(a)<br>o letra de molde y ponga la fecha.) |
| L_                                                                                     |                                                                                                                |                        |                                                                                                    |                                                                                                                                         |

| DEL EXIT                                                                     |                                                                                             | Print <u>C</u> ertified                  | Print ID Now                                                                                                                                                                                           |          | Create Notic<br>notclist v 0311<br>-click or press<br>to choose |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------|
| Notice #<br>14633779<br>11889430<br>9043950<br>6359622<br>3914181<br>3120696 | Created<br>12/27/2013<br>04/03/2012<br>12/14/2009<br>12/14/2007<br>12/21/2005<br>05/26/2005 | CERT RI<br>CERT RI<br>CERT RI<br>CERT RI | Mailed           EN         01/03/2014           EN         04/13/2012           EN         12/22/2009           EN         12/31/2007           EN         01/06/2006           EW         06/28/2005 | Returned | Return Code                                                     |
|                                                                              |                                                                                             |                                          |                                                                                                                                                                                                        |          |                                                                 |

#### 70090667R

| NEW ADD                      | , <u> </u>     | EXIT<br>EXIT | <u>S</u> can<br><u>V</u> iew | Prov Bl <u>t</u> s                                                    | <u>C</u> ance             | - C                  | El <u>e</u> ctio<br>NVRA  | n Role<br>i <u>D</u> up |            | tices<br>g Place | D <u>i</u> str<br><u>R</u> eg |                               | Updt \<br>View \                    | /ot Hst<br><mark>/ot <u>H</u>ist</mark> |
|------------------------------|----------------|--------------|------------------------------|-----------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------|------------|------------------|-------------------------------|-------------------------------|-------------------------------------|-----------------------------------------|
| NVRA Source                  |                |              |                              | Date Submitted                                                        | Status<br>C<br>mber 13 11 |                      | ason<br>HC                | Prec                    | 76         |                  | Sut                           | _                             | RT #<br><b>)09066</b><br>ID Complia |                                         |
| Last                         |                |              | Fi                           | riie nu                                                               |                           | Midd                 | _                         |                         |            | Former           |                               |                               | Suffix                              | V                                       |
| Street #                     | Fract          | Dir          | Name                         |                                                                       |                           |                      | Type                      | Di                      |            | nit Type         | Unit #                        | dress                         |                                     |                                         |
| City HO<br>Mail Address      | Zip <b>77(</b> | J49          |                              | MuniHOUS                                                              |                           | Geno<br>DL#          | Offic<br><sup>Jer</sup> F | DOB                     | SION       |                  | Exc                           | ception                       | Former<br>County                    | er Resid                                |
| City                         |                |              |                              | Sta                                                                   |                           | SSN                  | en? <b>Y</b>              | PW Inte                 | SS<br>rest | l<br>Signed?     |                               | o ID <mark>N</mark><br>Iguage |                                     | 0111031                                 |
| Zip<br>DRIG. REG <b>10/(</b> | -<br>)2/201    | 2            | ł                            | dr <u>Cl</u> ear Ma<br>EDR <mark>11/01/2</mark><br>ROM <b>11/01/2</b> | 2012                      | Birth<br>Plac<br>FPC | e                         | FPCA                    | Begin Dai  | Jury<br>te       | Privacy                       | Disa                          | bility                              | <u>M</u> ore                            |
| Comments                     | Electio        | D            |                              | REC 06/25/<br>Last Year                                               | 2013                      | Email                | Up                        | dated by                | VEMAC      | S PERI           | ODIC:SE                       | . 07/0 <sup>-</sup>           | ID R<br>1/2013 07                   | <sup>cvd</sup> N<br>7:46 AM             |
| Swearing                     | n Cere         | emon         | y-4/24                       |                                                                       | · · ·                     | enge                 |                           |                         |            |                  |                               | · ·                           |                                     |                                         |

