Last Search

VRC Number: C 00647574 CASAR, GREGORIO EDUARDO

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
PR20	7/14/2020	DEMO		7/05/2020	1812	149
SE20	7/14/2020			7/05/2020	1812	149
P20	3/03/2020	DEMO		2/27/2020	0161	149
G19	11/05/2019			11/05/2019	2011	149
GR18	12/11/2018			12/11/2018	2041	149
G18	11/06/2018			11/06/2018	0205	149
PR18	5/22/2018	DEMO		5/22/2018	0142	149
P18	3/06/2018	DEMO		3/02/2018	2035	149
G17	11/07/2017			11/03/2017	1303	149
GR16	12/13/2016			12/07/2016	0140	149

Last Search

VRC Number: C 00647574 CASAR, GREGORIO EDUARDO

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
G16	11/08/2016			10/30/2016	0151	149
PR16	5/24/2016	DEMO		5/24/2016	0142	149
GA16	5/07/2016			4/25/2016	0140	149
P16	3/01/2016	DEMO		2/19/2016	2035	149
G15	11/03/2015			11/03/2015	0142	149
GR14	12/16/2014			12/16/2014	0715	149
G14	11/04/2014			10/24/2014	0602	149
PR14	5/27/2014	DEMO		5/27/2014	2041	149
P14	3/04/2014	DEMO		2/18/2014	1303	149
G13	11/05/2013			11/05/2013	0623	133

Last Search

VRC Number: C 00647574 CASAR, GREGORIO EDUARDO

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
GA13	5/11/2013			5/11/2013	1907	
G12	11/06/2012			11/02/2012	0602	

ON TIME P12 - 04/29/2012

Texas Voter Registration Application

VR17.11EI3

For Official Use Only

Please mail this application to:

REGISTRAR OF VOTERS
P.O. BOX 1748
AUSTIN, TX 78767
1

Application Type: Change

Are you a United States Citizen? ..... Yes
Are you interested in serving as an election worker? ..... No

Continue below to complete application.

2 Last Name	First Name	Middle Name (If Any)	Former Name
Casar	Gregorio	Eduardo	

3 Residence Address: Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)	City	County	State	Zip Code
1230 E 38 12 St, APT #107	Austin	TRAVIS	TX	78722

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

5 Date of Birth: (mm/dd/yyyy)	6 Gender (Optional)	7 Telephone Number, Include Area Code (Optional)
05/04/1989	Male	

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

☐ I have not been issued a TX 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 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 _____ 5, 1, 2012
Date

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

2796503	VUID	1144788688	VRC	C - 647574

Last Name	First Name	Middle Name	Former Name
CASAR	GREGORIO	EDUARDO	CASAR

Residence Address: Street Address and Apartment Number, City, State, Zip

5504 EXETER DR AUSTIN TX 78723-3518 TRAVIS

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, Zip

5502 EXETER DR TX 78723-

Gender

☒ Male ☐ Female

Date of Birth: month, day, year

05/04/1989

Check appropriate box: I AM A UNITED STATES CITIZEN Yes ☒ No ☐

TX Driver's License No. or Personal I.D. No.

Are you interested in serving as an election worker?

Yes ☐ No ☒

DPS DIGITAL SIGNATURE APPLICATION

Check One:

New ☐ Change ☒ Replacement ☐

08/14/2013

Date

X 

Signature

Certificate / VUID:	TXOnline Trace#:	Co Number:
1144788688	SOS000000517393	227

Name: Last, First Middle	Suffix	Former Name
CASAR, GREGORIO EDUARDO		

Residence Address:
5514 DELWOOD DR AUSTIN 78723

Mailing Address:
5514 DELWOOD AUSTIN, TX 78723

TDL / ID#:	SOSDate: 20140114

E-mail:

Contact Phone:	Name Change Flag: N	Resi/Mail Change Flag: Y

SOS Texas.Gov
Voter Name and Address Change

Texas Voter Registration Application

Prescribed by the Office of the Secretary of State VR17.2011E.I3

80

For Official Use Only

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

[redacted]

Are you interested in serving as an election worker? ☐ Yes ☒ No

2 Last Name Include Suffix if any (Jr, Sr, III)	First Name	Middle Name (If any)	Former Name (if any)
CASAR	GREGORIO	EDUARDO	

3 Residence Address: Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)	City	State
115 W KOENIG LN Apt #111	AUSTIN	TEXAS
	County: TRAVIS	Zip Code: 78751
4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)	City	State
		Zip Code

5 Date of Birth: (mm/dd/yyyy)	6 Gender (Optional)	7 Telephone Number (Optional) Include Area Code
05/04/1989	☒ Male ☐ Female	(□□□)□□□-□□□□

8 Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety)

If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number

XXX-XX-□□□□

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

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

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

X [signature] Date 01/31/14

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

Fold on line and seal before mailing

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4511 AUSTIN TX

POSTAGE WILL BE PAID BY ADDRESSEE

TRAVIS COUNTY
REGISTRAR OF VOTERS
PO BOX 1748
AUSTIN TX 78767-9866

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 pardon.
- 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.

