ELECTIONS DEPARTMENT
301 SE Inner Loop, Ste 104
Georgetown, Texas 78626
Phone: 512/943-1630
Fax: 512/943-1634

WILLIAMSON COUNTY
1848

WILLIAMSON COUNTY
VOTING HISTORY RECORD

The following is the voting history on file in WILLIAMSON COUNTY
as of this 26th day of August, 2020

1212830733

MACKENZIE-ANNE KELLY
8800 HAZELHURST DR UNIT 30
AUSTIN TX 78729

BIRTHDATE: 09/08/1986 CURRENT PRECINCT: 151 DATE OF RECORD: 01/25/2020

Election Date	Description	Party Code	Vote Type
03/03/2020	2020 Primary Election	R	E
11/05/2019	Joint General & Special Elec		P
11/06/2018	Joint General & Special Elec		E
11/08/2016	Joint General & Special Elec		E
12/16/2014	ACC and CoA Runoff		P
11/04/2014	Joint General & Special Elec		E

SIGNED:

Per Sue Langley, data coordinator, Vote Types are:
E voted early
P voted in person
V vote type not available

Travis County Voting History

Last Search

VRC Number | I | 00250957 | KELLY, MACKENZIE-ANNE

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
G12	11/06/2012			11/06/2012	0812	
G08	11/04/2008			11/04/2008	0812	
G04	11/02/2004			10/21/2004	1805	

District 6 address

3414582 VUID VRC - 0

Last Name	First Name	Middle Name	Former Name
KELLY	MACKENZIE-ANNE		

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

9900 A HUNDRED OAKS CIR AUSTIN TX - TRAVIS

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

9900 A HUNDRED OAKS CIR TX 78750-

Gender

☐ Male ☒ Female

Date of Birth: month, day, year

09/08/1986

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

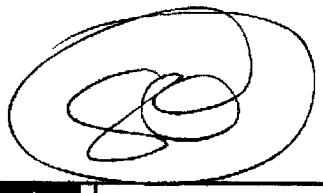
Check One:

New ☒ Change ☐ Replacement ☐

02/12/2014
Date

X M. Kelly
Signature

District 6 address



Texas Voter Registration Application

Prescribed by the Office of the Secretary of State VR17.2011.E.10

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

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)	First Name	Middle Name (If any)	Former Name (If any)
Kelly	Mackenzie		

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	TEXAS
6800 Mcneil dr #1718	Austin	
	County: Williamson	Zip Code: 78729
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
09/05/1986	☐ 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 07/28/2014

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

District 7 address

11304276	VUID 1131782380	VRC C - 250957

Last Name	First Name	Middle Name	Former Name
KELLY	MACKENZIE-ANNE		

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

3904 SKIPTON DR AUSTIN TX 78727-6047 TRAVIS

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

PO BOX 6391 TX 78683-

Gender

☐ Male ☒ Female

Date of Birth: month, day, year

09/08/1986

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 ☐

10/23/2018
Date

X 

Signature

District 6 address

Certificate / VUID:	TXOnline Trace#:	Co Number:
1131782380	SOS000001113513	227

Name: Last, First Middle	Suffix	Former Name
KELLY, MACKENZIE-ANNE		

Residence Address:
8800 HAZELHURST DR UNIT 30 AUSTIN TX 78729

Mailing Address:
6391 ROUND ROCK TX 78683

TDL / ID#:	SOSDate: 20190716

E-mail:

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

SOS Texas.Gov

Voter Name and Address Change

Instructions for Voting by Mail on Back
(Al Dorso: Instrucciones si vota por correo)

B3-1-41 (10/09)

STATEMENT OF RESIDENCE
For persons whose residence address does not match voter registration address.

CONSTANCIA DE DOMICILIO PERMANENTE
Para personas cuya dirección no coincide con la que aparece en la lista official de votantes inscritos.

Last Name Include suffix if any Apellido Incluir sufijo si lo hay (Jr., Sr., II)	**First Name** Nombre de pila	**Middle Name** (If any) Segundo nombe (si aplica)	**Former Name** Apellido anterior
Kelly	Mackenzie-Anne		

Residence Address: Street Address and Apartment Number, City, State, and Zip. If none, describe where you live. (Do not include P.O. Box, Rural Route, or Business Address)
Domicilio residencial: Número y calle, y número de apartamento, Ciudad, Estado, y Código postal. Si no existe un domicilio, describa donde vive (no incluya apartados postales, rutas rurales o dirección del trabajo).

6800 McNeil dr #1228 Austin TX 78727

Gender (Optional)
Sexo (Optativo)
☐ Male Masculino
☒ Female Femenino

Mailing Address: Address, City, State, and Zip: If mail cannot be delivered to your residence address.
Dirección postal: Número y calle, y número de apartamento, Ciudad, Estado, y Código postal (si no se puede entregar correo en su domicilio residencial).