|                                                                                                                       | -                                                              |                                                   |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Texas Voter Registration A                                                                                            | Application                                                    |                                                   | - 18                                                                                                             |
| Prescribed by the Office of the Socretary of State                                                                    | VR17.29118.05                                                  |                                                   |                                                                                                                  |
| Please complete sections by printing LE                                                                               |                                                                | 442316                                            | _                                                                                                                |
| 1 These Questions Mu                                                                                                  | st Be Completed                                                | Before Proc                                       | teeding                                                                                                          |
| L These Questions Mu<br>Check one                                                                                     | or po completed                                                |                                                   |                                                                                                                  |
| New Application                                                                                                       | hange of Address, Name,<br>r Other Information                 | <u> </u>                                          | br a Replacement Card                                                                                            |
| Are you a United States Citizen?                                                                                      |                                                                | Yes                                               | No                                                                                                               |
| Will you be 18 years of age on or                                                                                     | before election day?                                           | L Yes                                             | No No                                                                                                            |
|                                                                                                                       |                                                                |                                                   | and the second |
| Are you interested in serving as a                                                                                    | an election worker?                                            |                                                   |                                                                                                                  |
| 2 Last Name Include Suffix If any                                                                                     | First Name                                                     | Middle Name                                       | Former Name (I any)                                                                                              |
| - (15 B5 10)                                                                                                          |                                                                |                                                   |                                                                                                                  |
| Residence Address: Street Add                                                                                         | ress and Apartment Number 7                                    | City                                              | TEXAS                                                                                                            |
| none, describe where you live. (Do not in                                                                             | Clude P.O. Box, Runal RI. or Business                          | Houtton                                           |                                                                                                                  |
| Address)                                                                                                              | ١                                                              | County                                            | Zip Code                                                                                                         |
|                                                                                                                       | and designment and the                                         | Harry                                             | State                                                                                                            |
| 4 Mailing Address: Street Address a<br>(if mail cannot be delivered to your resid                                     | and Apartment Number.<br>Tence address.)                       | City                                              | X                                                                                                                |
|                                                                                                                       | ١                                                              | Houston                                           | Zip Code<br>77/49                                                                                                |
| Date of Birth: (mm/dd/yyyy)                                                                                           | 6 Gender (Option                                               |                                                   | Number (Optional)                                                                                                |
| <ul> <li>Mana or birth: (mm/dd/yyyy)</li> </ul>                                                                       | Maje                                                           | Include Area                                      | GODE                                                                                                             |
|                                                                                                                       | Female                                                         |                                                   |                                                                                                                  |
| 8 Texas Driver's License No. or Tex<br>I.D. No. (Issued by the Department of                                          | was Personal If no Tex                                         | cas Driver's License o<br>t 4 digits of your Soci | or Personal Identification,<br>ial Security Number                                                               |
| - You, HO, itssued by the Department of                                                                               | give las                                                       |                                                   |                                                                                                                  |
|                                                                                                                       |                                                                | xxx->                                             |                                                                                                                  |
| Social Security Numb                                                                                                  | lver's License                                                 | Personal                                          |                                                                                                                  |
| Social Security Numb                                                                                                  | formation to procure a voter                                   | registration is period                            | iry, and a crime under                                                                                           |
| 1 understand that giving taise inf<br>state and federal law. Conviction<br>\$2,000, or both. Please read all <u>j</u> | on of this crime may result in                                 | imprisonment up to                                | o 180 days, a fine up to                                                                                         |
| <ul> <li>I am a resident of this county :</li> </ul>                                                                  | and a U.S. citizen;                                            |                                                   |                                                                                                                  |
| <ul> <li>I have not been finally convicte<br/>any term of incarceration, part</li> </ul>                              | role, supervision, period of p                                 | probation, or I have b                            | Deen parconea, ano                                                                                               |
| <ul> <li>I have not been determined by<br/>mentally incanacitated or part</li> </ul>                                  | y a final judgment of a court<br>tially mentally incapecitated | exercising probate<br>without the right to        | junisation to be totally vote.                                                                                   |
| X                                                                                                                     |                                                                | Date 4                                            | 1241B                                                                                                            |
| Signature                                                                                                             | r Printe                                                       | I Name of Applicant #                             | Signed by Witness and Date.                                                                                      |



Filling out the Application

Review the application carefully, fill it out, sign and date it and mail it to the voter registrar in

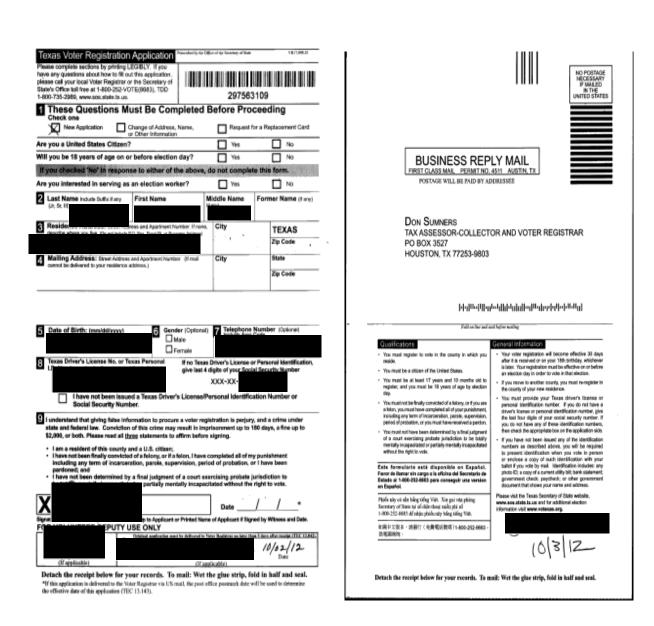
office.

your county or drop it by the Voter Registrar's

website, www.sos.state.tx.us, and for additional election information visit www.votetexas.gov.

