

4204 7301 KH

First Name: Darlene Last Name (NOT HUSBAND'S): Reine Middle Name (If any): Reine Former Name: _____
Residence Address: 7106 Banger Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

Mailing Address: Same as above City, State, and ZIP. If mail cannot be delivered to your residence address, address _____ (Gender (Optional))
Date of Birth: 07-01-1971 month/day/year Certificate No. (optional): _____ Social Security No. (Optional) (Do not include): _____

I affirm that I still reside within the county and political subdivision conducting the election) _____ TX Driver License No. or Personal ID No. (Issued by TX Dept. of Public Safety) (Optional) No. _____

The information provided is true and correct.
[Signature]
Signature of Voter and Date

When voting by mail, if this statement is not returned, your ballot will not be counted. If unable to return by mail, please return to the election authority.

STATEMENT OF RESIDENCE (DECLARATION)

For persons whose residence address does not match voter registration

(Para personas cuya dirección no coincide con la que aparece en la lista electoral)

ELECTION Important Instructions on Back.
las instrucciones importantes al Cado reverso)

Last Name (Apellido usual) <u>Rodriguez</u>	First Name (NOT HUSBANDS) (Su nombre de pila) (Siendo mujer no el del esposo) <u>Eduardo</u>	Middle Name (if any) (Segundo nombre) (si tiene) <u>Reyes</u>	Former Name (Nombre anterior)
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Residence Address Street Address and Apartment Number, City, State, and ZIP If none, describe where you live (Do not include P.O. Box or Rural Rt.)
(Domicilio calle y numero, numero de apartamento ciudad, estado y código postal. A falta de estos datos describe la localidad de su residencia.) (No incluya su apartado postal ni su ruta rural.)
700 Baylor Austin TX 78703

Visiting Address City, State and ZIP If mail cannot be delivered to your residence address (Dirección postal, ciudad estado y código postal si es imposible entregarle correspondencia a domicilio)

Gender (Optional)
(Sexo) (Opcional)
 Male (Hombre) Female (Mujer)

Date of Birth month, day, year (Fecha de nacimiento) (mes día año) <u>7-1-71</u>	Certificate No. (optional) (Número del certificado (opcional)) <u>92047301</u>	Social Security No. (Optional) (Número de Seguro Social) (opcional)
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I affirm that I still reside within (give county and political subdivision conducting the election) (Declaro que sigo residiendo en (ponga el nombre del condado y subdivisión política donde se celebra la elección))

Travis County

The information provided is true (Declaro que estos datos que proporciono son ciertos)

Signature of Voter and Date
(Firma del votante y fecha)
[Signature]

When voting by mail, if this statement is not returned, your ballot will not be counted. (Cuando votación es por correo si no se devuelve la declaración no se contará su boleta)

(Vea las instrucciones importantes al lado reverso)

Last Name (Apellido) RODRIGUEZ	First Name (NOT HUSBAND'S) (Su nombre de pila) (Si es mujer, no el del esposo) EDUARDO	Middle Name (if any) (Segundo nombre) (si tiene) R.	Former Name (Nombre anterior)
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Residence Address Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)
(Domicilio calle y número número de apartamento ciudad estado y código postal. A falta de estos datos describe la localidad de su residencia.) (No incluya su apartado postal ni su ruta rural)

2600 PENNY LANE #124, Austin 78757

Mailing Address, City, State and ZIP. If mail cannot be delivered to your residence address (Dirección postal ciudad estado y código postal si es imposible entregarle correspondencia a domicilio)

Gender (Optional)
(Sexo) (Opcional)
 Male (Hombre) Female (Mujer)

Date of Birth month, day, year
(Fecha de nacimiento) (mes, día, año)

7/01/71

Certificate No. (optional)
(Número del certificado) (opcional)

92047301

Social Security No. (Optional) (Número de Seguro Social) (opcional)

I affirm that I still reside within (give county and political subdivision conducting the election) (Declaro que sigo residiendo en (ponga el nombre del condado) y subdivisión política donde se celebrará la elección)

TRAVIS COUNTY

The information provided is true (Declaro que estos datos que proporciono son ciertos)

X *[Signature]*

Signature of Voter and Date
(Firma del votante y fecha)

TX Driver's License No. or Personal ID No. (Issued by TX Dept. of Public Safety) (Optional) (Número de su licencia tejana de manejar o de su Cédula de Identidad expedida por el Departamento de Seguridad Pública de Texas) (opcional)

When voting by mail, if this statement is not returned, your ballot will not be counted. (Cuando votación es por correo, si no se devuelve la declaración, no se contará su boleta.)

