

ELECTION COMPLAINT TO THE TEXAS SECRETARY OF STATE

Docket Number

**OFFICE USE
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/ /

Please read the Important Information at the end of this document. The Secretary of State has no authority to order a new election, change an election result, or conduct a criminal investigation. A complaint filed with this form will not alter the results of an election.

This complaint form MUST BE SIGNED before it is submitted to the Secretary of State; therefore, you must print it out and sign it before mailing or faxing a copy or emailing a scanned, signed copy.

I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Kevin		A.
	NICKNAME	LAST	SUFFIX
	Stroud		
7 RESPONDENT POSITION OR TITLE	ARANSAS COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	602 East Concho	Rockport	TX 78382
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(361)	729-7431	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Cathy		
	NICKNAME	LAST	SUFFIX
	Seiter		
7 RESPONDENT POSITION OR TITLE	ATASCOSA COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	914 Main, Suite 115	Jourdanton	TX 78026
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(830)	769-1472	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Anna		M.
	NICKNAME	LAST	SUFFIX
	Garcia		
7 RESPONDENT POSITION OR TITLE	BROOKS COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	203 Calixto Mora Ave.	Falfurrias	TX 78355
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(361)	325-5670	369
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	107 S West St, Ste. 700		Alexandria VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Remi		
	NICKNAME	LAST	SUFFIX
	Garza		
7 RESPONDENT POSITION OR TITLE	CAMERON COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	1050 E. Madison St.		Brownsville TX 78520
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS ☐ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	PO Box 3587		Brownsville TX 78523
(Full home or business address, including street, city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(956)	544-0809	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
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	(Full home or business address, including street, city, state, and zip code)		
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	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Deidra		
	NICKNAME	LAST	SUFFIX
	McCollum		
7 RESPONDENT POSITION OR TITLE	DE WITT COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	P.O. Box 169	Cuero	TX 77954
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(361)	275-0859	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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1 COMPLAINANT NAME	MS / MRS / MR MR Logan NICKNAME		FIRST LAST Churchwell	MI C SUFFIX
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) 107 S West St, Ste. 700 (Full home or business address, including street, city, state, and zip code)		CITY Alexandria	STATE VA ZIP CODE 22314
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) (Full home or business address, including street, city, state, and zip code)		CITY	STATE ZIP CODE
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE (703)	PHONE NUMBER 745-5870	5 COMPLAINANT E-MAIL ADDRESS lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR Mary Ellen NICKNAME		FIRST LAST Sandoval	MI SUFFIX
7 RESPONDENT POSITION OR TITLE	DIMMIT COUNTY Tax Assessor-Collector			
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) P.O. Box 425 (Full home or business address, including street, city, state, and zip code)		CITY Carrizo Springs	STATE TX ZIP CODE 78834
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) (Full home or business address, including street, city, state, and zip code)		CITY	STATE ZIP CODE
10 RESPONDENT TELEPHONE NUMBER	AREA CODE (830)	PHONE NUMBER 876-9904	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)	

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	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
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(Full home or business address, including street, city, state, and zip code)			
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS	lchurchwell@publicinterestlegal.org		

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Bobby		J.
	NICKNAME	LAST	SUFFIX
	Gonzalez		
7 RESPONDENT POSITION OR TITLE	DUVAL COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	P.O. Box 308	San Diego	TX 78384
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(361)	279-6278	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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I. IDENTITY OF COMPLAINANT