Este formulario está disponible en español. Favor de famar a su registrador de votantes local para conseguir una varsión en español.

CHURCHWELL AFFIDAVIT - ATTACHMENT C APPENDIX PAGE 162



| DEL EXIT             | ·                     | Print <u>C</u> ertifie | d Pr        | int ID Now | Force Status | Create Noti                                   |
|----------------------|-----------------------|------------------------|-------------|------------|--------------|-----------------------------------------------|
| Notices for          |                       |                        |             |            |              | notclist v 03<br>-click or press<br>to choose |
| Notice #             | Created               | Notice Code 8          | & Sub       | Mailed     | Returned     | Return Code                                   |
| 14011519<br>13664767 | 04/26/2013 10/13/2012 | CON<br>CERT            | EXAM<br>NEW | 05/01/2013 |              |                                               |
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| Voter Upda                       | ate [c1update 03                       | 3.06]                   |                                             |                                        |                                        |                                                 |                                                       |                                                             |
|----------------------------------|----------------------------------------|-------------------------|---------------------------------------------|----------------------------------------|----------------------------------------|-------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------|
| <b>&gt;</b>                      |                                        | <u>S</u> can            |                                             |                                        | Election Ro                            |                                                 | D <u>i</u> stricts                                    | Updt Vot Hst                                                |
| IEW AD                           | SAVE EX                                | T <u>V</u> iew          | Prov Bl <u>t</u> s                          | <u>C</u> ancel                         | NVRA <u>D</u> u                        | p Polling Place                                 | e <u>R</u> eg Hist                                    | View Vot <u>H</u> is                                        |
| VVRA Sourc                       | e                                      | De                      | ate Submitted<br>File Nu                    | Status /<br>C<br>Imber 18 332          | Reason<br>CHC<br>0066                  | Precinct<br>0561<br>VUID                        |                                                       | ERT #<br>2469356<br>ID Compliant Y                          |
| .ast                             |                                        | Firs                    | st.                                         | М                                      | iddle                                  | Former                                          |                                                       | Suffix V                                                    |
| street #                         |                                        | )ir Name                | Muni LA P(                                  | DRTE                                   | Type<br>Post<br>Office                 | Dir Unit Type                                   | Unit #<br>Address<br>Exception                        |                                                             |
| Mail Addro<br>City<br>Zip        |                                        | lon US Addı             |                                             | ate C                                  | ender F DO<br>L#<br>SN<br>itizen? Υ PW | SSN4<br>Interest Signed                         | Has No ID <b>N</b><br>I? <b>Y</b> Language<br>Privacy | Former<br>County<br>Eormer Res                              |
| EAM REG <b>0</b> ;               | 3/19/2014<br>3/19/2014                 | VALID FRO<br>DATE OF RI | DR 04/18/<br>04/18/<br>EC 12/28<br>Last Yea | 2014<br>2014<br>/2018<br>r Voted       | ail                                    | PCA Begin Date                                  | Dis                                                   | ability <u>M</u> or<br>ID Rovd <b>N</b><br>81/2018 08:04 AM |
|                                  | Notices [notclist 0                    | · ·                     | challeng                                    | je letter.                             |                                        |                                                 |                                                       |                                                             |
|                                  | 1                                      | Print <u>C</u> ertif    | ied P                                       | rint ID Now                            | Force Status                           | Create Notice                                   | _                                                     |                                                             |
| Notices for                      |                                        |                         |                                             |                                        |                                        | notclist v 0311.<br>click or press<br>to choose | 26                                                    |                                                             |
| Notice #                         | Created                                | Notice Code             | e & Sub                                     | Mailed                                 | Returned                               | Return Code                                     | 1                                                     |                                                             |
| 22554553<br>18989336<br>16475708 | 12/18/2017<br>01/10/2016<br>04/01/2014 | CERT<br>CERT<br>CERT    | REN<br>REN<br>NEW                           | 12/22/2017<br>01/14/2016<br>04/08/2014 |                                        |                                                 |                                                       |                                                             |

