

ELECTION COMPLAINT TO THE TEXAS SECRETARY OF STATE

| | | |
|---------------|------------------------|---|
| Docket Number | OFFICE USE ONLY | Date Hand-delivered or Date Postmarked / / |
|---------------|------------------------|---|

Please read the Important Information at the end of this document. The Secretary of State has no authority to order a new election, change an election result, or conduct a criminal investigation. A complaint filed with this form will not alter the results of an election.

This complaint form MUST BE SIGNED before it is submitted to the Secretary of State; therefore, you must print it out and sign it before mailing or faxing a copy or emailing a scanned, signed copy.

I. IDENTITY OF COMPLAINANT

| | | | | |
|---|---|--------------|------|-------------------------------------|
| 1 COMPLAINANT NAME | MS / MRS / MR | FIRST | MI | |
| | NICKNAME | LAST | | SUFFIX |
| 2 COMPLAINANT PHYSICAL ADDRESS | ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) | | CITY | STATE ZIP CODE |
| <i>(Full home or business address, including street, city, state, and zip code)</i> | | | | |
| 3 COMPLAINANT MAILING ADDRESS | ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) | | CITY | STATE ZIP CODE |
| <input type="checkbox"/> (check if same as above) | <i>(Full home or business address, including street, city, state, and zip code)</i> | | | |
| 4 COMPLAINANT TELEPHONE NUMBER | AREA CODE | PHONE NUMBER | EXT | 5 COMPLAINANT E-MAIL ADDRESS |

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

| | | | | |
|---|---|--------------|------|--|
| 6 RESPONDENT NAME | MS / MRS / MR | FIRST | MI | |
| | NICKNAME | LAST | | SUFFIX |
| 7 RESPONDENT POSITION OR TITLE | | | | |
| 8 RESPONDENT PHYSICAL ADDRESS | ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) | | CITY | STATE ZIP CODE |
| <i>(Full home or business address, including street, city, state, and zip code)</i> | | | | |
| 9 RESPONDENT MAILING ADDRESS | ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) | | CITY | STATE ZIP CODE |
| <input type="checkbox"/> (check if same as above) | <i>(Full home or business address, including street, city, state, and zip code)</i> | | | |
| 10 RESPONDENT TELEPHONE NUMBER | AREA CODE | PHONE NUMBER | EXT | 11 RESPONDENT E-MAIL ADDRESS (IF KNOWN) |

GO TO PAGE 2

III. NATURE OF ALLEGED VIOLATION**Page2**

If you believe that a criminal violation of the Code has occurred, please state the specific acts committed by the person or entity named in this complaint, along with a reference to the section of the Code alleged to have been violated, if known. If you need more space, please attach a separate sheet.

Unlawful Assistance on an Application for Ballot by Mail per Sec. 84.003 of the Election Code.

Sec. 84.003 SIGNING APPLICATION BY WITNESS; ASSISTING APPLICANT. (a) An early voting ballot application signed for the applicant by a witness other than the early voting clerk or a deputy must indicate the witness's relationship to the applicant or, if unrelated, indicate that fact.

(b) A person who acts as a witness for an applicant for an early voting ballot application commits an offense if the person knowingly fails to comply with Section 1.011. A person who in the presence of the applicant otherwise assists an applicant in completing an early voting ballot application commits an offense if the person knowingly fails to comply with Section 1.011(d) in the same manner as a witness.

(c) An offense under this section is a Class A misdemeanor.

ATTACH ADDITIONAL PAGES AS NEEDED

IV. STATEMENT OF FACTS

State the facts constituting the alleged violation(s), including the dates on which or the period of time in which the alleged violation(s) occurred. Identify allegations of fact not personally known to the complainant, but alleged on information and belief. Please use simple, concise, and direct statements.

ELECTION IN WHICH VIOLATION(S) OCCURRED

NAME OF ELECTION General Election DATE OF ELECTION 11/07/2017
MM/DD/YYYY
COUNTY OR POLITICAL SUBDIVISION City of Robstown PRECINCT 13

The voter's Application for Ballot by Mail (ABBM) was clearly filled out by Amanda "Mandy" Barrera, yet Barrera failed to fill out the assistant portion of the ABBM. This is a violation of Sec. 84.003 of the Election Code.

The voter is: Maria Lerma, 620 Huisache St., Robstown, TX 78380.

ATTACH ADDITIONAL PAGES AS NEEDED

V. LISTING OF DOCUMENTS AND OTHER MATERIALS

Page 4

List all documents and other materials filed with this complaint. Additionally, list all other documents and other materials that are relevant to this complaint and that are within your knowledge, including their location, if known.

