

Last Search		VRC Number	C	00332688	FUENTES, CHRISTIAN VANESSA	Er	
Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct	Override User ID
PR20	7/14/2020	DEMO		7/02/2020	1929	450	
P20	3/03/2020	DEMO		2/25/2020	0620	450	
G19	11/05/2019			10/21/2019	0620	450	
GR18	12/11/2018			12/11/2018	1927	450	
G18	11/06/2018			10/22/2018	0620	450	
PR18	5/22/2018	DEMO		5/15/2018	1805	241	
P18	3/06/2018	DEMO		2/20/2018	1805	242	
G17	11/07/2017			10/24/2017	1805	242	
GR16	12/13/2016			12/13/2016	1841	242	
G16	11/08/2016			10/24/2016	0247	200	

Last Search		VRC Number	C	00332688	FUENTES, CHRISTIAN VANESSA	Er	
Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct	Override User ID
GA16	5/07/2016			5/07/2016	1937	200	
P16	3/01/2016	DEMO		2/25/2016	1805	200	
G15	11/03/2015			10/28/2015	1805	200	
GR14	12/16/2014			12/01/2014	1805	200	
G14	11/04/2014			10/20/2014	0801	200	
PR14	5/27/2014	DEMO		5/27/2014	1841	461	
P14	3/04/2014	DEMO		2/18/2014	1302	461	
G13	11/05/2013			10/21/2013	1302	461	
GA13	5/11/2013			5/11/2013	0335		
G12	11/06/2012			10/28/2012	0339		

Last Search		VRC Number	C	00332688	FUENTES, CHRISTIAN VANESSA	Er	
Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct	Override User ID
P12	5/29/2012	DEMO		5/21/2012	1303		
GA12	5/12/2012			5/05/2012	0802		
G10	11/02/2010			10/25/2010	0802		
P08	3/04/2008	DEMO		2/26/2008	2101		
G06	11/07/2006			10/25/2006	2101		

Texas Voter Registration Application

For Official Use Only

Prescribed by the Office of the Secretary of State

VRL7.2011E.13

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 (Jr, Sr, III) Fuentes	First Name Christian	Middle Name (if any) Vanessa	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 Rt. or Business Address) 3707 Manchaca Rd #156		City Austin	TEXAS TX
		County Travis	Zip Code 78704
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) 09/28/1986	6 Gender (Optional) <input type="checkbox"/> Male <input checked="" 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)

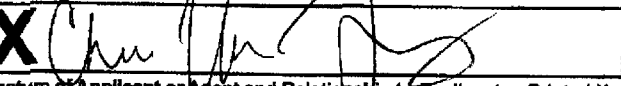
If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number

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  Date 08/24/13
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

 587 8/24/13
Signature of Volunteer Deputy Registrar VDR# Date

Solicitud de registro electoral en Texas

Exclusivo para uso oficial

Por orden de la Secretaría de Estado

VR17.2011S.13

Favor de llenar cada sección con letra de molde LEGIBLE. Si tiene preguntas sobre cómo rellenar este formulario, por favor comuníquese con su registrador de votantes local.

1 Debe contestar estas preguntas antes de proseguir

Marque un recuadro

- Nueva solicitud
 Cambio de domicilio, nombre y/o otra información
 Reemplazo de tarjeta

¿Es usted ciudadano de los Estados Unidos? Sí No

¿Tendrá 18 años cumplidos antes o el día de la elección? Sí No

Si marca "No" como respuesta a cualquiera de las preguntas anteriores no tiene esta solicitud.

¿Tiene interés en participar como trabajador electoral? Sí No

2 Apellido Incluir sufixo si lo hay (Jr, Sr, III)	Primer nombre	Segundo nombre (si aplica)	Nombre anterior (si aplica)
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3 Domicilio residencial: Número y calle, y número de apartamento o interior. Si no existe un domicilio, describa donde vive (no incluya apartados postales, rutas rurales o dirección del trabajo).	Ciudad	TEXAS
	Condado	Código postal

4 Dirección postal: Número y calle, y número de apartamento o interior (si no se puede entregar el correo en su domicilio residencial).	Ciudad	Estado
		Código postal

5 Fecha de nacimiento: (mm/dd/aaaa)	6 Sexo (Optativo)	7 Teléfono (Optativo) Incluya código de área
<input type="text"/>	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	<input type="text"/>

8 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
<input type="text"/>	XXX-XX- <input type="text"/>
<input type="checkbox"/> No tengo licencia de conducir de Texas/Número de Identidad Personal de Texas ni un número de Seguro Social.	

9 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, periodo 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 del molde del solicitante si la firma es la de un testigo, y fecha.

Signatura de Diputado Voluntario _____ VDR# _____ Fecha _____

Texas Voter Registration Application

For Official Use Only

Prescribed by the Office of the Secretary of State
 VRI7.2011E.13

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 (Jr, Sr, III) Fuentes	First Name CHRISTIAN	Middle Name (if any) V	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 Rt. or Business Address) 4527 N. LAMAR BLVD #1029		City AUSTIN	TEXAS
4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)		County TRAVIS	Zip Code 78751
		City	State
		Zip Code	

5 Date of Birth: (mm/dd/yyyy) 09/28/1986	6 Gender (Optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	7 Telephone Number (Optional) Include Area Code 787-787-7877
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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  Date 08/23/2014

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

 3746 Date

Signature of Volunteer Deputy Registrar VDR# Date

Solicitud de registro electoral en Texas

Exclusivo para uso oficial

Por orden de la Secretaría de Estado

VR17.2011S.13

Favor de llenar cada sección con letra de molde LEGIBLE. Si tiene preguntas sobre cómo rellenar este formulario, por favor comuníquese con su registrador de votantes local.

