

Last Search

VRC Number

C

00199264

EASTON, BENNETT NICHOLAS

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
G19	11/05/2019			10/24/2019	1803	251
G18	11/06/2018			10/24/2018	1803	251
GR16	12/13/2016			12/08/2016	1302	251
G16	11/08/2016			11/02/2016	1803	251
GA16	5/07/2016			5/02/2016	1803	251
G15	11/03/2015			10/26/2015	1803	251
GR14	12/16/2014			12/01/2014	1803	251
G14	11/04/2014			10/31/2014	1803	251
G13	11/05/2013			11/05/2013	1565	356
G12	11/06/2012			10/25/2012	1803	
GA12	5/12/2012			5/03/2012	1803	
G11	11/08/2011			11/04/2011	1803	
GA11	5/14/2011			5/09/2011	1803	
G10	11/02/2010			10/18/2010	1803	
G09	11/03/2009			11/03/2009	0829	
GA09	5/09/2009			5/09/2009	0829	
G08	11/04/2008			10/25/2008	1803	
G07	11/06/2007			11/06/2007		
G06	11/07/2006			11/07/2006	1917	
GL06	1/17/2006			1/10/2006	1803	
G04	11/02/2004			10/22/2004	1803	

# Texas Voter Registration Application

www.sos.state.tx.us

Prescribed by the Office of the Secretary of State 17.04 BPM1.1-04

For Official Use Only

FEB 12 2004

1-23-04

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

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la version en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

## 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.

## Complete These Questions Before Proceeding

- Check one  New  Change  Replacement
- Are you a United States Citizen?  Yes  No
- Will you be 18 years of age on or before election day?  Yes  No
- If you checked 'no' in response to either of these questions, do not complete this form.
- Have you ever voted in this county for a federal office?  Yes  No
- If you answered "no" to this question, be sure to follow the instructions regarding identification requirements on the reverse side of the application.
- Continue below to complete application

Last Name: Easton First Name: Bennett Middle Name (if any): Nicholas F:

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.) 15 Rob Roy Road, Austin, Texas 78746

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

Date of Birth: month, day, year 9-7-1959 Gender (Optional)  Male  Female

TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number

Check if you do not have a social security, driver's license, or personal identification number

Telephone Number. Include Area Code (Optional)

City and County of Former Residence In Texas Houston, Harris

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.

- I affirm that I
- am a resident of this county;
  - 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
  - have not been declared mentally incompetent by final judgment of a court of law.

X Ben Easton 1,30,04  
Date

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

**STATEMENT OF RESIDENCE (CONSTANCIA DE DOMICILIO PERMANENTE)**

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

(Para personas cuya dirección no coincide con la que aparece en la lista oficial de votantes inscritos.)

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

<b>Last Name</b> <i>(Apellido usual)</i> Easton	<b>First Name (NOT HUSBAND'S)</b> <i>(Su nombre de pila (Siendo mujer: no el del esposo))</i> Bennett	<b>Middle Name (if any)</b> <i>(Según lo nombres (si tiene))</i> Nicholas	<b>Former Name</b> <i>(Nombre anterior)</i>
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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, describa la localidad de su residencia.) (No incluya su apartado postal ni su ruta rural.)*

2901 Barton Skyway, #3106 Austin 78746

**Mailing Address, City, State and ZIP:** If mail cannot be delivered to your residence address. Please complete even if mailing address has not changed. *(Dirección postal, ciudad, estado y código postal si es imposible, entregarte correspondencia a domicilio. Aunque no haya cambiado de dirección postal, por favor complete esta constancia.)*

**Gender (Optional)**  
*(Sexo) (Optativo)*  
 Male (Hombre)  Female (Mujer)

**Date of Birth: month, day, year**  
*(Fecha de nacimiento): (mes, día, año)*  
 9-7-59

**Certificate No. (optional)**  
*(Núm. del certificado (optativo))*  
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**TX Driver's License No. or Personal I.D. No.** (Issued by the Department of Public Safety)  
*(Número de su licencia tejana de manejar o de su Cédula de Identidad expedida por el Departamento de Seguridad Pública de Tejas.)*

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

Travis 330 B

**Check if you do not have a driver's license, or personal identification number** *(Cheque aquí si no tiene número de su licencia tejana de manejar o de cédula de identidad expedida por el Departamento de Seguridad Pública de Tejas.)*

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

X Ben Easton

**If no TX Driver's License, give last 4 digits of your Social Security Number**  
*(Si no tiene licencia, de manejar o identificación personal se requiere los números de su número social.)*