LAST NAME Rodriguez	FIRST NAME (NO) INITIALS Eduardo	MIDDLE NAME (INITIALS) Rene	STUDENT NAME MA
SEX M	DATE OF BIRTH month day year 07-01-71	PLACE OF BIRTH city or county state or foreign country McAllen, Texas	COUNTY AND ADDRESS OF FATHER'S RESIDENCE Austin

RESIDENCE ADDRESS Street Address and Apartment Number City State and ZIP If none describe location of residence (Do not include P.O. Box or Rural Route)
2600 Penny Lane #124 Austin, Texas 78758

Mailing Address City State and ZIP If mail cannot be delivered to your residence address
Same as above

Applicant is a United States citizen and a resident of the county and has not been finally convicted of a felony or if a felon eligible for registration under section 13.002, Election Code. I understand that giving false information to procure a voter registration is a misdemeanor.

SIGNATURE OF APPLICANT
Eduardo Rene Rodriguez

SOCIAL SECURITY NO.	TELEPHONE NO. (OPTIONAL)
TX DRIVER'S LICENSE NO. OR PERSONAL ID NO. (ISSUED BY TX DEPT. OF PUBLIC SAFETY) (OPTIONAL)	

SIGNATURE OF AGENT OR PRINTED NAME OF APPLICANT IF SIGNED BY WITNESS
FOR WITNESS

FOR AGENT (SEE INSTRUCTIONS) Application may be made by agent who must be a qualified voter of this county or have submitted a registration application and must otherwise be eligible to vote and must be the applicant's husband, wife, father, mother, son or daughter.

The disclosure of social security number is voluntary. It is submitted by authority of sec. 13.012 and will be used only to maintain the accuracy of the registration records.

AFFIDAVIT/STATEMENT OF RESIDENCE (AFIDAVITO DECLARACION JURADA DE RESIDENCIA)

For Driver Use Only

For persons on list of returned registration certificates or who have moved within one year
 Para personas que figuran en la lista de cedulas de inscripcion devueltas por el correo o personas que cambiaron de domicilio durante el ultimo año

Last Name (Apellido) <u>Valderrama</u>	First Name (NOT MARRIAGE #1) (Nombre de Pila) (NO DEL ESPOSO) <u>Eduardo</u>	Maiden Name (if any) (Segundo Nombre) (si tiene)	Maiden Name (Apellido de Soltera)
Date of Birth (month, day, year) (Fecha de Nacimiento) (el mes, el dia, el año) <u>7-1-71</u>	Place of Birth (city or county, state or foreign country) (Lugar de Nacimiento) (ciudad o condado) (estado o pais extranjero) <u>MEXICO</u>	Registration Certificate Number (Número del certificado de registro) <u>72</u>	
Residence Address (Street Address and Apartment Number, City, State and ZIP. If none, describe location of residence. (Do not include P.O. Box or Rural R#.) (Dirección de Residencia: Calle y Número de Departamento, Ciudad, Estado y Zona Postal. Si no tiene, describa la localidad de su residencia. (No incluya su caja postal o ruta rural.) <u>611 W 31 1/2</u>			
Mailing Address (City, State and ZIP. If mail cannot be delivered to your residence address. (Dirección Postal: Ciudad, Estado y Zona Postal) (Si no es posible entregar correspondencia a su dirección): <u>same as above</u>			
TX Driver's License No. or Personal ID No. (Issued by TX Dept. of Public Safety) (Diploma) (Número de Licencia de Conducir de Texas o Número de Identificación Personal) Emitido por el Departamento de Seguridad Pública de Texas) (Facultativa)		SEE REVERSE SIDE FOR INSTRUCTION (VER EL LADO REVERSO PARA LEER INSTRUCCIONES) Prescribed by Secretary of State Sección 1A 052, Session Code 9/83	