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	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	107 S West St, Ste. 700		Alexandria VA 22314
(Full home or business address, including street, city, state, and zip code)			
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	(Full home or business address, including street, city, state, and zip code)		
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	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Norma		
	NICKNAME	LAST	SUFFIX
	Edison		
7 RESPONDENT POSITION OR TITLE	GOLIAD COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	329 W. Franklin St.		Goliad TX 77963
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(361)	645-1241	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
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	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Gwen		
	NICKNAME	LAST	SUFFIX
	Schaefer		
7 RESPONDENT POSITION OR TITLE	GONZALES COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	427 Saint George, Suite 306	Gonzales	TX 78629
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(830)	519-4054	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
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	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Hilda		A.
	NICKNAME	LAST	SUFFIX
	Salinas		
7 RESPONDENT POSITION OR TITLE	HIDALGO COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	P.O. Box 659	Edinburg	TX 78540
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(956)	318-2570	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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1 COMPLAINANT NAME	MS / MRS / MR MR Logan NICKNAME		FIRST LAST Churchwell	MI C SUFFIX
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) 107 S West St, Ste. 700 (Full home or business address, including street, city, state, and zip code)		CITY Alexandria	STATE VA ZIP CODE 22314
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) (Full home or business address, including street, city, state, and zip code)		CITY	STATE ZIP CODE
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE (703)	PHONE NUMBER 745-5870	5 COMPLAINANT E-MAIL ADDRESS lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR Norma Liza NICKNAME		FIRST LAST Hinojosa	MI S. SUFFIX
7 RESPONDENT POSITION OR TITLE	JIM HOGG COUNTY Tax Assessor-Collector			
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) P.O. Box 160 (Full home or business address, including street, city, state, and zip code)		CITY Hebbronville	STATE TX ZIP CODE 78361
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) (Full home or business address, including street, city, state, and zip code)		CITY	STATE ZIP CODE
10 RESPONDENT TELEPHONE NUMBER	AREA CODE (361)	PHONE NUMBER 527-3237	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)	

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	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	107 S West St, Ste. 700		Alexandria VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Richard		
	NICKNAME	LAST	SUFFIX
	Guerra		
7 RESPONDENT POSITION OR TITLE	JIM WELLS Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	P.O. Box 2188		Alice TX 78333
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(361)	668-5711	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS	lchurchwell@publicinterestlegal.org		

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Gloria		M.
	NICKNAME	LAST	SUFFIX
	Maldonado		
7 RESPONDENT POSITION OR TITLE	LA SALLE COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	117 N. Front Street	Cotulla	TX 78014
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(830)	483-5055	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR		FIRST	MI
	MR Logan			C
	NICKNAME		LAST	SUFFIX
			Churchwell	
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	107 S West St, Ste. 700		Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)				
3 COMPLAINANT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	☒ (check if same as above)			
(Full home or business address, including street, city, state, and zip code)				
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	5 COMPLAINANT E-MAIL ADDRESS
	(703)	745-5870		
				lchurchwell@publicinterestlegal.org

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR		FIRST	MI
	Tenia			
	NICKNAME		LAST	SUFFIX
			Hudson	
7 RESPONDENT POSITION OR TITLE	LAVACA COUNTY Elections Administrator			
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	P.O. Box 727		Hallettsville	TX 77964
(Full home or business address, including street, city, state, and zip code)				
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	☒ (check if same as above)			
(Full home or business address, including street, city, state, and zip code)				
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)
	(361)	798-3594		

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Marianna		
	NICKNAME	LAST	SUFFIX
	Flores-Garcia		
7 RESPONDENT POSITION OR TITLE	MAVERICK COUNTY Elections Administrator		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	501 Main St., Suite B	Eagle Pass	TX 78852
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(830)	206-8351	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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ELECTION COMPLAINT TO THE TEXAS SECRETARY OF STATE

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	107 S West St, Ste. 700	Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Krista		
	NICKNAME	LAST	SUFFIX
	Champine		
7 RESPONDENT POSITION OR TITLE	NUECES COUNTY Tax Assessor-Collector		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	901 Leopard, Ste. 301	Corpus Christi	TX 78401
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)	CITY	STATE ZIP CODE
	☒ (check if same as above)		
(Full home or business address, including street, city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(361)	888-0404	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR		FIRST	MI
	MR Logan			C
	NICKNAME		LAST	SUFFIX
			Churchwell	
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	107 S West St, Ste. 700		Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)				
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
(Full home or business address, including street, city, state, and zip code)				
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	5 COMPLAINANT E-MAIL ADDRESS lchurchwell@publicinterestlegal.org
	(703)	745-5870		

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR		FIRST	MI
	Catherine			
	NICKNAME		LAST	SUFFIX
			Fuller	
7 RESPONDENT POSITION OR TITLE	REFUGIO COUNTY Elections Administrator			
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	P.O. Box 452		Refugio	TX 78377
(Full home or business address, including street, city, state, and zip code)				
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
(Full home or business address, including street, city, state, and zip code)				
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)
	(361)	526-2151		