Attached are a copy of the front side of the voter's Application for Ballot by Mail and a copy of the back side of the voter's carrier envelope. Also attached is a copy of an application with the assistant portion filled out and signed by Barrera. This is provided as a handwriting sample.

ATTACH ADDITIONAL PAGES AS NEEDED

VI. SIGNED STATEMENT**Page 5**

I, Aaron Harris, the undersigned,
PRINTED NAME OF COMPLAINANT
under penalty of perjury do swear or affirm that the information contained in this
complaint is true and correct to the best of my knowledge.

I have read and understand the accompanying instructions, and I am aware that
completion of this form cannot and will not alter the outcome of the election.


SIGNATURE OF COMPLAINANT

**NOTICE: THIS COMPLAINT IS NOT CONFIDENTIAL; ONCE REVIEWED BY
THE SECRETARY OF STATE, IT WILL BE TREATED AS A PUBLIC RECORD.**

REMINDER: YOU MUST SIGN THIS FORM PRIOR TO SUBMITTING**IF MAILING, PLEASE SEND TO:**

Texas Secretary of State
Elections Division
c/o Legal Dept.
P.O. Box 12060
Austin, TX 78711

IF FAXING, PLEASE SEND TO:

512.475.2811

IF EMAILING, PLEASE SEND TO:

elections@sos.state.tx.us

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
AG-15e 08/15

For Official Use Only
VUID #: County Election Precinct # **13.01 1040353069**
Statement of Residence, etc.

1 Last Name (Last name only information) **Lerma** Suffix (Jr., Sr., III, etc.) _____ First Name **Maria** Middle Initial _____

2 Residence Address: (See back of this application for instructions.) **1040 Huisache** City **Robstown**, TX Zip Code **78380**

3 Mail my ballot to: (If mailing address differs from residence address, please complete Box # 7.) City _____ State _____ Zip Code _____

4 Date of Birth (mm/dd/yyyy) (Optional) **04/19/1936**

5 Reason for Voting by Mail:

- I am 65 years of age or older. (Complete Box #6a)
- I am blind. (Complete Box #6a)
- Expected absence from the county. (Complete Box #6b and Box #8)
I will receive a ballot for the upcoming election only.
- I am confined in jail. (Complete Box #6b)
I will receive a ballot for the upcoming election only.

7 If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed. See reverse for instructions.

- Mailing Address as listed on my voter registration certificate
- Nursing home, assisted living facility, or long term care facility
- Hospital
- Retirement Center
- Address of the jail
- Relative, relationship: _____
- Address outside the county (see Box #8)

6a ONLY Voters 65 Years of Age or Older or Voters with a Disability:
If applying for an election, select appropriate box.
If applying for elections in the calendar year, select "Annual Application."

Annual Application

Understand Other Elections: I understand
 I do not understand

Primary Elections: You must declare one political party to vote in a primary.
 Democratic Primary
 Republican Primary

Any Resulting Runoff

8 If you selected "expected absence from the county," see reverse for instructions

□□/□□/□□□□ — □□/□□/□□□□

Date you can begin to receive mail at this address Date of return to residence address

9 Contact Information (Optional)*
Please list phone number and/or email address:
* Used in case our office has questions.

Notice to Voter: Effective September 1, 2017, you may submit a completed, signed and scanned application to the early voting clerk at _____
(early voting clerk's e-mail address)

6b ONLY Voters Absent from County or Voters Confined in Jail:
You may only apply for a ballot by mail for one election, and any resulting runoff.
Please check the appropriate box.

Understand Other Elections: I understand
 I do not understand

Primary Elections: You must declare one political party to vote in a primary.
 Democratic Primary
 Republican Primary

Any Resulting Runoff

10 "I certify that the information given in this application is true, and I understand that giving false information in this application is a crime."

→ **X** *Maria Lerma* RECEIVED

SIGN HERE
If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.

OCT 09 2017
KARA SANDS

If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.

11 See back for Witness and Assistant definitions.

If applicable, I am unable to mark Box #10 and you are acting as a Witness to that fact, please check this box and sign below.

If you have helped the applicant in completing this application in the applicant's presence or e-mailed/mailed or faxed the application on behalf of the applicant, please check this box as an Assistant and sign below.

* If you are acting as Witness and Assistant, please check both boxes. Failure to complete this information is a Class A misdemeanor if signature was witnessed or applicant was assisted in completing the application.