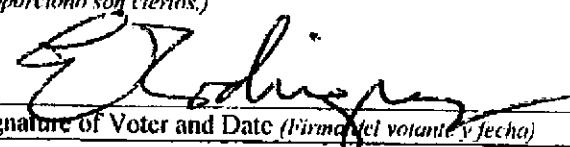
I swear or affirm that I will reside within * (Juro o afirmo que residiré dentro de) *
Texas, Tx

State of Texas, County of _____
 Estado de Texas, Condado de _____
 Sworn to and subscribed to me this _____ day of _____ 19____
 Jurado y suscrita ante mí este día _____ del _____ de _____ 19____

Eduardo Valderrama
 Signature of Voter
 (Firma del votante)

 Signature of officer administering oath
 (Firma del oficial que administra el juramento)

Last Name Rodriguez		First Name (SUI HUSBANDS) Eduardo		Middle Name (Initials) Rene	Maiden Name
Date of Birth: month day year M 07-01-71		Place of Birth: city or county state or foreign country M^o Allen TX			
Residence Address: Street Address and Apartment Number City State and ZIP. If none describe location of residence. (Do not include P.O. Box or Rural RT.) 611 W 31¹/₂ Austin TX 78705					
Mailing Address: City State and ZIP. If mail cannot be delivered to your residence address. 611 W 31¹/₂ Austin TX 78705 (same)					
Applicant is a United States citizen and a resident of the county and has not been finally convicted of a felony or of a felon eligible for registration under section 13.001 Election Code. I understand that giving false information to procure a voter registration is a misdemeanor.				Social Security No.	
Signature of Applicant or Agent or Printed Name of Applicant if Signed by Witness Eduardo Rene Rodriguez				Telephone No. (Optional)	
				TX Driver's License No. or Personal ID No. (Issued by TX Dept of Public Safety) (Optional)	
The 3 parts of applicant's name is: First Name: Eduardo, Middle Name: Rene, Last Name: Rodriguez				Point of Naturalization: If Applicable	
The absence of social security number is voluntary. It is selected by authority of Sec. 13.12, and will be used only to maintain the accuracy of the registration record.				Relationship:	

<i>(Apellido usual)</i> Rodriguez	<i>(Su nombre de pila)</i> Eduardo	<i>(Segundo nombre) (si tiene)</i> Rene	<i>(Nombre anterior)</i>
Residence Address: Street Address and Apartment Number, City, State, and Zip. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <i>(Domicilio: calle y número de apartamento, ciudad, estado, y código postal. A falta de estos datos, describa la localidad de su residencia.) (No incluya su apartado postal ni su ruta rural.)</i> 1910 Haskell Austin Tx 78702			
Mailing Address: Address, City, State and ZIP: If mail cannot be delivered to your residence address. Please complete even if mailing address has not changed. <i>(Dirección postal, ciudad, estado y código postal (Si es imposible, entregarle correspondencia a domicilio. Aunque no haya cambiado de dirección postal, por favor complete esta constancia.)</i> 1910 Haskell Austin, Tx 78702		Gender (Optional) <i>(sexo) (Optativo)</i> <input checked="" type="checkbox"/> Male (Hombre) <input type="checkbox"/> Female (Mujer)	
Date of Birth: month, day, year <i>(Fecha de nacimiento): (mes, día, año)</i> July 1, 1971	Certificate No. (optional) <i>(Núm. del certificado (optativo))</i> 92047301	TX Driver's License No. or Personal I.D. No. (Issued by TX Dept of Public Safety) If none, last 4 digits of Social Security No. <i>(Número de su licencia tejana de manejar o de su Cédula de Identidad expedida por el Departamento de Seguridad Pública de Tejas) (si ninguno, los últimos 4 números de su cédula de seguro social.)</i>	
I affirm that I still reside in (give county and political subdivision conducting the election) <i>(Declaro que sigo residiendo en (ponga el nombre del condado y subdivisión política donde se celebrará la elección)</i> Travis		When voting by mail, if this statement is not returned, your ballot will not be counted. <i>(Cuando votación es por correo, si no se devuelve la declaración, no se contará su boleta.)</i>	
The information provided is true. <i>(Declaro que estos datos que proporciono son ciertos.)</i> X  Signature of Voter and Date <i>(Firma del votante y fecha)</i>			

Update your address you vote.

If your new address is outside Travis County, YOU MAY NOT VOTE in Travis County.
 Please see an election worker for voting information.