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR		FIRST	MI
	MR Logan			C
	NICKNAME		LAST	SUFFIX
			Churchwell	
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	107 S West St, Ste. 700		Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)				
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
(Full home or business address, including street, city, state, and zip code)				
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	5 COMPLAINANT E-MAIL ADDRESS lchurchwell@publicinterestlegal.org
	(703)	745-5870		

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR		FIRST	MI
	Victoria			
	NICKNAME		LAST	SUFFIX
			Pereida	
7 RESPONDENT POSITION OR TITLE	SAN PATRICIO COUNTY Elections Administrator			
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	410 W. Market St		Sinton	TX 78387
(Full home or business address, including street, city, state, and zip code)				
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
(Full home or business address, including street, city, state, and zip code)				
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)
	(361)	364-6121		

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ELECTION COMPLAINT TO THE TEXAS SECRETARY OF STATE

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR		FIRST		MI	
	MR Logan				C	
	NICKNAME		LAST		SUFFIX	
			Churchwell			
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)			CITY	STATE	ZIP CODE
	107 S West St, Ste. 700			Alexandria	VA	22314
(Full home or business address, including street, city, state, and zip code)						
3 COMPLAINANT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)			CITY	STATE	ZIP CODE
	☒ (check if same as above)					
(Full home or business address, including street, city, state, and zip code)						
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	5 COMPLAINANT E-MAIL ADDRESS	lchurchwell@publicinterestlegal.org	
		(703) 745-5870				

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR		FIRST		MI	
	Armandina					
	NICKNAME		LAST		SUFFIX	
			Martinez			
7 RESPONDENT POSITION OR TITLE	STARR COUNTY Elections Administrator					
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)			CITY	STATE	ZIP CODE
	100 N. FM 3167, Ste. 218			Rio Grande City	TX	78582
(Full home or business address, including street, city, state, and zip code)						
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)			CITY	STATE	ZIP CODE
	☒ (check if same as above)					
(Full home or business address, including street, city, state, and zip code)						
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)		
		(956) 716-4800				

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR MR Logan NICKNAME		FIRST LAST Churchwell	MI C SUFFIX
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) 107 S West St, Ste. 700 (Full home or business address, including street, city, state, and zip code)		CITY Alexandria	STATE VA ZIP CODE 22314
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) (Full home or business address, including street, city, state, and zip code)		CITY	STATE ZIP CODE
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE (703)	PHONE NUMBER 745-5870	5 COMPLAINANT E-MAIL ADDRESS lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR Jose NICKNAME		FIRST LAST Castillo	MI L. SUFFIX
7 RESPONDENT POSITION OR TITLE	WEBB COUNTY Elections Administrator			
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) P.O. Box 29 (Full home or business address, including street, city, state, and zip code)		CITY Laredo	STATE TX ZIP CODE 78042
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) (Full home or business address, including street, city, state, and zip code)		CITY	STATE ZIP CODE
10 RESPONDENT TELEPHONE NUMBER	AREA CODE (956)	PHONE NUMBER 523-4050	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)	

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ELECTION COMPLAINT TO THE TEXAS SECRETARY OF STATE

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I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR		FIRST	MI
	MR Logan			C
	NICKNAME		LAST	SUFFIX
			Churchwell	
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	107 S West St, Ste. 700		Alexandria	VA 22314
(Full home or business address, including street, city, state, and zip code)				
3 COMPLAINANT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	☒ (check if same as above)			
(Full home or business address, including street, city, state, and zip code)				
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	5 COMPLAINANT E-MAIL ADDRESS
	(703)	745-5870		
	lchurchwell@publicinterestlegal.org			

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR		FIRST	MI
	Christina			R.
	NICKNAME		LAST	SUFFIX
			Torres	
7 RESPONDENT POSITION OR TITLE	WILLACY COUNTY Elections Administrator			
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	190 N. 3rd St.		Raymondville	TX 78580
(Full home or business address, including street, city, state, and zip code)				
9 RESPONDENT MAILING ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY	STATE ZIP CODE
	☒ (check if same as above)			
(Full home or business address, including street, city, state, and zip code)				
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)
	(956)	689-2387		