| ESNE, REMOVE LINEA SONT SACRONY SHOWS ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Texas Voter Registration Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Please complete sections by printing LEG/BLY. If you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| have any genetions about how to fill our this application,<br>please cell your local Voter Registrar at (713) 398-2000. 305729245                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| These Questions Must Be Completed Before Proceeding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| New Application Change of Address, Neme, Request for a Popeoentein Caro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Are you a United States Citizen?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Will you be 18 years of age on or before election day? Ves No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Are you interested in serving as an election worker?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| carried be delivered to your realdance address.) Zap Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX<br>POSTAGE WILL BE PAID BY ADDRESSIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5 Date of Birth: (remiddlyyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HARRIS COUNTY TAX ASSESSOR-COLLECTOR<br>AND VOTER REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Texas Driver's License No. or Texas Personal     # no Texas Driver's License or Personal Identification,     give last 4 digits of your finded feeded Nomber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1000104.1X77203-9803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| I have not been issued a Texas Driver's License/Personal identification Number or<br>Social Security Number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total in her and right hefter making<br>Objet in teams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| in contrast, and a crime under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | You must register to vote in the county in which you     Section the county in which you     Section the county in which you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I understand that giving false information to procure a voter regulationment up to 180 days, a fire up to<br>state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fire up to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul> <li>You must be incitizen of the United States.</li> <li>You fruid be incitizen of the United States.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| \$2,000, or both. Please read all <u>Error</u> scattering to antil a second all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul> <li>You must be at least 17 years and 10 months old to<br/>register, and you must be 18 years of age by election<br/>disp.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul> <li>Lare a resident of this county and a U.S. citizen;</li> <li>Taken not been finally convicted of a learny, or if a felon, there completed all of my punishment<br/>there is a second secon</li></ul> | <ul> <li>You must not be finally consisted of a fetory, or if you are<br/>a fetory, you must have consisted of a fetory, or if you are<br/>a fieldry, you must have consisted of of unit in wards and a fetory.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| including any term of incarceration, participation, part                                                                                                                                                                                                                                                  | period of probation, or you must have neceived a parcise,<br>you need to state that fact.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| pardoned; and<br>• I have not been determined by a final judgment of a court exercising probate jurisdiction to<br>be totally mentally incepecitated or partially mentally incepecitated without the right to vote.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | restable interviewerkering probable jurtackcipe to be totally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| FOR VOLUNTEER DEPUTY USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | balan cair hay tray caig www.vebexa.com<br>balan cair hay tray caig www.vebexa.com<br>國政問題受導路共同是要要的 : www.adox.stato.to.es . 名音                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| To mail: Peel the tape, fold in half and seal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Detack the received below for some                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Detach the receipt below for your records. To main receive the end office possnark date will be used to determine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Detach the receipt below for your records. To mail: Peel the tape, fold in half and seal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>F</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| CERT #    | Answer to Citizenship Question | ORIG. REG | DATE OF REC | Voting Credit |
|-----------|--------------------------------|-----------|-------------|---------------|
| 35411966R | No                             | 1996      | 2007        | No            |
| 41441346  | No                             | 2000      | 2018        | Yes           |
| 42078683  | No                             | 2001      | 2017        | No            |
| 52461886R | No                             | 2002      | 2013        | No            |
| 56368905R | No                             | 2004      | 2007        | No            |
| 56238918R | No                             | 2004      | 2018        | No            |
| 56833684R | No                             | 2004      | 2008        | No            |
| 58354937R | No                             | 2004      | 2007        | No            |
| 57807075R | No                             | 2004      | 2017        | Yes           |
| 58768235R | No                             | 2005      | 2017        | Yes           |
| 59367375  | No                             | 2005      | 2007        | No            |
| 59723338R | No                             | 2005      | 2019        | No            |
| 59610683R | No                             | 2005      | 2017        | No            |
| 64137201R | No                             | 2008      | 2016        | No            |
| 65902314R | No                             | 2009      | 2016        | No            |
| 65844532R | No                             | 2009      | 2013        | No            |
| 66886565R | No                             | 2010      | 2015        | No            |
| 67026161R | No                             | 2010      | 2013        | No            |
| 67789529R | No                             | 2011      | 2017        | No            |
| 68252196R | No                             | 2011      | 2016        | No            |
| 68118033R | No                             | 2011      | 2017        | No            |
| 67217117R | No                             | 2011      | 2014        | Yes           |
| 68158369R | No                             | 2011      | 2016        | No            |
| 68771179  | No                             | 2012      | 2017        | No            |
| 68929751  | No                             | 2012      | 2018        | No            |
| 68904911  | No                             | 2012      | 2017        | No            |
| 68914449  | No                             | 2012      | 2017        | No            |
| 69315588  | No                             | 2012      | 2014        | No            |
| 69342376  | No                             | 2012      | 2015        | No            |
| 69175008  | No                             | 2012      | 2014        | Yes           |
| 69085231  | No                             | 2012      | 2019        | No            |
| 69125888  | No                             | 2012      | 2018        | No            |
| 69707305  | No                             | 2012      | 2013        | No            |
| 69633840  | No                             | 2012      | 2017        | No            |
| 69432821  | No                             | 2012      | 2013        | No            |

| 69974749  | No    | 2012 | 2017 | No  |
|-----------|-------|------|------|-----|
| 70543608  | No    | 2012 | 2018 | No  |
| 70510466  | No    | 2012 | 2018 | No  |
| 70402342  | No    | 2012 | 2018 | No  |
| 70733605  | No    | 2013 | 2017 | No  |
| 71320444  | No    | 2013 | 2015 | No  |
| 71455984  | No    | 2013 | 2018 | No  |
| 71491047  | No    | 2013 | 2014 | No  |
| 71623680  | No    | 2013 | 2017 | No  |
| 71781793  | No    | 2013 | 2017 | No  |
| 72668825  | No    | 2014 | 2016 | No  |
| 73346306  | No    | 2014 | 2018 | No  |
| 73222937  | No    | 2014 | 2017 | No  |
| 73291007  | No    | 2014 | 2016 | Yes |
| 40395204R | Blank | 1999 | 2015 | No  |
| 51991628R | Blank | 2002 | 2015 | No  |
| 52369410R | Blank | 2002 | 2015 | No  |
| 59058669R | Blank | 2005 | 2015 | No  |
| 70090667R | Blank | 2012 | 2013 | No  |
| 72469356  | Blank | 2014 | 2018 | No  |