1142992574 RODRIGUEZ, EDUARDO R
 1910 HASKELL ST
 AUSTIN 439A

STATEMENT OF RESIDENCE FORM

For persons whose residence address does not match their voter registration address.

Last Name (include suffix, if any): Rodriguez	First Name: Eduardo	Middle Name (if any): Rene
Former Name (if any):	Date of Birth (month, day, year): 07/01/1971	Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Residence Address: Street Address and Apartment Number, City, State, and Zip. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) 2235 E. 6th #216, Austin, TX 78702		County of New Address Travis
Mailing Address: Address, City, State, and Zip (If mail cannot be delivered to your residence address). 1108 Lavaca St. Suite 110-189, Austin, TX 78701		
Texas Driver's License or Personal ID No.: (Issued by the Department of Public Safety)	If no Texas Driver's License or Personal ID, give last four digits of your Social Security No.: XXX - XX - _____	

Check here if you have not been issued a Texas Driver's License/Personal ID Number or Social Security Number.

I swear or affirm by my signature below that:

- I am a resident of Travis County and a U.S. Citizen (see election worker if new address is not in Travis County);
- I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

X Eduardo Rodriguez 05/9/2011
 Signature of Applicant or Agent and Relationship to Applicant or Date
 Printed Name of Applicant if Signed by Witness and Date.

If it is determined that your residence address listed on this form is in a different county, this form will be forwarded to the voter registrar of the new county to transfer your registration. You will receive a voting certificate from the voter registrar in your new county.

THIS FORM MUST BE RETURNED IF YOU ARE VOTING BY MAIL

When voting by mail, complete and return this form with your ballot. If this form is NOT completed and returned, your ballot will NOT be counted.

Instructions for voting by mail: The residence address on your application for ballot by mail does not match the residence address at which you are registered to vote or the voter registrar has received information which indicates that you may have moved. You must complete this form and return it in the carrier envelope with your voted ballot **OTHERWISE YOUR BALLOT WILL NOT BE COUNTED.**

Your statement of residence form will be reviewed before your ballot is counted to determine that your permanent residence address is still in the political jurisdiction. The residence address on the application for ballot by mail must be the same as the residence address on the statement of residence form. The statement of residence form will be forwarded to the voter registrar to change your voter registration records. You will be mailed a new voting certificate indicating your new precinct (if applicable) and residence address.

Call 512-854-4996 or email us at election@co.travis.tx.us if you have any questions.

Texas Voter Registration Application

For Official Use Only

Prescribed by the Director of the Secretary of State

VX:100118.0

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local voter registrar.

1 These Questions Must Be Completed Before Proceeding

Check one

New Application

Change of Address, Name, or Other Information

Request for a Replacement Card

Are you a United States Citizen?

Yes

No

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

Yes

No

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

No

2 Last Name (Include Suffix if any) (Dr, Sr, III) Rodriguez	First Name Eduardo	Middle Name (if any) René	Former Name (if any)
3 Residence Address: Street Address and Apartment Number. If none, describe where you live. Do not include P.O. Box, Rural R. or Business Address. 1610 Garden St.		City Austin	State TEXAS
		County Travis	Zip Code 78702
4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.) Same		City	State
			Zip Code
5 Date of Birth: (mm/dd/yyyy) 07/01/1971	6 Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	7 Telephone Number (Optional) Include Area Code () - -	

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

XXX-XX- -

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

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

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

X *E Rodriguez*

Date **08/07/2013**

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

Cynthia A Flint

293

8/7/2013

Signature of Volunteer Deputy Registrar

VDR#

Date

Last Search

VRC Number

C

92047301

RODRIGUEZ, EDUARDO RENE

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
P20	3/03/2020	DEMO		2/18/2020	0339	439
G19	11/05/2019			10/24/2019	1670	439
GR18	12/11/2018			11/30/2018	0339	439
G18	11/06/2018			10/25/2018	2049	439
PR18	5/22/2018	DEMO		5/16/2018	2049	439
P18	3/06/2018	DEMO		2/20/2018	1304	439
G17	11/07/2017			11/03/2017	0339	439
GR16	12/13/2016			12/09/2016	0140	439
G16	11/08/2016			11/02/2016	1670	439
PR16	5/24/2016	DEMO		5/17/2016	0140	439