PO Box 6391
Round ROCK TX 78683

Date of Birth: month, day, year
Fecha de Nacimiento: mes, dia, año
☐☐/☐☐/☐☐☐☐
09 08 1986

Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety)
No. de licencia de conducir de Texas o no. de identificación personal de Texas (Expedido por el Departamento de Seguridad Pública)

[redacted]

If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number.
Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos digitos de su número de Seguro Social.
XXX-XX-☐☐☐☐

☐ **I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.**
Yo no tengo una Licencia de conducir de Texas, Cédula de identidad personal de Texas o Número de Seguro Social.

- **I am a resident of this county and a U.S. citizen; and**
- **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.**

- soy residente de este condado y ciudadano de los Estados Unidos; y
- no he sido condenado por un delito grave, o en caso de ser delincuente, he purgado todo el tiempo, 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.

RECEIVED
NOV 02 2018
WC ELECTIONS

X [signature] Date 11/2/18

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

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 the [illegible] statement of residence and return it in the carrier envelope.

If th[illegible] ir ballot will not be counted.

Your [illegible] ermine that your permanent residence address is still i[illegible] unted. The residence address on the application for b[illegible] must be the same as the residence address on the statement of residence. The statement of residence 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.

001622658

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 get your voter registration transferred. You will receive a new voting certificate from the voter registrar in your new county.

You must sign the card. If you have any question you may call _____.

SI VOTA POR CORREO:

Ya que su solicitud de una boleta electoral postal contiene un domicilio o dirección permanente distinto al domicilio bajo cual está inscrito para votar, o ya que la Oficina del Registro Electoral tiene información que indica que usted se ha mudado, será necesario que complete la Constancia de domicilio [illegible] aquí incluida, y que la devuelva con su boleta electoral completada (o sea [illegible] el sobre proporcionado.

Si no nos envía la Constancia de domicilio permanente, su voto no se incluirá en el conteo final.

Antes de incluir sus votos en el conteo final, se verificará que su nuevo domicilio permanente aún queda dentro de la jurisdicción apropiada. El domicilio postal indicado en la solicitud de una boleta postal tiene que ser el mismo que aparece en la Constancia de domicilio permanente. Esta Constancia será enviada a las Oficinas del Registro Electoral para que las actas de inscripción electoral sean modificadas y Ud. recibirá una cédula electoral nueva que indicará el número de su nuevo recinto electoral, si esto fuera a cambiarse, y su nuevo domicilio permanente.

Si se determina que su residencia anotada en este formulario se ubica en otro condado, este formulario se enviará a la Oficina del Registro Electoral del nuevo condado para transferir su inscripción electoral. Usted recibirá una nueva cédula electoral de la Oficina del Registro Electoral de su nueva condado.

Es necesario que firme la tarjeta.
Para mayor información o para aclarar cualquier duda, por favor llame al _____.

District 7 address

11304276 VUID 1131782380 VRC C - 250957

Last Name	First Name	Middle Name	Former Name
KELLY	MACKENZIE-ANNE		

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

3904 SKIPTON DR AUSTIN TX 78727-6047 TRAVIS

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

PO BOX 6391 TX 78683-

Gender

☐ Male ☒ Female

Date of Birth: month, day, year

09/08/1986

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 ☐

10/23/2018
Date

X 

Signature

Instructions for Voting by Mail on Back
(Al Dorso: Instrucciones si vote por correo)

B3-1-41 (10/09)

STATEMENT OF RESIDENCE

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

CONSTANCIA DE DOMICILIO PERMANENTE

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

Last Name Include suffix if any Apellido Incluir sufijo si lo hay (Jr., Sr., III)	**First Name** Nombre de pila	**Middle Name** (If any) Segundo nombe (si aplica)	**Former Name** Apellido anterior
Kelly	Mackenzie	Anne	

Residence Address: Street Address and Apartment Number, City, State, and Zip. If none, describe where you live. (Do not include P.O. Box, Rural Route, or Business Address)
Domicilio residencial: Número y calle, y número de apartamento, Ciudad, Estado, y Código postal. Si no existe un domicilio, describa donde vive (no incluya apartados postales, rutas rurales o dirección del trabajo).

6800 McNeil dr # 1718
Austin, TX 78729

Gender (Optional)
Sexo (Optativo)

☐ Male Masculino

☒ Female Femenino

Mailing Address: Address, City, State, and Zip: If mail cannot be delivered to your residence address.
Dirección postal: Número y calle, y número de apartamento, Ciudad, Estado, y Código postal (si no se puede entregar correo en su domicilio residencial).