# IN THE COURT OF APPEALS For the Fourteenth District of Texas Houston, Texas

# In re JUAN GERARDO PEREZ PICHARDO AND PUBLIC INTEREST LEGAL FOUNDATION, INC.

Relators

Ann Harris Bennett, Voter Registrar for Harris County, Texas, Respondent

# AFFIDAVIT OF JUAN GERARDO PEREZ PICHARDO IN SUPPORT OF PETITION FOR WRIT OF MANDAMUS

Andy Taylor Andy Taylor & Associates, P.C. 2628 Highway 36S, #288 Brenham, TX 77833 Office: (713) 222-1817 Fax: (713) 222-1855 J. Christian Adams\* Noel H. Johnson\* PUBLIC INTEREST LEGAL FOUNDATION 32 East Washington Street, Suite 1675 Indianapolis, IN 46204 Tel: 317-203-5599

Counsel for Relator Public Interest Legal Foundation \*Application for pro hac admission forthcoming

PICHARDO AFFIDAVIT

| State of Texas   | § |
|------------------|---|
|                  | § |
| County of Harris | § |

BEFORE ME, the undersigned personally appeared Juan Gerardo Perez Pichardo who, swore the following:

1. My name is Juan Gerardo Perez Pichardo. I am over 18 years of age, of sound mind, and competent to make this affidavit. I have personal knowledge of the facts stated herein, and they are true and correct to the best of my knowledge.

2. I was born in 1942 in Mexico.

3. In 1969, I immigrated to the United States of America and became a legal permanent resident.

4. In 2000, I became a naturalized citizen of the United States of

America.

5. I am a registered voter in Harris County, Texas.

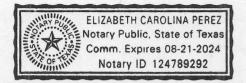
6. I intend to vote in the 2020 General Election and in other future elections in Harris County, Texas.

SIGNED this 3rd day of October 2020.

Juan Gerardo Perez Pichardo

SUBSCRIBED and SWORN TO before me, the undersigned authority, on the

<u>3</u> day of October 2020.



Notary in and for the State of Texas

PICHARDO AFFIDAVIT

# *Tex. Elec. Code § 13.001*

This document is current through the 2019 Regular Session, 86th Legislature, and 2019 election results.

Texas Statutes & Codes Annotated by LexisNexis® > Election Code > Title 2 Voter Qualifications and Registration (Chs. 11 — 20) > Chapter 13 Application for Registration; Initial Registration (Subchs. A — F) > Subchapter A Eligibility; Manner of Applying for Registration (§§ 13.001 — 13.030)

#### Sec. 13.001. Eligibility for Registration.

(a)To be eligible for registration as a voter in this state, a person must:

(1)be 18 years of age or older;

(2)be a United States citizen;

(3)not have been determined by a final judgment of a court exercising probate jurisdiction to be:

(A)totally mentally incapacitated; or

(B)partially mentally incapacitated without the right to vote;

(4) not have been finally convicted of a felony or, if so convicted, must have:

(A)fully discharged the person's sentence, including any term of incarceration, parole, or supervision, or completed a period of probation ordered by any court; or

(B)been pardoned or otherwise released from the resulting disability to vote; and

(5)be a resident of the county in which application for registration is made.

(b)To be eligible to apply for registration, a person must, on the date the registration application is submitted to the registrar, be at least 17 years and 10 months of age and satisfy the requirements of Subsection (a) except for age.

(c)For purposes of Subsection (a)(4), a person is not considered to have been finally convicted of an offense for which the criminal proceedings are deferred without an adjudication of guilt.

#### History

Enacted by Acts 1985, 69th Leg., ch. 211 (S.B. 616), § 1, effective January 1, 1986; am. *Acts 1987, 70th Leg., ch. 54* (*S.B. 280*), § *23*, effective September 1, 1987; am. *Acts 1991, 72nd Leg., ch. 16* (*S.B. 232*), § *6.02*, effective August 26, 1991; am. Acts 1993, 73rd Leg., ch. 916 (H.B. 74), § *27*, effective September 1, 1993; am. Acts 1997, 75th Leg., ch. 850 (H.B. 1001), § *2*, effective September 1, 1997; am. Acts 2007, 80th Leg., ch. 614 (H.B. 417), § *23*, effective September 1, 2007; am. Acts 2011, 82nd Leg., ch. 744 (H.B. 1226), § *2*, effective June 17, 2011.

