

ELECTION COMPLAINT TO THE TEXAS SECRETARY OF STATE

Docket Number	OFFICE USE ONLY	Date Hand-delivered or Date Postmarked / /
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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	<u>General Election</u>	DATE OF ELECTION MM/DD/YYYY	<u>11/07/2017</u>
COUNTY OR POLITICAL SUBDIVISION	<u>City of Robstown</u>	PRECINCT	<u>13</u>

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: Emma Sanchez, 537 W Avenue E, 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

Solicitud de Boleta Postal

Por orden de la Secretaría del Estado de Texas
A5-15e 08/15

For Official Use Only
VUID #, County Election Precinct #,
Statement of Residence, etc.

13.01 1039786782

1	Apellido (Escriba con Letra de Molde) <u>Sanchez</u>	Sufijo (Jr., Sr., III, etc)	Primer nombre <u>Emma</u>	Inicial de segundo nombre <u>MA</u>
2	Domicilio residencial - Vea la parte de atrás de esta solicitud para instrucciones. <u>537 W Ave E</u>		Ciudad <u>Robstown</u>	Estado <u>TX</u> Código postal <u>78380</u>
3	Enviar mi boleta a: Si la dirección postal es diferente de la de su domicilio residencial, favor de completar el Cuadro # 7.		Ciudad	Estado Código postal

4 Fecha de nacimiento: (mm/dd/aaaa) (Opcional)

1	1	1	6	1	9	4	1
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5 Motivo para votar por correo:

65 o más años de edad. (Completar Cuadro #6a)

Minusvalidez. (Completar Cuadro #6a)

Expectativa de estar fuera del condado. (Completar Cuadro #6b y Cuadro #8)
Usted recibirá una boleta solo para la próxima elección

Encarcelamiento. (Completar Cuadro #6b)
Usted recibirá una boleta solo para la próxima elección

7 Si pide que se envíe su boleta a otra dirección (distinta a la de su residencia), indique adónde hay que enviarla. Vea el reverso para instrucciones.

La dirección postal que aparece en mi certificado de inscripción electoral Dirección de la cárcel

Asilo de ancianos o centro de cuidado de largo plazo Parente; indique el parentesco _____

Hospital Dirección fuera del condado (vea el Cuadro #8)

Centro de Jubilados

6a SÓLO los Votantes de 65 años de Edad o Mayores o los Votantes con Minusvalidez: Si solicita una elección, seleccione la casilla apropiada. Si usted está solicitando para todas las elecciones en el año calendario, seleccione "Aplicación Anual."

Aplicación Anual

Uniforme y otra Elecciones:

Elección en mayo

Elección en noviembre

Otra _____

Cualquier elección de desempate

Elecciones Primaria:
Deberá declarar un solo partido político para votar en una elección primaria:

Demócrata

Republicano

8 Si escogió "Expectativa de estar fuera del condado" vea la parte de atrás para instrucciones.

Fecha en que podrá recibir su correspondencia en la dirección. Fecha que regresará a su dirección residencial

□□/□□/□□□□ □□/□□/□□□□

9 Información de contacto (Opcional)*
Favor de dar su número telefónico y/o correo electrónico:
* Utilizado en caso de que la oficina tenga preguntas.

Aviso al votante: A partir del 1° de septiembre, 2015 usted puede entregar una solicitud completada, firmada, y escaneada al (la) secretario(a) de votación adelantada al _____
(correo electrónico del (la) secretario(a) de votación adelantada)

6b SÓLO los Votantes Ausente del Condado o Votantes Encarcelados: Usted solo puede solicitar una boleta por correo para una elección, y cualquier votación secundaria resultante. Por favor, seleccione la casilla correspondiente.

Uniforme y otra Elecciones:

Elección en mayo

Elección en noviembre

Otra _____

Cualquier elección de desempate

Elecciones Primaria:
Deberá declarar un solo partido político para votar en una elección primaria:

Demócrata

Republicano

10 "Certifico que la información que se proporciona en esta solicitud es cierta y entiendo que es delito dar información falsa."

Emma M. Sanchez RECEIVED 10/2/17

FIRME AQUÍ
Si el solicitante no puede firmar o hacer una marca en la presencia de un testigo, el testigo debera completar Cuadros #11.

OCT 09 2017
KARA SANDS
COUNTY CLERK

Si alguien le ayudó a completar esta solicitud o la envió de parte de usted, entonces esa persona debe de completar la sección a continuación.

11 Véase al dorso para definiciones de Testigo y Asistente.
Si el solicitante no puede marcar Cuadro #10 y actúa como Testigo, favor de marcar este cuadro y firme abajo.

Si usted le ayudó al solicitante llenar esta aplicación en presencia del solicitante o si envió esta solicitud por correo postal, correo electrónico, o por fax en nombre del solicitante, favor de marcar este cuadro como Asistente y de firmar abajo.

* Si usted actúa como Testigo y Asistente, por favor marque ambas casillas. El omitir esta información es un delito menor Clase A si acaso la firma se atestiguó o si el solicitante recibió ayuda para llenar esta solicitud.

<u>X</u> Firma del Testigo/Asistente.	<u>X</u> Nombre completo del Testigo/Asistente en letra de molde.
_____ Dirección	_____ Ciudad
_____ Número de apartamento (si aplica)	_____ Código postal
_____ Estado	Parentesco entre el/la Solicitante y su Testigo (Vea las instrucciones atrás para una aclaración)

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.)

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

X 
SIGNATURE OR MARK OF VOTER (FIRMA O MARCA DEL VOTANTE)

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 proporciona 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.
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>		
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; display: inline-block;"> X </div> SIGN HERE If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.		
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;"> RECEIVED Date OCT 11 2017 </div> <div style="text-align: right;"> KARA SANDS CLERK OF THE COUNTY COURT NUECES COUNTY TEXAS </div>			
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 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.		
	<u>x</u> <u>Sube</u> Signature of Witness/Assistant <u>313 Tetama Drive</u> Street Address Apt Number (if applicable) <u>TX</u> State	<u>x</u> <u>Mandy Barwick</u> Printed Name of Witness/Assistant <u>Robstown</u> City <u>78380</u> Zip	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.