3904 Skipton dr
Austin, TX 78727

Austin City Council District 7

Date of Birth: month, day, year
Fecha de Nacimiento: mes, dia, año

09/08/1986

Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety)
No. de licencia de conducir de Texas o no. de identificación personal de Texas (Expedido por el Departamento de Seguridad Pública)

[redacted]

If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number.
Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos digitos de su número de Seguro Social.

XXX-XX-☐☐☐☐

☐ **I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.**
Yo no tengo una Licencia de conducir de Texas/Cédula de identidad personal de Texas o Número de Seguro Social.

- **I am a resident of this county and a U.S. citizen; and**
- **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.**

- soy residente de este condado y ciudadano de los Estados Unidos; y
- 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 ó parcialmente, como discapacitado mental sin derecho al voto, por el fallo final de un juzgado de sucesiones.

X [signature]

Date 11/2/16

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

VOTING BY MAIL:

The r... ...by mail does not match the residence address at which ...has received information which indicates that you may ... ...statement of residence and return it in the carrier envel...

If the 000683059 **· ballot will not be counted.**

Your statement of residence will be reviewed to determine that your permanent residence address is still in the political jurisdiction before your ballot is counted. The residence address on the application for ballot by mail must be the same as the residence address on the statement of residence. The statement of residence 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.

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 get your voter registration transferred. You will receive a new voting certificate from the voter registrar in your new county.

You must sign the card. If you have any question you may call _____.

SI VOTA POR CORREO:

Ya que su solicitud de una boleta electoral postal contiene un domicilio o dirección permanente distinto al domicilio bajo cual está inscrito para votar, o ya que la Oficina del Registro Electoral tiene información que indica que usted se ha mudado, será necesario que complete la Constancia de domicilio permanente aquí incluida, y que la devuelva con su boleta electoral completada (o sea, la que ha marcado su voto) en el sobre proporcionado.

Si no nos envía la Constancia de domicilio permanente, su voto no se incluirá en el conteo final.

Antes de incluir sus votos en el conteo final, se verificará que su nuevo domicilio permanente aún queda dentro de la jurisdicción apropiada. El domicilio postal indicado en la solicitud de una boleta postal tiene que ser el mismo que aparece en la Constancia de domicilio permanente. Esta Constancia será enviada a las Oficinas del Registro Electoral para que las actas de inscripción electoral sean modificadas y Ud. recibirá una cédula electoral nueva que indicará el número de su nuevo recinto electoral, si esto fuera a cambiarse, y su nuevo domicilio permanente.

Si se determina que su residencia anotada en este formulario se ubica en otro condado, este formulario se enviará a la Oficina del Registro Electoral del nuevo condado para transferir su inscripción electoral. Usted recibirá una nueva cédula electoral de la Oficina del Registro Electoral de su nueva condado.

Es necesario que firme la tarjeta.
Para mayor información o para aclarar cualquier duda, por favor llame al _____.

District 6 address

RECEIVED
SEP – 9 2014
WC ELECTIONS

Texas Voter Registration Application

For Official Use Only

Prescribed by the Office of the Secretary of State VR17.2011E.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? [redacted]

2 Last Name Include Suffix if any (Jr, Sr, III)	First Name	Middle Name (if any)	Former Name (if any)
Kelly	Mackenzie		

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	TEXAS
6800 Mcneil dr #1718	Austin	
	County: Williamson	Zip Code: 78729
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
09/05/1986	☐ Male ☒ Female	[redacted]

8 Texas Driver's License No. or Texas Personal I.D. No. (issued by the Department of Public Safety): [redacted]

If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number: XXX-XX-5154

☐ 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 07/28/2014

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

TRAVIS COUNTY VOTERS
AUG 12 2014
RECEIVED

District 6 address

3414582 VUID VRC - 0

Last Name	First Name	Middle Name	Former Name
KELLY	MACKENZIE-ANNE		

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

9900 A HUNDRED OAKS CIR AUSTIN TX - TRAVIS

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

9900 A HUNDRED OAKS CIR TX 78750-

Gender

☐ Male ☒ Female

Date of Birth: month, day, year

09/08/1986

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 ☐

02/12/2014
Date

X M. Kelly
Signature

District 6 address

1267358 VUID 1131782380 VRC C - 250957

Last Name	First Name	Middle Name	Former Name
KELLY	MACKENZIE-ANNE		

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

9900 A HUNDRED OAKS CIR AUSTIN TX - TRAVIS

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

9900 A HUNDRED OAKS CIR TX 78750-

Gender

☐ Male ☒ Female

Date of Birth: month, day, year

09/08/1986

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 ☐

10/20/2011
Date

X 
Signature