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# *Tex. Elec. Code § 13.002*

This document is current through the 2019 Regular Session, 86th Legislature, and 2019 election results.

Texas Statutes & Codes Annotated by LexisNexis® > Election Code > Title 2 Voter Qualifications and Registration (Chs. 11 — 20) > Chapter 13 Application for Registration; Initial Registration (Subchs. A — F) > Subchapter A Eligibility; Manner of Applying for Registration (§§ 13.001 — 13.030)

#### Notice

This section has more than one version with varying effective dates.

# Sec. 13.002. Application Required. [Effective until January 1, 2021]

(a)A person desiring to register to vote must submit an application to the registrar of the county in which the person resides. Except as provided by Subsection (e), an application must be submitted by personal delivery, by mail, or by telephonic facsimile machine in accordance with Sections 13.143(d) and (d-2).

(b)A registration application must be in writing and signed by the applicant.

(c)A registration application must include:

(1)the applicant's first name, middle name, if any, last name, and former name, if any;

(2) the month, day, and year of the applicant's birth;

(3) a statement that the applicant is a United States citizen;

(4) a statement that the applicant is a resident of the county;

(5) a statement that the applicant has not been determined by a final judgment of a court exercising probate jurisdiction to be:

(A)totally mentally incapacitated; or

(B)partially mentally incapacitated without the right to vote;

(6) a statement that the applicant has not been finally convicted of a felony or that the applicant is a felon eligible for registration under Section 13.001;

(7)the applicant's residence address or, if the residence has no address, the address at which the applicant receives mail and a concise description of the location of the applicant's residence;

(8) the following information:

(A)the applicant's Texas driver's license number or the number of a personal identification card issued by the Department of Public Safety;

(**B**)if the applicant has not been issued a number described by Paragraph (A), the last four digits of the applicant's social security number; or

(C)a statement by the applicant that the applicant has not been issued a number described by Paragraph (A) or (B);

(9) if the application is made by an agent, a statement of the agent's relationship to the applicant; and

(10)the city and county in which the applicant formerly resided.

(d)The omission of the applicant's middle or former name under Subsection (c)(1) or the applicant's zip code under Subsection (c)(7) does not affect the validity of a registration application, and the registrar may not reject the application because of that omission.

(e)A person who is certified for participation in the address confidentiality program administered by the attorney general under Subchapter C, Chapter 56, Code of Criminal Procedure, is not eligible for early voting by mail under Section 82.007 unless the person submits an application under this section by personal delivery. The secretary of state may adopt rules to implement this subsection.

(f)Instead of the statement required by Subsection (c)(5), an applicant who has been determined to be partially mentally incapacitated without the right to vote by a court and who is eligible to register because of Section 1.020(b) shall include in the application a statement that the person's guardianship has been modified to include the right to vote or the person's mental capacity has been completely restored, as applicable, by a final judgment of a court.

(g)Instead of the statement required by Subsection (c)(5), an applicant who has been determined to be totally mentally incapacitated by a court and who is eligible to register because of Section 1.020(a) shall include in the application a statement that the person's mental capacity has been completely restored by a final judgment of a court.

(h)The submission of a federal postcard application constitutes an application for registration under this section at the voting residence address stated on the application. This subsection does not apply to a person who indicates on the person's federal postcard application that the person is residing outside the United States indefinitely. The secretary of state shall prescribe rules to implement this subsection, including:

(1)rules providing directions to court clerks regarding the inclusion on jury lists of persons who submit federal postcard applications; and

(2)rules relating to whether a person who submits a federal postcard application is to be considered a registered voter of the applicable authority for the purposes of determining the number of signatures required on a petition.

(i)An applicant who wishes to receive an exemption from the requirements of Section 63.001(b) on the basis of disability must include with the person's application:

(1)written documentation:

(A)from the United States Social Security Administration evidencing the applicant has been determined to have a disability; or

(**B**)from the United States Department of Veterans Affairs evidencing the applicant has a disability rating of at least 50 percent; and

(2) a statement in a form prescribed by the secretary of state that the applicant does not have a form of identification acceptable under Section 63.0101.