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1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	MR Logan		C
	NICKNAME	LAST	SUFFIX
	Churchwell		
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	107 S West St, Ste. 700		Alexandria VA 22314
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(703)	745-5870	
5 COMPLAINANT E-MAIL ADDRESS		lchurchwell@publicinterestlegal.org	

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	Delia		
	NICKNAME	LAST	SUFFIX
	Mendoza		
7 RESPONDENT POSITION OR TITLE	ZAPATA COUNTY Tax Assessor-Collector		
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	200 E. 7th Avenue Ste. #226		Zapata TX 78076
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS ☒ (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE)		CITY STATE ZIP CODE
	(Full home or business address, including street, city, state, and zip code)		
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	(956)	765-9971	
11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)			

GO TO PAGE 2

III. NATURE OF ALLEGED VIOLATION**Page2**

If you believe that a criminal violation of the Code has occurred, please state the specific acts committed by the person or entity named in this complaint, along with a reference to the section of the Code alleged to have been violated, if known. If you need more space, please attach a separate sheet.

This is a complaint filed under Texas' administrative complaint process alleging that a violation of Title III of the Help America Vote Act has occurred, is occurring, and will continue to occur absent relief. See attached HAVA Elections Complaint Statement of Facts and corresponding data pairing presentation.

Complainant provides a separate finding of 480+ instances of fictitious/placeholder dates of birth belonging to Active (Status V) registrants across the 22-county study region. Some of these flagged dates of birth appeared in duplicate research, but because of their fictitious nature, they were ultimately withheld from the data pairings presentation and related HAVA complaint.

ATTACH ADDITIONAL PAGES AS NEEDED

IV. STATEMENT OF FACTS**Page 3**

State the facts constituting the alleged violation(s), including the dates on which or the period of time in which the alleged violation(s) occurred. Identify allegations of fact not personally known to the complainant, but alleged on information and belief. Please use simple, concise, and direct statements.

ELECTION IN WHICH VIOLATION(S) OCCURRED

NAME OF ELECTION N/A DATE OF ELECTION N / A
MM/DD/YYYY

COUNTY OR POLITICAL SUBDIVISION 22 Counties, Listed in Attachment PRECINCT _____

This is a complaint filed under Texas' administrative complaint process alleging that a violation of Title III of the Help America Vote Act has occurred, is occurring, and will continue to occur absent relief. See attached HAVA Elections Complaint Statement of Facts and corresponding data pairing presentation.

Complainant provides a separate finding of 480+ instances of fictitious/placeholder dates of birth belonging to Active (Status V) registrants across the 22-county study region. Some of these flagged dates of birth appeared in duplicate research, but because of their fictitious nature, they were ultimately withheld from the data pairings presentation and related HAVA complaint.

ATTACH ADDITIONAL PAGES AS NEEDED

V. LISTING OF DOCUMENTS AND OTHER MATERIALS

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List all documents and other materials filed with this complaint. Additionally, list all other documents and other materials that are relevant to this complaint and that are within your knowledge, including their location, if known.

Complaint Cover Sheets
Duplicate Sets Presentation
Placeholder Date of Birth Registrants Presentation

ATTACH ADDITIONAL PAGES AS NEEDED

VI. SIGNED STATEMENT

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Notary
Jessica Thomas

Jessica Thomas

Signed: 10-26-26

Exp: 6-14-29

#25007146



I, Logan Churchwell

PRINTED NAME OF COMPLAINANT

, the undersigned,
under penalty of perjury do swear or affirm that the information contained in this
complaint is true and correct to the best of my knowledge.

I have read and understand the accompanying instructions, and I am aware that
completion of this form cannot and will not alter the outcome of the election.

