Last Searc	VRC Number	С	0062932	ALTER, ALISON BETH		
Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted Precinct	
PR20	7/14/2020	DEM0		7/14/2020	0352 273	
SE20	7/14/2020			7/14/2020	0352 273	
P20	3/03/2020	DEM0		2/26/2020	0140 273	
G19	11/05/2019			10/29/2019	0140 273	
GR18	12/11/2018			11/30/2018	0140 273	
G18	11/06/2018			10/29/2018	1302 273	
PR18	5/22/2018	DEM0		5/16/2018	0830 273	
P18	3/06/2018	DEM0		2/28/2018	0830 273	
G17	11/07/2017			10/29/2017	0830 273	
GR16	12/13/2016			12/03/2016	0830 273	
G16	11/08/2016			10/24/2016	0151 273	
GA16	5/07/2016			4/25/2016	2503 273	$\neg$
P16	3/01/2016	DEMO		2/26/2016	0247 273	-
G15	11/03/2015			10/21/2015	2035 273	
GR14	12/16/2014			12/10/2014	2035 273	┪
G14	11/04/2014			10/31/2014	0801 273	
P14	3/04/2014	DEMO		3/04/2014	0352 273	
G13	11/05/2013			11/05/2013	0352 273	
GA13	5/11/2013			5/06/2013	2100	
G12	11/06/2012			11/01/2012	0837	
D12	5 /00 /00 /	DEMO		E /00 /0010	2020	
P12	5/29/2012	DEMO		5/29/2012	2020	_
GA12	5/12/2012			5/12/2012	2020	_

rexas voter negistration		roi Omiciai co	овіў
Prescribed by the Office of the Secretary of State	VR17.09E.I3		
Please complete sections by printing please call your local voter registrar o 1-800-735-2989, www.sos.state.tx.us.	LEGIBLY. If you have any questi the Secretary of State's Office t	ions about how to fill oil free at 1-800-252	out this application, -VOTE(8683), TDD
1 These Questions M Checkone	ust Be Completed	Before Proc	eeding
New Application	Change of Address, Name, or Other Information	Request fo	r 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	☐ No
Are you interested in serving as		Yes	No
Last Name Include Suffix if any (Jr, Sr, III)	1	Middle Name (If any) Reth	Former Name (if any)
3 Residence Address: Street Add describe where you live. (Do not include to	ress and Apartment Number. If none,	<del></del>	TEXAS
4401 Bellvye Av		Aushr	7875 W
Mailing Address: Street Address cannot be delivered to your residence		City	State
calmot be delivered to your residence.	scaless. f		Zip Code
5 Date of Birth: (mm/dd/yyyy)	Gender (Optional) Male Female	7 Telephone Nonclude Area C	lumber (Optional)
8 Texas Driver's License No. or To I.D. No. (Issued by the Department of		Driver's License or digits of your Socia XXX-XX-	Personal Identification, I Security Number
I have not been issue Social Security Num	ed a Texas Driver's License/F ber.	Personal Identifica	tion Number or
9 I understand that giving false info state and federal law. Conviction \$2,000, or both. Please read all the	of this crime may result in imp	arisonment up to 18	and a crime under 30 days, a fine up to
pardoned; and	d of a felony, or if a felon, I have ration, parole, supervision, per	iod of probation, or	I have been
I have not been determined by be totally mentally incapacitat	y a final judgment of a court ex ed or partially mentally incapac		
X alson B. al	ter	Date 12	
Signature of Applicant or Agent and Rela	tionship to Applicant or Printed Nar	ne of Applicant if Sign	ed by Witness and Date.

For Assistance Call your local Voter Registrar or Office of the Secretary of State Toll Free: Si necesita asistencia: 101 Cara Marie 1915 llame gratis al:

1-800-252-VOTE(8683) www.sos.state.tx.us

## **BUSINESS REPLY MAIL** FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

**REGISTRAR OF VOTERS COUNTY COURTHOUSE** (CITY)

(ZIP CODE)

Aushn

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Fold on line and seal before mailing

## 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 par-
- You must not have 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.

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

## General Information

- 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 day in order to vote in that election.
- If you move to another county, you must re-regis. 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 side.
- If you have not been issued any of the identification numbers as described above, 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 incl. any photo a copy of a cold moutable strtemer -DV6i/michterieck; "ycheck) S. gellernment documer.. Loat shows your name and

1460894	VUID	1181561874	\	/RC C	- 62	29327
Last Name		First Name		Middle Name		Former Name
ALTER		ALISON		ВЕТН		
Residence Address: S 4401 BELLVUE AVE		Apartment Number, City, State, Zip 78756-3418 TRAVIS				
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, Zip			Zip	Gender		ler
4401 BELLVUE AVENUE TX 78756-						Male 🗵 Female
Date of Birth: month,	, day, year				<u> </u>	
04/09/1971						
Check appropriate box: I AM A UNITED STATES CITIZEN  Yes No				TX Driver's License No. or Personal I.D. No.		
			A	Are you interested in serving	g as an e	election worker?
DPS DIGITAL SIGNATURE APPLICATION X				Yes No 🗵		
				Check One:		
				New E Change Replacement  O2/15/2012  Date  OUSIN B. Alter		
			X _			
			S	ignature		