Last Search

VRC Number

C

92047301

RODRIGUEZ, EDUARDO RENE

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
GA16	5/07/2016			4/25/2016	0339	439
P16	3/01/2016	DEMO		2/26/2016	1670	439
G15	11/03/2015			10/26/2015	0339	439
GR14	12/16/2014			12/06/2014	1957	439
G14	11/04/2014			10/20/2014	1670	439
PR14	5/27/2014	DEMO		5/27/2014	1915	439
P14	3/04/2014	DEMO		2/26/2014	0339	439
G13	11/05/2013			10/29/2013	0339	439
GA13	5/11/2013			5/06/2013	1670	
G12	11/06/2012			10/22/2012	1670	

Last Search

VRC Number

C

92047301

RODRIGUEZ, EDUARDO RENE

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
P12	5/29/2012	DEMO		5/18/2012	0339	
GA12	5/12/2012			5/07/2012	1303	
PC12	4/21/2012	DEMO		4/21/2012		439
G11	11/08/2011			11/08/2011	0331	
GR11	6/18/2011			6/14/2011	1670	
GA11	5/14/2011			5/09/2011	1301	
G10	11/02/2010			10/19/2010	1303	
PR10	4/13/2010	DEMO		4/09/2010	1670	
P10	3/02/2010	DEMO		2/23/2010	0339	
G09	11/03/2009			10/29/2009	0424	

Last Search

VRC Number

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RODRIGUEZ, EDUARDO RENE

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
GA09	5/09/2009			5/02/2009	0802	
G08	11/04/2008			10/24/2008	2005	
GR08	6/14/2008			6/14/2008	0708	
GA08	5/10/2008			5/01/2008	2004	
PR08	4/08/2008	DEMO		4/01/2008	2331	
P08	3/04/2008	DEMO		2/21/2008	1304	
G07	11/06/2007			10/25/2007	2035	
GA07	5/12/2007			5/08/2007	0800	
G06	11/07/2006			10/27/2006	0800	
GA06	5/13/2006			5/04/2006	0800	

Last Search

VRC Number

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92047301

RODRIGUEZ, EDUARDO RENE

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
PR06	4/11/2006	DEMO		4/11/2006		
P06	3/07/2006	DEMO		2/27/2006	0800	
G05	11/08/2005			10/27/2005	0602	
GR05	6/11/2005			6/01/2005	0109	
GA05	5/07/2005			5/07/2005		
G04	11/02/2004			10/20/2004	0800	
GA04	5/15/2004			4/28/2004	0800	
PR04	4/13/2004	DEMO		4/09/2004	0802	
P04	3/09/2004	DEMO		2/26/2004	0800	
G03	9/13/2003			8/29/2003	2004	

Last Search

VRC Number

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92047301

RODRIGUEZ, EDUARDO RENE

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
GR03	6/07/2003			6/07/2003		
GA03	5/03/2003			4/21/2003	0300	
G02	11/05/2002			10/19/2002	2004	
PR02	4/09/2002	DEMO		4/02/2002	0111	
P02	3/12/2002	DEMO		2/23/2002	0800	
GC01	11/06/2001			10/28/2001	1560	
G00	11/07/2000			10/24/2000	0111	
PR00	4/11/2000	DEMO		4/07/2000	0800	
P00	3/14/2000	DEMO		2/27/2000	1304	
GC99	11/02/1999			10/29/1999	0800	

Last Search

VRC Number

C

92047301

RODRIGUEZ, EDUARDO RENE

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
G98	11/03/1998			10/17/1998	2004	
PR98	4/14/1998	DEMO		4/10/1998	2004	
P98	3/10/1998	DEMO		2/23/1998	2004	
GAUS	11/04/1997			10/24/1997	0602	
GC97	11/04/1997			10/24/1997	0602	
GA97	8/09/1997			7/25/1997	2004	
G96	11/05/1996			11/05/1996	EVBM	
PR96	4/09/1996	DEMO		4/03/1996	2004	
P96	3/12/1996	DEMO		3/06/1996	2004	
G94	11/08/1994			11/08/1994		

Last Search

VRC Number

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92047301

RODRIGUEZ, EDUARDO RENE

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
G92	11/03/1992			11/03/1992		