Filling out the Application

- Review the application carefully, fill it out, sign and date it and mail it to the voter registrar in your county or drop it by the Voter Registrar's office.
- 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 don't have such a number, simply provide the last four digits 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 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.tx.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.

1144788688 CASAR, GREGORIO E
115 W KOENIG LN APT 111
AUSTIN 149A

Update your address before you vote.

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

Source Code 41 (04-11)

STATEMENT OF RESIDENCE FORM

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

Last Name (include suffix, if any):	**First Name:**	**Middle Name** (if any):
CASAR	GREGORIO	EDUARDO
Former Name (if any):	**Date of Birth** (month, day, year):	**Gender (Optional)**
	05/04/1989	☒ Male ☐ 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.)

300 W SKYVIEW RD AUSTIN TX 78752

County of New Address: TRAVIS

Mailing Address: Address, City, State, and Zip (If mail cannot be delivered to your residence address).

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 _____ 11/04/2015

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

Actualice su domicilio antes de votar.

Si su nuevo domicilio está fuera del Condado de Travis, USTED NO DEBE VOTAR en el Condado de Travis. Por favor hable con un empleado electoral.

FORMULARIO PARA DECLARAR DOMICILIO RESIDENCIAL

Para personas con domicilio residencial que no coincide con el domicilio residencial de su registro de votante.

Apellido Usual: (Incluya sufijo, si aplica)	**Primer Nombre:**	**Segundo Nombre:** (si aplica)
Apellido anterior: (si aplica)	**Fecha de Nacimiento:** (mes, el día, el año) __ __ / __ __ / __ __ __ __	**Sexo** (Optativo) ☐ Masculino ☐ Femenino
Domicilio Residencial: Número y calle, y número de departamento. Si no los hay, describa en dónde vive (no incluya apartados postales, rutas rurales).		**El Condado del Nuevo Domicilio**

Dirección Postal: Dirección, Ciudad, Estado, y Código Postal (si no se puede entregar correo a su domicilio residencial).

Núm. de Licencia de Conducir de Texas o Núm. de Identificación Personal de Texas (Expedido por el Departamento de Seguridad Pública) __ __ __ __ __ __ __ __	**Si no tiene Licencia de Conducir de Texas o Núm. de Identificación Personal, proporcione los últimos cuatro números de su número de Seguro Social.** XXX – XX – __ __ __ __

☐ Yo no tengo Licencia de Conducir de Texas/Cédula de Identificación Personal de Texas ni un Número de Seguro Social.

Yo juro o afirmo con mi firma abajo que:

- Soy residente del Condado de Travis y ciudadano de los Estados Unidos (hable con un empleado electoral si el nuevo domicilio no está en el Condado de Travis);
- No he recibido condena final de alguna felonía, o si he sido convicto, he completado mi sentencia por completo, incluyendo cualquier plazo de encarcelamiento, libertad condicional, supervisión, periodo de prueba, o se me ha perdonado; y
- No he sido declarado totalmente ni parcialmente de tener discapacidad mental sin derecho de votar, por juicio final de alguna corte de jurisdicción en asuntos de sucesiones y tutelas.

X _____ ____/____/_____

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

Si se determina que su residencia anotada en este formulario está en otro condado, este formulario se enviará a la Oficina del Registrador de Votantes del nuevo condado para transferir su inscripción electoral. Usted recibirá su tarjeta de votante de la Oficina del Registrador de Votantes de su nuevo condado.

ESTE FORMULARIO DEBE DEVOLVERSE SI USTED ESTÁ VOTANDO POR CORREO

Cuando vote por correo, complete y devuelva este formulario con su boleta. Si este formulario NO se completa y se devuelve, su boleta NO se contará.

Instrucciones para votar por correo: El domicilio de la residencia en su solicitud para recibir boleta electoral por correo no es igual que el domicilio residencial que aparece en su registro para votar o el registrador de votantes ha recibido información que indica que usted se ha mudado. Debe usted completar este formulario y devolverlo en el sobre proporcionado junto con su boleta electoral votada, DE OTRA MANERA SU BOLETA NO SE CONTARÁ.

Su Formulario para Declarar Domicilio Residencial se repasará antes de que su boleta electoral sea contada para determinar que su domicilio de residencia permanente aun es dentro de la jurisdicción política (en que ha votado). El domicilio residencial en la solicitud de la boleta electoral para votar por correo debe ser igual que el domicilio residencial del Formulario para Declarar Domicilio Residencial. El Formulario para Declarar Domicilio Residencial se enviará al registrador de votantes para cambiar sus récords de registro de votante. A usted se le enviará por correo una nueva tarjeta de votar con su precinto nuevo (si es aplicable) y el domicilio residencial.

Comuníquese al 512-854-4996 o por mensaje email al election@co.travis.tx.us si tiene alguna pregunta.

