

Last Search

VRC Number

C

90010847

MUSHTALER, JENNIFER LYNN

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
P20	3/03/2020	DEMO		3/03/2020	1410	234
G19	11/05/2019			10/25/2019	1805	234
GA18	5/05/2018			5/05/2018	1834	234
G16	11/08/2016			11/08/2016	1841	233
G12	11/06/2012			10/31/2012	1805	
PR02	4/09/2002	REP B		4/09/2002		
G90	11/06/1990			11/06/1990		

# Texas Voter Registration Application

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

## 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.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State VR17.06E.p65  
For Official Use Only

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.

## 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 the above, do not complete this form.
- Are you interested in serving as an election worker?  Yes  No

● Continue below to complete application.

Last Name: MUSATLER First Name: JENNIFER Middle Name (if any): Former Name: NOSSAMAN

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.)  
3709 PAPPYS WAY, AUSTIN, TX 78730

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code: If mail cannot be delivered to your residence address.  
3709 PAPPYS WAY, AUSTIN, TX 78730

Date of Birth: month, day, year 1/30/71 Gender (Optional)  Male  Female

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

Check if you do not have a TX Driver's License, or Personal Identification Number

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

Check if you do not have a 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.

- 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.

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.  
Jennifer Musatler Date: 9.18.10

Telephone Number, Include Area Code (Optional)

For Assistance  
Call your local Voter Registrar or  
Office of the Secretary of State  
Toll Free: *Si necesita asistencia*  
*llame gratis al:* 1-800-252-VOTE(8683)  
www.sos.state.tx.us

AUSTIN TX 78701

20 SEP 2010 9AM 5 L



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

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY) (ZIP CODE)

TRAVIS , TX 78701



*Fold on line and seal before mailing*

**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of the identification numbers, then you must

indicate by checking the appropriate box on the application side.

**Identification Requirement**

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification-with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

**Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
ayuda en Español.**

# Update your address before you vote.

1140492295 MUSHTALER, JENNIFER  
3709 PAPPYS WAY  
AUSTIN 233F



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):
Former Name (if any):	Date of Birth (month, day, year): ____ / ____ / _____	Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> 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.)		County of New Address
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 / 18 / 16

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@traviscountytx.gov](mailto:election@traviscountytx.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.

<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>
<b>Dirección Postal:</b> 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 - _____	
<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@traviscountytx.gov](mailto:election@traviscountytx.gov) si tiene alguna pregunta.

11735682	VOID	1140492295	VRC	C - 90010847
Last Name		First Name		Middle Name
MUSHTALER		JENNIFER		LYNN
Former Name				

Residence Address: Street Address and Apartment Number, City, State, Zip  
 8500 BIG VIEW DR AUSTIN TX 78730-1538 TRAVIS

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, Zip  
 8500 BIG VIEW DRIVE TX 78730-

Gender  
 Male  Female

Date of Birth: month, day, year  
 01/30/1971

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

01/23/2019  
 Date

X Jennifer Mushtaler  
 Signature