

2408 10/2/2008 10:05:00 15:50

Texas Voter Registration Application VR17.08E13	For Official Use Only 00503393
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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 Ott	First Name Marc	Middle Name (If Any) Anthony	Former Name
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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) 11213 Cusseta Lane	City Austin	State TX	Zip Code 78739
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4 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.	City	State	Zip Code
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5 Date of Birth: (mm/dd/yyyy) 01/03/1956	6 Gender (Optional) Male	7 Telephone Number, include Area Code (Optional) (512) 394-0178
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8 TX Driver's License No. or 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

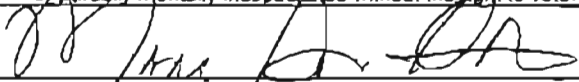
Check if you do not have a TX Driver's License, or Personal Identification Number

Check if you do not have a 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.

I affirm that I

- am a resident of this county and U.S. Citizen,
- 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 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 

10/2/08
Date

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



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

Prescribed by the Secretary of State
85-2040 9/09

VOTER REGISTRATION ADDRESS CONFIRMATION (CONTESTACION A LA CONFIRMACION DE DOMICILIO PARA EFECTOS)

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this form, please call free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us



002966366

Favor de llenar cada sección con letra de molde LEGIBLE. Si tiene dudas acerca de esta formulario, contacte el Estado al 1-800-252-VOTE(8683), TDD (servicio para sordos) 1-800-735-2989 o visite www.sos.state.tx.us

NOV 24 2009

Last Name (Apellido usual); Incluir su hijo si lo hay	First Name (Su nombre de pila)	Middle Name (if any) (Segundo Nombre) (si aplica)	Former Name (Apellido anterior)
OTT	MARC	A	

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 estas datos, describa la ubicación de su residencia. (No incluye su apartado postal ni su ruta rural.)

11213 CUSSETA LN, AUSTIN, TX 78739

Mailing Address: Address, City, State and ZIP: if mail cannot be delivered to your residence address.
Dirección Postal, Ciudad, Estado, y Código Postal (Si es imposible entregarle correspondencia a domicilio)

Date of Birth: month, day, year Fecha de Nacimiento (mes, día, año)	Gender (Optional) Sexo (Opcional)
01/03/1956	<input checked="" type="checkbox"/> Male Masculino <input type="checkbox"/> Female Femenino

Fold on dotted line (doblar en la línea punteada)

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

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

[Empty box for license or ID number]

XXX-XX- [] [] [] []

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number
Yo no tengo licencia de conducir de Texas/cédula de identidad personal de Texas ni un número de seguro social.

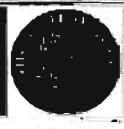
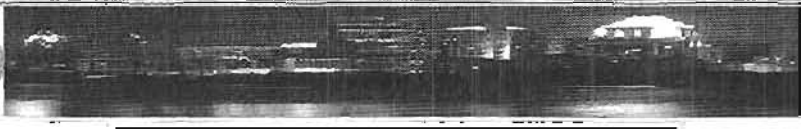
- I am a resident of this county and a U.S. citizen;
 - I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
 - I have not been determined by a final judgement 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;
no he sido condenado por un delito grave, o en caso de ser delincuente, ha 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 [Signature]

Date
Fecha 11/22/09

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 ésta con el solicitante, o nombre en letra de molde del solicitante si la firma es la de un testigo, y fecha.

Home
 Dead
 BOOR
 Home Owner Extension
 New Construction
 Colony
 No Post



VTHIST

VOTER HISTORY SCREEN



Last Search: VRC Number Enter Password

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct	Override User ID	Image ID
GA12	5/12/2012			5/12/2012	0348			X
GR11	6/18/2011			6/14/2011	1302			
GA11	5/14/2011			5/14/2011	1102			
G10	11/02/2010			10/26/2010	1303			
P10	3/02/2010	DEMO		3/02/2010	1104			
GA09	5/09/2009			5/09/2009	1102			
G08	11/04/2008			10/30/2008	2005			



Roll Back

Last Updated: User Name Date

*Election Codes/Party Code/Place Voted F3=Exit F4=DELETE