Prescribed by the Secretary of State B5-2c40 12/14

Before mailing, detach card above (antes de enviar remover tarjeta hacia arriba)

VOTER REGISTRATION ADDRESS CONFIRMATION

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

Circle yes or no for BOTH questions

Are you a United States Citizen? Yes No **Will you be 18 years of age on or before election day?** Yes No

If you circled 'No' in response to either of the above, do not complete this form.

Last Name Include Suffix if any (Jr., Sr., III)	First Name	Middle Name (if any)	Former Name
CASAR	GREGORIO	EDUARDO	

Residence Address: Street Address and Apartment Number, City, State, and Zip Code - If none, describe where you live. *(Do not include P.O. Box or Rural Rt.)* 300 W SKYVIEW RD AUSTIN TX 78752

Mailing Address: Address, City, State and Zip Code If mail cannot be delivered to your residence address.

Date of Birth: month, day, year	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
05/04/1989		XXX-XX-☐☐☐☐

Gender (Optional)

☒ Male ☐ Female

☐ **I have 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 three statements to affirm before signing.

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

X [signature] **Date** 12/03/2015

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

Fold on dotted line (doble en la linea punto)

Prescribed by the Secretary of State B5-2c40 12/14

CONTESTACION A LA CONFIRMACION DE DOMICILIO PARA EFECTOS DE INSCRIPCION DE VOTANTES

Favor de llenar cada sección con letra de molde LEGIBLE. Si tiene dudas acerca de esta formulario, contacte a su registrador electoral local.

Haga un círculo alrededor del 'sí' o el 'no' para cada pregunta

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

Si contestó 'No' a cualquiera de las preguntas anteriores, no llene esta solicitud.

Apellido usual: Incluir sufijo si lo hay	Su nombre de pila	Segundo Nombre (si aplica)	Apellido anterior

Domicilio: Calle y número, 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.)*

Dirección Postal, Ciudad, Estado, y Código Postal (Si es imposible entregarle correspondencia a domicilio.)

Fecha de Nacimiento: (mes, día, año)	No. de licencia de conducir de Texas o no. de identificación personal de Texas *(Expedido por el Departamento de Seguridad Pública)*	Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos dígitos de su número de Seguro Social
☐☐/☐☐/☐☐☐☐	☐☐☐☐☐☐☐☐	XXX-XX-☐☐☐☐

Sexo (Optativo)

☐ Masculino ☐ Femenino

☐ **Yo no tengo licencia de conducir de Texas/cédula de identidad personal de Texas ni un número de seguro social.**

Entiendo que el dar información falsa para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. Cometer este delito puede resultar en privación de la libertad hasta 180 días, multa de hasta $2,000 o ambos castigos. Por favor lea cada una de las tres declaraciones antes de firmar.

- **soy residente de este condado y ciudadano de los Estados Unidos;**
- **no he sido condenado por un delito grave, o en caso de ser delincuente, he purgado mi pena por completo, incluyendo cualquier plazo de encarcelamiento, libertad condicional, supervisión, período de prueba, o se me otorgó un indulto; y**
- **no se me ha declarado, total o parcialmente, como discapacitado mental sin derecho al voto, por el fallo final de un juzgado de sucesiones.**

X **Fecha** / /

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

AVISO Y CONFIRMACIÓN DE DOMICILIO
PARA EFECTOS DE INSCRIPCIÓN DE VOTANTES

Se ha informado a esta oficina que usted se cambió a una dirección distinta a la que aparece en el registro de votantes. Si esto no es verdad de todas maneras devuelva el formulario adjunto para confirmar su dirección actual. Si el cambio tuvo lugar:

- dentro del mismo condado o precinto donde ya está inscrito/a, hay que indicar el cambio de domicilio.
- fuera del condado donde está inscrito/a, hay que inscribirse en el nuevo condado de residencia antes de poder votar.

Sírvase llenar el formulario adjunto y devolverlo a esta oficina dentro de 30 días. Si su respuesta indica que la mudanza tuvo lugar dentro del mismo condado, la información actualizada entrará en vigor a los 30 días de haberse recibido el formulario. Entonces se le expedirá un nuevo certificado de votante y podrá votar en el nuevo precinto. Si se cambió a otro condado, enviaremos su respuesta al registrador de votantes de su nuevo condado y se cancelará su inscripción en este condado. Su inscripción será cancelada si no ha confirmado su domicilio llenando el formulario adjunto o llenando el formulario apropiado en las urnas electorales cuando vaya a votar; cualesquier acción deberá cumplirse antes del 30 de noviembre después de la segunda elección general para oficiales estatales y del condado, que se celebre después que se le envíe este aviso de confirmación. En caso de preguntas sobre el estado de su inscripción, sírvase llamar a estas oficinas marcando el (512) 854-9473.

Firma del/de la Registrador(a) de Votantes

Travis County
Condado de

BRUCE ELFANT
TRAVIS COUNTY REGISTRAR OF VOTERS
PO BOX 1748
AUSTIN TX 78767-8827

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 4460 AUSTIN TX

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

AUSTIN
TX 787
05 DEC '15
PM 3 L