X _____
Signature of Witness/Assistant

X _____
Printed Name of Witness/Assistant

Street Address _____ Apt Number (if applicable) _____
City _____ State _____ Zip _____

City _____ State _____ Zip _____

Witness' Relationship to Applicant
(Refer to Instructions on back for clarification)

Instructions to Voter: Seal this envelope, and then sign your name in space below. This envelope must be sealed by the voter before it leaves the voter's hands. Do not sign this envelope unless the ballot has been marked by you or at your direction. **This carrier envelope may not be used to return more than one voter's ballot.** However, more than one carrier envelope may be placed together in another envelope if the additional carrier envelope(s) belong to a person registered to vote at the same address. This carrier envelope must be returned by mail, by common or contract carrier, or in person by the voter on election day at the early voting clerk's office. (Instrucciones al Votante: Selle este sobre, y después firme su nombre en el espacio proporcionado abajo. Este sobre debe de ser sellado por el votante antes de que el votante lo entregue. No firme este sobre a menos de que la boleta haya sido llenada por usted, o bajo su dirección. **Este sobre oficial no debe ser utilizado para entregar la boleta de más de un solo votante.** Sin embargo, más de un solo sobre oficial puede ser colocado dentro de otro sobre si el sobre(s) oficial adicional le pertenece a un votante registrado para votar bajo la misma dirección. Este sobre oficial debe ser enviado por correo, por medio de un transportista público o comercial, o ser entregado en persona por el votante el día de la elección en la oficina del secretario de votación temprana.)

I certify that the enclosed ballot expresses my wishes independent of any dictation or undue persuasion by any person. (Certifico que la boleta adjunta expresa mis deseos independientemente de ningún dictado o persuasión indebida por parte de cualquier persona.)

X Maria M. Lerma
SIGNATURE OR MARK OF VOTER (FIRMA O MARCA DEL VOTANTE)

SEAL ENVELOPE AND SIGN OVER SEALED FLAP (SELLE EL SOBRE Y FIRME ENCIMA DE SOLAPA DEL SOBRE)

Instructions to Assistant: A voter may only be assisted with reading or marking the ballot if they have a physical disability that renders them unable to write or see, or have an inability to read the language in which the ballot is written. If you are assisting the voter, you must read the oath and complete the section below, before assisting the voter. (Instrucciones al Asistente: Un votante puede recibir ayuda para leer o llenar la boleta solamente si el votante tiene una discapacidad física la cual le impide escribir o ver, o si no tiene la habilidad de leer el lenguaje en el cual la boleta está escrita. Si usted le proporcionará ayuda a un votante, usted debe leer el juramento y llenar la siguiente sección abajo, antes de asistir al votante.)

Oath of Person Assisting Voter: I swear (or affirm) that I will not suggest, by word, sign, or gesture, how the voter should vote; I will confine my assistance to answering the voter's questions, to stating propositions on the ballot, and to naming candidates and, if listed, their political parties; I will prepare the voter's ballot as the voter directs; and I am not the voter's employer, an agent of the voter's employer, or an officer or agent of a labor union to which the voter belongs. (Juramento de la Persona Asistiendo al Votante: Juro (o afirmo) que no sugeriré con palabras, señales, o gestos, la manera en la cual el votante debe votar; limitare mi asistencia a responder las preguntas del votante, leer propuestas en la boleta, nombrar a los candidatos, y si es mencionado, su partido político; prepararé la boleta del votante de acuerdo a sus instrucciones; y yo no soy el empleador del votante, un agente del empleador del votante, o un oficial o agente de un sindicato al cual el votante pertenece.)

Instructions to Witness: You are serving as a witness for _____ (name of voter). You must complete the section below if you witness the mark of the voter, or if the voter cannot make a mark. If the voter cannot make a mark, check here _____. (Instrucciones al Testigo: Usted está fungiendo como testigo para _____ (nombre del votante). Usted debe llenar la siguiente sección abajo si usted fue testigo de que el votante firmo, o de que el votante no puede firmar. Si el votante no puede firmar, marque sus iniciales aquí _____.)

Instructions to Person Depositing Carrier Envelope In Mail or to Common or Contract Carrier: If you are assisting a voter by depositing the carrier envelope in the mail or with a common or contract carrier, you must complete the section below. (Instrucciones a la Persona Quien Deposite el Sobre Oficial en el Correo o Entregue al Transportista Público o Comercial: Si usted asistirá al votante a depositar el sobre oficial en el correo o con un transportista público o comercial, usted debe llenar la sección que aparece abajo.)

If you are an assistant or witness, check the appropriate box below and provide information: (Si usted es un asistente o testigo, marque la casilla correcta y proporcione su información):

| | | | | |
|--------------------------|-------------------------|-------------------|-------------------------------|--|
| <input type="checkbox"/> | Assistant/ Asistente | _____ | _____ | _____ |
| <input type="checkbox"/> | Witness/ Testigo | Signature (Firma) | Printed Name (Nombre impreso) | Street Address (Domicilio residencial) |
| <input type="checkbox"/> | Assistant/ Asistente | _____ | _____ | _____ |
| <input type="checkbox"/> | Witness/ Testigo | Signature (Firma) | Printed Name (Nombre impreso) | Street Address (Domicilio residencial) |

Completed by Early Voting Clerk: Name of Election (Nombre de Elección): _____

Name of Voter (Nombre del votante): _____ Date of Election (Fecha de Elección): _____/_____/_____

DO NOT REMOVE PERFORATED TABS. Moisten here and fold bottom to top to seal.

