

PC-13-01

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas A5-15a 08/15

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

1040352638

1	Last Name (Please print information) Vasquez	Suffix (Jr., Sr., III, etc)	First Name Beatrice	Middle Initial R.
2	Residence Address: See back of this application for instructions. 621 Huisache St.		City Robstown	State TX
3	Mail my ballot to: If mailing address differs from residence address, please complete Box # 7. 621 Huisache St.		City Robstown	State TX
4	Date of Birth (mm/dd/yyyy) (Optional)			

5	<input type="checkbox"/> Expected absence from the county. (Complete Box #5b and Box #8) You will receive a ballot for the upcoming election only. <input type="checkbox"/> Confinement in jail. (Complete Box #8b) 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)
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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."

Annual Application

Uniform and Other Elections:
 May Election
 November Election
 Other _____
 Any Resulting Runoff

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

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

□ □ / □ □ / □ □ □ □	—	□ □ / □ □ / □ □ □ □
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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, 2015, 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 select the appropriate box.

Uniform and Other Elections:
 May Election
 November Election
 Other _____
 Any Resulting Runoff

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

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** Beatrice R. Vasquez Date 10-10-17

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

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.

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.

*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.

<input checked="" type="checkbox"/>	Signature of Witness /Assistant	<input checked="" type="checkbox"/>	Printed Name of Witness/Assistant
_____	_____	_____	_____
Street Address	Apt Number (if applicable)	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 *Beatriz R. Vasquez*
 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):** ____/____/____