SIGNATURE OF COMPLAINANT

**NOTICE: THIS COMPLAINT IS NOT CONFIDENTIAL; ONCE REVIEWED BY
THE SECRETARY OF STATE, IT WILL BE TREATED AS A PUBLIC RECORD.**

REMINDER: YOU MUST SIGN THIS FORM PRIOR TO SUBMITTING

IF MAILING, PLEASE SEND TO:

Texas Secretary of State
Elections Division
c/o Legal Dept.
P.O. Box 12060
Austin, TX 78711

IF FAXING, PLEASE SEND TO:

512.475.2811

IF EMAILING, PLEASE SEND TO:

elections@sos.texas.gov

HAVA Elections Complaint Statement of Facts

The Public Interest Legal Foundation, Inc. (“Foundation”) files this complaint against Hidalgo, Cameron, Webb, Starr, Nueces, San Patricio, Willacy, Atascosa, Jim Wells, Brooks, Duval, Zapata, De Witt, Gonzales, Jim Hogg, La Salle, Lavaca, Dimmit, Maverick, Refugio, Aransas, Goliad Counties and the County voter registrars in their official capacities, (“22 Counties”) under Texas’ administrative complaint process alleging that a violation of Title III of the Help America Vote Act has occurred, is occurring, and will continue to occur absent relief.

Specifically, the 22 Counties are not complying with the requirement to eliminate duplicate names from the official list of eligible voters.

Legal Background

1. The Help America Vote Act (“HAVA”) was passed in 2002 and, among other things, requires states receiving HAVA grant money to implement “a single, uniform, official, centralized, interactive computerized statewide voter registration list defined, maintained, and administered at the State level that contains the names and registration information of every legally registered voter in the State and assigns a unique identifier to each legally registered voter in the State.” 52 U.S.C. § 21083(a)(1)(A).

2. This “computerized list shall serve as the single system for storing and managing the official list of registered voters throughout the State.” 52 U.S.C. § 21083(a)(1)(A)(i). The computerized voter registration list further serves as the “official voter registration list for the conduct of all elections for Federal office in the State.” 52 U.S.C. § 21083(a)(1)(A)(viii).
3. HAVA requires that Texas’ computerized voter registration list be maintained so that “voter registration records in the State are accurate and are updated regularly.” 52 U.S.C. § 21083(a)(4).
4. HAVA specifies that the list maintenance performed should ensure that: “(i) the name of each registered voter appears in the computerized list; (ii) only voters who are not registered or who are not eligible to vote are removed from the computerized list; and (iii) duplicate names are eliminated from the computerized list.” 52 U.S.C. § 21083(a)(2)(B).
5. HAVA sets forth the appropriate means by which to remove individuals from the list. 52 U.S.C. § 21083(a)(2)(A).
6. HAVA further specifies the minimum standard for accuracy of State voter registration records is that the list maintenance program “makes a reasonable effort to remove registrants who are ineligible to vote from the official list of eligible voters.” 52 U.S.C. §§ 21083(a)(4)(A), 21084.

7. When implementing HAVA, Texas created the Statewide Voter Registration System (“SVRS”), which is to contain the name and registration information of every legally registered voter in the state. Tx Elec. Code § 18.001.
8. Texas state law also mandates that list maintenance includes procedures for eliminating duplicate names from the official list of eligible voters. Tx. Elec. Code § 18.0681.
9. Texas has set up a system of divided responsibilities to carry out its list maintenance programs and activities, requiring county clerks to update and maintain accurate voter list for their respective county.
10. The Texas Secretary of State creates and administers the SVRS and provides information and reports to the county clerks to assist them in their functions. The county clerks bear the primary responsibility for entering, verifying and changing information in the SVRS. Tx. Elec. Code § 18.061.
11. Texas is subject to HAVA and must “remove names of ineligible voters from the computerized list in accordance with State law.” 52 U.S.C. § 21083(a)(2)(A)(iii).
12. Any state that accepts HAVA grant money – funds to be used for specific election activities related to federal elections – must establish a state-based administrative complaint procedure to remedy violations of HAVA’s Title III. 52 U.S.C. § 21112(a)(1).