DO NOT REMOVE PERFORATED TABS. Moisten here and fold bottom to top to seal.

| Application for Ballot by Mail | | Prescribed by the Office of the Secretary of State of Texas AS-15e 08/15 | For Official Use Only VUID #, County Election Precinct #, Statement of Residence, etc. 104.01 1039431516 |
|--------------------------------|--|--|--|
| 1 | Last Name (Please print information) <u>Keyes</u> | Suffix (Jr., Sr., III, etc) | First Name <u>Alta</u> |
| 2 | Residence Address: See back of this application for instructions. <u>1002 Kansas</u> | City <u>Robstown</u> | State <u>TX</u> |
| 3 | Mail my ballot to: if mailing address differs from residence address, please complete Box # 7. | City | State Zip Code |
| 4 | Date of Birth (mm/dd/yyyy) (Optional) <u>12/28/1929</u> | | Middle Initial |
| 5 | Reason for Voting by Mail: <input checked="" type="checkbox"/> 65 years of age or older. (Complete Box #6a) <input type="checkbox"/> Disability. (Complete Box #6a) <input type="checkbox"/> Expected absence from the county. (Complete Box #6b and Box #8) You will receive a ballot for the upcoming election only <input type="checkbox"/> Confinement in jail. (Complete Box #6b) You will receive a ballot for the upcoming election only | 7 | If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed. See reverse for instructions. <input type="checkbox"/> Mailing Address as listed on my voter registration certificate <input type="checkbox"/> Nursing home, assisted living facility, or long term care facility <input type="checkbox"/> Hospital <input type="checkbox"/> Retirement Center <input type="checkbox"/> Address of the jail <input type="checkbox"/> Relative; relationship _____ <input type="checkbox"/> Address outside the county (see Box #8) |
| 6a | ONLY Voters 65 Years of Age or Older or Voters with a Disability: If applying for one election, select appropriate box. If applying once for elections in the calendar year, select "Annual Application." <input checked="" type="checkbox"/> Annual Application Uniform and Other Elections: <input type="checkbox"/> May Election <input checked="" type="checkbox"/> November Election <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Any Resulting Runoff Primary Elections: You must declare one political party to vote in a primary: <input checked="" type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary | 8 | If you selected "expected absence from the county," see reverse for instructions _____ Date you can begin to receive mail at this address _____ Date of return to residence address |
| 6b | ONLY Voters Absent from County or Voters Confined In Jail: You may only apply for a ballot by mail for one election, and any resulting runoff. Please select the appropriate box. Uniform and Other Elections: <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Other _____ <input type="checkbox"/> Any Resulting Runoff Primary Elections: You must declare one political party to vote in a primary: <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary | 9 | Contact information (Optional)* Please list phone number and/or email address: * Used in case our office has questions. Notice to Voter: Effective September 1, 2015, you may submit a completed, signed and scanned application to the early voting clerk at _____ (early voting clerk's e-mail address) |
| 10 | "I certify that the information given in this application is true, and I understand that giving false information in this application is a crime." | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center;">Date OCT 11 2017</p> <p style="text-align: center;">KARA SANDS CLERK OF THE COUNTY COURT NUECES COUNTY TEXAS</p> </div> <p>SIGN HERE If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.</p> | |
| 11 | See back for Witness and Assistant definitions. If applicant is unable to mark Box #10 and you are acting as a Witness to that fact, please check this box and sign below. <input type="checkbox"/> If you assisted the applicant in completing this application in the applicant's presence or e-mailed/mailed or faxed the application on behalf of the applicant, please check this box as an Assistant and sign below. <input checked="" type="checkbox"/> * If you are acting as Witness and Assistant, please check both boxes. Failure to complete this information is a Class A misdemeanor if signature was witnessed or applicant was assisted in completing the application. | Signature of Witness/Assistant: <u>[Signature]</u> Street Address: <u>313 Tetama Drive</u> State: <u>TX</u> Printed Name of Witness/Assistant: <u>Mandy Barwick</u> City: <u>Robstown</u> Zip: <u>78380</u> Witness' Relationship to Applicant (Refer to Instructions on back for clarification) | |

Este formulario está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo al 1.800.252.8683 a la oficina del Secretario de Estado o la Secretaría de Votación por Adelantado.