**Signature of Voter**  
*(Firma del votante)*

**Check if you do not have a Social Security Number**  
*(Cheque aquí si no tiene número social.)*



# 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 (01 11)

## STATEMENT OF RESIDENCE FORM

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

<b>Last Name</b> (include suffix, if any): <i>Easton</i>	<b>First Name:</b> <i>Bennett</i>	<b>Middle Name</b> (if any): <i>Nicholas</i>
<b>Former Name</b> (if any):	<b>Date of Birth</b> (month, day, year): <i>09, 07, 1959</i>	<b>Gender</b> (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
<b>Residence Address:</b> 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>2600 Lake Austin Blvd., #6207, Austin 78703</i>		<b>County of New Address</b> <i>Travis</i>
<b>Mailing Address:</b> Address, City, State, and Zip (If mail cannot be delivered to your residence address). <i>Same</i>		
<b>Texas Driver's License or Personal ID No.:</b> (Issued by the Department of Public Safety)	<b>If no Texas Driver's License or Personal ID,</b> give last four digits of your Social Security No.: <i>XXX - XX -</i>	

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** *Ben Easton* *11, 5, 13*  
 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](mailto: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.

<b>Apellido Usual:</b> (Incluya sufijo, si aplica)	<b>Primer Nombre:</b>	<b>Segundo Nombre:</b> (si aplica)
<b>Apellido anterior:</b> (si aplica)	<b>Fecha de Nacimiento:</b> (mes, el día, el año) ____ / ____ / _____	<b>Sexo (Optativo)</b> <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
<b>Domicilio Residencial:</b> Número y calle, y número de departamento. Si no los hay, describa en dónde vive (no incluya apartados postales, rutas rurales).		<b>El Condado del Nuevo Domicilio</b>

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

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

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.

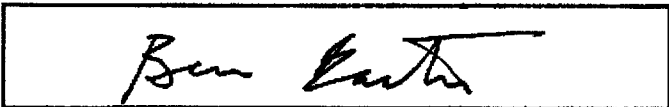
**Instrucciones para votar por correo:** El domicilio de la residencia en su solicitud para recibir boleta electoral por correo no es igual que el domicilio residencial que aparece en su registro para votar o el registrador de votantes ha recibido información que indica que usted se ha mudado. Debe usted 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](mailto:election@co.travis.tx.us) si tiene alguna pregunta.**

# Vote Registration Application

**Before completing this form, review the General, Application, and State specific instructions.**

Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.				
1	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name <b>Easton</b>	First Name <b>Bennett</b>	Middle Name(s) <b>Nicholas</b> <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> IV		
2	Home Address <b>2600 Lake Austin Blvd</b>		Apt. or Lot # <b>Apt 2301</b>	City/Town <b>Austin</b>	State <b>TX</b>	Zip Code <b>78703</b>
3	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code
4	Date of Birth <b>Sept. 7, 1959</b> Month Day Year		5 Telephone Number (optional)	6 ID Number - (See item 6 in the instructions for your state)		
7	Choice of Party (see item 7 in the instructions for your State) <b>Libertarian Party</b>		8 Race or Ethnic Group (see item 8 in the instructions for your State) <b>Caucasian</b>			
9	I have reviewed my state's instructions and I swear/affirm that: <input checked="" type="checkbox"/> I am a United States citizen <input checked="" type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input checked="" type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.			 Please sign full name (or put mark) ▲		
			Date: <b>01 / 02 / 2019</b>			
			Month Day Year			

If you are registering to vote for the first time, please refer to the application instructions for information on submitting copies of valid identification documents with this form.

## Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

A	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none"> <li>■ Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>■ Draw an X to show where you live.</li> <li>■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>	NORTH ↑								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Example</td> <td style="width: 5%;"></td> <td style="width: 25%;">                 ● Grocery Store                  Woodchuck Road             </td> <td style="width: 45%;"></td> </tr> <tr> <td>Public School ●</td> <td style="text-align: center;">Route #2</td> <td></td> <td style="text-align: center;">X</td> </tr> </table>	Example		● Grocery Store Woodchuck Road		Public School ●	Route #2		X	
Example		● Grocery Store Woodchuck Road								
Public School ●	Route #2		X							

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

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**Mail this application to the address provided for your State.**

11899036	VUID	1131323844	VRC	C - 199264
Last Name		First Name		Middle Name
EASTON		BENNETT		NICHOLAS
Former Name				

Residence Address: Street Address and Apartment Number, City, State, Zip  
 2600 LAKE AUSTIN BLVD APT 2301 AUSTIN TX 78703-4441 TRAVIS

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, Zip	Gender
2600 LAKE AUSTIN BLVD UNIT 2301 TX 78703-	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Date of Birth: month, day, year  
 09/07/1959

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

02/22/2019  
 Date

X Ben Easton  
 Signature