1 Debe contestar estas preguntas antes de proseguir

Marque un recuadro

- Nueva solicitud Cambio de domicilio, nombre y/o otra información Reemplazo de tarjeta

¿Es usted ciudadano de los Estados Unidos? Si No

¿Tendrá 18 años cumplidos antes o el día de la elección? Si No

¿Tiene interés en participar como trabajador electoral? Si No

2 Apellido Incluir sufijo si lo hay (Jr, Sr, III)	Primer nombre	Segundo nombre (si aplica)	Nombre anterior (si aplica)
--	---------------	----------------------------	-----------------------------

3 Domicilio residencial: Número y calle, y número de apartamento o interior. Si no existe un domicilio, describa donde vive (no incluya apartados postales, rutas rurales o dirección del trabajo).	Ciudad	TEXAS
	Condado	Código postal

4 Dirección postal: Número y calle, y número de apartamento o interior (si no se puede entregar el correo en su domicilio residencial).	Ciudad	Estado
		Código postal

5 Fecha de nacimiento: (mm/dd/aaaa)	6 Sexo (Optativo)	7 Teléfono (Optativo) Incluya código de área
□□/□□/□□□□	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	(□□□)□□□-□□□□

8 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-□□□□
<input type="checkbox"/> No tengo licencia de conducir de Texas/Número de Identidad Personal de Texas ni un número de Seguro Social.	

9 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, periodo 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 del molde del solicitante si la firma es la de un testigo, y fecha.

Signatura de Diputado Voluntario VDR# Fecha

Date Stamp 10/14/2016

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

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

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

Last Name (include suffix if any) (Last, M.I.)	First Name	Middle Name (if any)	Former Names (if any)
Fuentes	Christian	Vanessa	

Residence Address: Street Address and Apartment Number, if any. (Include where you live. Do not include P.O. Box, Post R. or General Address)	City	State
1716 Justin LN	Austin	TEXAS
	County	Zip Code
	Travis	78757

Mailing Address: Street Address and Apartment Number, if any. (Do not include where you live. Do not include P.O. Box, Post R. or General Address.)	City	State
		Zip Code

Date of Birth: (month/day/year)	Gender (Optional)	Signature (Optional)
07/28/1986	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

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.

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 100 days, a fine up to \$2,000, or both. Please read all these 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 so, I have completed all my punishment including any term of incarceration, parole, supervision, period of probation, or time imprisonment and
- I have not been determined by a final judgment of a court, including probate proceedings to be totally mentally incompetent or partially mentally incompetent without the right to vote.

Date 10/11/16

Signature of Volunteer Deputy Registrar:

VDR# _____ Date: 10/11/16

7843184	VOID	1022327658	VRC	C - 332688
Last Name		First Name		Middle Name
FUENTES		CHRISTIAN		VANESSA
Former Name				

Residence Address: Street Address and Apartment Number, City, State, Zip
 1716 JUSTIN LN AUSTIN TX 78757-2537 TRAVIS

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, Zip	Gender
1716 JUSTIN LN TX 78757-0000	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

Date of Birth: month, day, year
 09/28/1986

Check appropriate box: I AM A UNITED STATES CITIZEN Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	TX Driver's License No. or Personal I.D. No.
--	--

Are you interested in serving as an election worker? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DPS DIGITAL SIGNATURE APPLICATION

Check One:
 New Change Replacement

12/09/2016
 Date

X Vanessa Fuentes
 Signature

Texas Voter Registration Application

For Official Use Only

Presented by the Office of the Secretary of State

VR17.2016E13

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

Are you interested in serving as an election worker?

Yes No

2 Last Name (Include Suffix if any) (Jr, Sr, III) FUENTES	First Name CHRISTIAN	Middle Name (if any) Vanessa	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 Rt. or Business Address) 6600 Ranchito Drive		City Austin	TEXAS
		County Travis	Zip Code 78744
4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)		City	State
			Zip Code

5 City and County of Former Residence in Texas

Austin, Travis County

6 Date of Birth: (mm/dd/yyyy)

09/28/1986

7 Gender (Optional)

- Male
 Female

8 Telephone Number (Optional)
Include Area Code

9 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.

10 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

Date 8/2/18


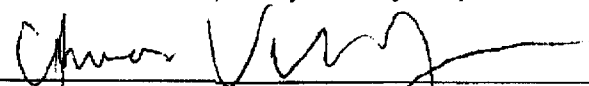
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

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

Last Name (include suffix)			County of New Address
	1022327658	P18	
Former Name (if any):	FUENTES, CHRISTIAN VANESSA 6701 BURNET RD AUSTIN, TX 787570000 TXDPS 01964495		Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female
Residence Address: you live. (Do not include P.O. box)	09/28/1986 CITZ: YES	Describe where you live (street address).	
Mailing Address: Address	Travis County, TX 78701-1820 18/2/20, 10-15 2DE14A8-77F8-3796-BDA9-CE421964F496@1519139686229		
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 - _____		
<input type="checkbox"/> 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: <ul style="list-style-type: none">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; andI 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 		2, 20, 18	
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@traviscountytexas.gov 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) <input type="checkbox"/> Masculino <input type="checkbox"/> 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 - _____	
<input type="checkbox"/> 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@traviscountytexas.gov si tiene alguna pregunta.