13. Under HAVA, “any person who believes that there is a violation of any provision of Title III [52 USCS §§ 21081 et seq.] (including a violation which has occurred, is occurring, or is about to occur) may file a complaint.” 52 U.S.C. § 21112(a)(2)(B).
14. Texas’ HAVA complaint procedure is set forth in Tx Admin Code § 81.171, and provides a specific form to be completed and filed with Texas’ Secretary of State.
15. Complaints against a county or county official are to be determined by the Secretary of State. Tx. Admin Code § 81.171.
16. The Foundation is a “person” under HAVA.
17. Texas receives HAVA grant money. *See* Tx. Elec. Code 18.062(b). U.S. Election Assistance Commission 2021 Grant Expenditure Report, July 2022, found online at https://www.eac.gov/sites/default/files/paymentgrants/expenditures/EAC_2021_Grant_Expenditures_Report_FINAL.pdf (last accessed Sept. 25, 2026.)
18. In Texas, the Secretary of State provides the centralized computer system that hosts the SVRS, the network and the software, but each county is responsible for voter registration and updating the SVRS.
19. The County voter registrar must ensure duplicate names are “eliminated” from the county’s voter registration list. 52 U.S.C. § 21083(a)(2)(B)(iii).

20.Despite this mandate, 22 Counties’ voter registration lists contain 1,057 apparent duplicated registration records sets, meaning it appears that 1,057 registrants are registered at least more than once in their respective residential county. *See Attachment 1 – Spreadsheet of Apparent Duplicated*, incorporated herein by reference as if set out in full.

21.The Foundation’s Research Director identified the 1,057 apparent duplicated record sets by implementing the following six different queries: (1) identification of all records that share the exact same address information, and also have the exact same last name, first name, and date of birth; (2) identification of all records that share the exact same address information and also have the exact same first name and date of birth and have the last name of one record fully incorporated into the last name of the other record; (3) identification of all records that share the exact same address information and also have the exact same first name and date of birth and have the last name of one record be 2 characters or fewer different than the last name of the other record; (4) all records that share the exact same address information and also have the exact same last name and date of birth and have the first name of one record be 2 characters or fewer different than the first name of the other record; (5) all records that share the exact same address information, date of birth, and last names but have common

nickname, diminutive, phonetic, or punctuation conflicts in name fields (e.g., William versus Bill, Jacqueline versus Jackie, Bedingfield versus Bedingfield, O'Donnell versus Odonnell, respectively); and, (6) all records that share matching names and address fields, yet contain apparent typographical errors in birthdate fields demonstrating year-shift errors (e.g. 1991 versus 1992) or date transpositions (e.g. 1/12/2000 versus 1/21/2000).

22. Using these methodologies, the Foundation identified 1,057 pairs of apparent duplicated registration sets across the 22 Counties from the SVRS the Foundation received from the Texas Secretary of State on October 22, 2026, after requesting the data on September 11, 2026.
23. These duplicate registrations still existed despite the Secretary of State's express direction to all county clerks that they must use available tools in the SVRS system to eliminate duplicates.
24. The 22 Counties are not eliminating duplicate names as HAVA requires. 52 U.S.C. § 21083(a)(2)(B).
25. The presence of duplicate registrants on the official list of eligible voters demonstrates that the county current list maintenance system does not make a reasonable effort to remove duplicate registrants pursuant to 52 U.S.C. § 21083(a)(4)(A).

26.The 22 Counties are violating Title III of HAVA by not maintaining the voter registration list as required by law.

27.Absent relief, the election of November 3, 2026, will be conducted using an inaccurate voter registration list.

Prayer for Relief

The Foundation requests an expedited hearing on this matter before the Secretary of State and an entry of judgment:

28.Declaring voter registrars for the 22 Counties to be in violation of HAVA by failing to eliminate duplicate names from the official list of eligible voters;

29.Declaring voter registrars for the 22 Counties to be in violation of HAVA by failing to make reasonable efforts to maintain a current and accurate voter registration list;

30.Ordering voter registrars for the 22 Counties to immediately and thoroughly investigate the duplicate registration records identified by the Foundation and merge confirmed duplicated records from the official list of eligible voters;

31.Ordering the voter registrars for the 22 Counties to implement and follow a reasonable and effective list maintenance program to cure the violations

identified in this complaint and bring the county's voter registration list into compliance with 52 U.S.C. § 21083;

32. Granting the Foundation all further relief, within the Secretary's authority, as the Secretary of State deems just and proper.