## History

Enacted by Acts 1985, 69th Leg., ch. 211 (S.B. 616), § 1, effective January 1, 1986; am. Acts 1987, 70th Leg., ch. 436 (S.B. 1441), § <u>1</u>, effective September 1, 1987; am. Acts 1987, 70th Leg., ch. 920 (H.B. 613), § <u>1</u>, effective September 1, 1987; am. Acts 1987, 70th Leg., ch. 920 (H.B. 613), § <u>1</u>, effective September 1, 1987; am. Acts 1989, 71st Leg., ch. 2 (S.B. 221), § 7.02, effective August 28, 1989; am. Acts 1993, 73rd Leg., ch. 916 (H.B. 74), § <u>30(c)</u>, effective September 1, 1993; am. Acts 1995, 74th Leg., ch. 390 (H.B. 1914), § <u>1</u>, effective September 1, 1995; am. Acts 1997, 75th Leg., ch. 454 (S.B. 500), § <u>1</u>, effective September 1, 1995; am. Acts 2003, 78th Leg., ch. 1315 (H.B. 1549), § <u>1</u>, effective January 1, 2004; am. Acts 2005, 79th Leg., ch. 1049 (H.B. 1268), § <u>1</u>, effective January 1, 2006; am. Acts 2007, 80th Leg., ch. 614 (H.B. 417), § <u>24</u>, effective September 1, 2007; am. Acts 2007, 80th Leg., ch. 1295 (S.B. 74), § <u>4</u>, effective June 15, 2007; am. Acts 2009, 81st Leg., ch. 87 (S.B. 1969), § <u>27.001(11)</u>, effective September 1, 2009; am. Acts 2009, 81st Leg., ch. 91 (H.B. 536), § <u>1</u>, effective September 1, 2009; am. Acts 2009, 81st Leg., ch. 91 (H.B. 536), § <u>1</u>, effective September 1, 2009; am. Acts 2009, 81st Leg., ch. 91 (H.B. 536), § <u>1</u>, effective September 1, 2009; am. Acts 2011, 82nd Leg., ch. 123 (S.B. 14), § <u>1</u>, effective January 1, 2012; am. Acts 2013, 83rd Leg., ch. 1178 (S.B. 910), § <u>2</u>, effective September 1, 2013.

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# *Tex. Elec. Code § 13.071*

This document is current through the 2019 Regular Session, 86th Legislature, and 2019 election results.

Texas Statutes & Codes Annotated by LexisNexis® > Election Code > Title 2 Voter Qualifications and Registration (Chs. 11 — 20) > Chapter 13 Application for Registration; Initial Registration (Subchs. A — F) > Subchapter C Action On Application By Registrar (§§ 13.071 — 13.100)

# Sec. 13.071. Review of Application.

(a)The registrar shall review each submitted application for registration to determine whether it complies with Section 13.002 and indicates that the applicant is eligible for registration.

(b)The registrar shall make the determination not later than the seventh day after the date the application is submitted to the registrar.

#### **History**

Enacted by Acts 1985, 69th Leg., ch. 211 (S.B. 616), § 1, effective January 1, 1986.

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# *Tex. Elec. Code § 13.072*

This document is current through the 2019 Regular Session, 86th Legislature, and 2019 election results.

Texas Statutes & Codes Annotated by LexisNexis® > Election Code > Title 2 Voter Qualifications and Registration (Chs. 11 — 20) > Chapter 13 Application for Registration; Initial Registration (Subchs. A — F) > Subchapter C Action On Application By Registrar (§§ 13.071 — 13.100)

## Sec. 13.072. Action on Application.

(a)Unless the registrar challenges the applicant, the registrar shall approve the application if:

(1)the registrar determines that an application complies with Section 13.002 and indicates that the applicant is eligible for registration; and

(2) for an applicant who has not included a statement described by Section 13.002(c)(8)(C), the registrar verifies with the secretary of state:

(A)the applicant's Texas driver's license number or number of a personal identification card issued by the Department of Public Safety; or

(B)the last four digits of the applicant's social security number.

(b)After approval of an application by an applicant who was registered in another county at the time of application, the registrar shall deliver written notice of the applicant's change of residence to the other county's registrar and include in the notice the applicant's name, former residence address, and former registration number, if known.

(c)Except as provided by Subsection (d), if the registrar determines that an application does not comply with Section 13.002 or does not indicate that the applicant is eligible for registration, the registrar shall reject the application.

(d)If an application clearly indicates that the applicant resides in another county, the registrar shall forward the application to the other county's registrar not later than the second day after the date the application is received and, if the other county is not contiguous, shall deliver written notice of that action to the applicant not later than the seventh day after the date the application is received. The date of submission of a completed application to the wrong registrar is considered to be the date of submission to the proper registrar for purposes of determining the effective date of the registration.

(e)[Repealed by Acts 2003, 78th Leg., ch. 1316 (H.B. 1695), § 44, effective September 1, 2003.]

#### History

Enacted by Acts 1985, 69th Leg., ch. 211 (S.B. 616), § 1, effective January 1, 1986; am. Acts 1989, 71st Leg., ch. 415 (H.B. 1563), § <u>1</u>, effective September 1, 1989; am. Acts 1991, 72nd Leg., ch. 559 (H.B. 879), § <u>1</u>, effective September 1, 1991; am. Acts 1997, 75th Leg., ch. 1349 (H.B. 331), § <u>4</u>, effective September 1, 1997; am. Acts 2003, 78th Leg., ch. 1316 (H.B. 1695), §§ <u>5</u>, 44, effective September 1, 2003; am. Acts 2005, 79th Leg., ch. 1105 (H.B. 2280), § <u>1</u>, effective January 1, 2006.

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# Tex. Elec. Code § 13.074

This document is current through the 2019 Regular Session, 86th Legislature, and 2019 election results.

Texas Statutes & Codes Annotated by LexisNexis® > Election Code > Title 2 Voter Qualifications and Registration (Chs. 11 — 20) > Chapter 13 Application for Registration; Initial Registration (Subchs. A — F) > Subchapter C Action On Application By Registrar (§§ 13.071 — 13.100)

# Sec. 13.074. Challenge of Applicant.

(a)If after determining that an application complies with Section 13.002 and indicates that the applicant is eligible for registration, the registrar has reason to believe the applicant is not eligible for registration or the application was submitted in an unauthorized manner, the registrar shall challenge the applicant.

(b)The registrar shall indicate on the application of a challenged applicant that the applicant's eligibility or the manner of submission of the application has been challenged and the date of the challenge.

(c)The registrar may not challenge an applicant later than the second day after the date the application is determined to comply with Section 13.002 and indicate that the applicant is eligible for registration.

#### History

Enacted by Acts 1985, 69th Leg., ch. 211 (S.B. 616), § 1, effective January 1, 1986.

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# *Tex. Elec. Code § 16.033*

This document is current through the most recent legislation which is the 2019 Regular Session, 86th Legislature, and the 2019 election results.

Texas Statutes & Codes Annotated by LexisNexis $\mathbb{B}$  > Election Code > Title 2 Voter Qualifications and Registration (Chs. 11 — 20) > Chapter 16 Cancellation of Registration (Subchs. A — D) > Subchapter B Cancellation (§§ 16.031 — 16.060)

## Sec. 16.033. Cancellation Following Investigation by Registrar.

(a)The registrar may use any lawful means to investigate whether a registered voter is currently eligible for registration in the county. This section does not authorize an investigation of eligibility that is based solely on residence.

(b)If the registrar has reason to believe that a voter is no longer eligible for registration, the registrar shall deliver written notice to the voter indicating that the voter's registration status is being investigated by the registrar. The notice shall be delivered by forwardable mail to the mailing address on the voter's registration application and to any new address of the voter known to the registrar. If the secretary of state has adopted or recommended a form for a written notice under this section, the registrar must use that form.

(c)The notice must include:

(1) a request for information relevant to determining the voter's eligibility for registration; and

(2) a warning that the voter's registration is subject to cancellation if the registrar does not receive an appropriate reply on or before the 30th day after the date the notice is mailed.

(d)Except as provided by Subsection (e), the registrar shall cancel a voter's registration if:

(1)after considering the voter's reply, the registrar determines that the voter is not eligible for registration;

(2) no reply is received from the voter on or before the 30th day after the date the notice is mailed to the voter under Subsection (b); or

(3)each notice mailed under Subsection (b) is returned undelivered to the registrar with no forwarding information available.

(e)A voter's registration may not be canceled under Subsection (d) if the voter's name appears on the suspense list unless the notice mailed to the voter indicated that the registrar had reason to believe that the voter is not eligible for registration because of a ground other than a ground based on residence.

(f)The registrar shall retain a copy of the notice mailed to a voter under this section on file with the voter's registration application. If the voter's reply to the notice is in writing, the registrar shall also retain the reply on file with the application. If the reply is oral, the registrar shall prepare a memorandum of the reply, indicating the substance and date of the reply, and shall retain the memorandum on file with the application.

## History

Enacted by Acts 1985, 69th Leg., ch. 211 (S.B. 616), § 1, effective January 1, 1986; am. Acts 1995, 74th Leg., ch. 797 (H.B. 127), § <u>18</u>, effective September 1, 1995; am. Acts 2003, 78th Leg., ch. 1316 (H.B. 1695), § <u>8</u>, effective September 1, 2003; am. Acts 2013, 83rd Leg., ch. 1093 (H.B. 3593), § <u>1</u>, effective September 1, 2013.

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# Tex. Elec. Code § 273.061

This document is current through the 2019 Regular Session, 86th Legislature, and 2019 election results.

Texas Statutes & Codes Annotated by LexisNexis® > Election Code > Title 16 Miscellaneous Provisions (Chs. 271 — 279) > Chapter 273 Criminal Investigation and Other Enforcement Proceedings (Subchs. A - E) > Subchapter D Mandamus By Appellate Court (§§ 273.061 — 273.080)

#### Sec. 273.061. Jurisdiction.

The supreme court or a court of appeals may issue a writ of mandamus to compel the performance of any duty imposed by law in connection with the holding of an election or a political party convention, regardless of whether the person responsible for performing the duty is a public officer.

History

Enacted by Acts 1985, 69th Leg., ch. 211 (S.B. 616), § 1, effective January 1, 1986.

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