

## ELECTION COMPLAINT TO THE TEXAS SECRETARY OF STATE

Docket Number	<b>OFFICE USE ONLY</b>	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

<b>1</b> COMPLAINANT NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
<b>2</b> 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>			
<b>3</b> 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>			
<b>4</b> COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	<b>5</b> COMPLAINANT E-MAIL ADDRESS

### II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

<b>6</b> RESPONDENT NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
<b>7</b> RESPONDENT POSITION OR TITLE				
<b>8</b> 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>			
<b>9</b> 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>			
<b>10</b> RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	<b>11</b> 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 with a Ballot by Mail per Sec. 86.010 of the Election Code.

Sec. 86.010. ASSISTING VOTER. (a) A voter casting a ballot by mail who would be eligible under Section 64.031 to receive assistance at a polling place may select a person as provided by Section 64.032(c) to assist the voter in preparing the ballot.

(b) Assistance rendered under this section is limited to that authorized by this code at a polling place.

(c) The person assisting the voter must sign a written oath prescribed by Section 64.034 that is part of the certificate on the official carrier envelope.

(d) If a voter is assisted in violation of Subsection (a) or (b), the voter's ballot may not be counted.

(e) A person who assists a voter to prepare a ballot to be voted by mail shall enter the person's signature, printed name, and residence address on the official carrier envelope of the voter.

(f) A person commits an offense if the person knowingly fails to provide the information on the official carrier envelope as required by Subsection (e).

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 55

During an interview, the voter stated that Rose Flores assisted him with his ballot. Rose Flores did not complete the assistant portion of the carrier envelope and is therefore in violation of Election Code 86.010.

The voter is: Manuel Zavala, 311 W Avenue C, Robstown, TX 78380.


**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

<b>Application for Ballot by Mail</b>		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.	55.02 1038521214
1	Last Name (Please print information) <b>Zavala</b>	Suffix (Jr., Sr., III, etc) <b>Sr.</b>	First Name <b>MANUEL</b>	Middle Initial <b>P</b>
2	Residence Address: See back of this application for instructions. <b>341 WEST AVE C</b>		City <b>Robstown</b> , TX	Zip Code <b>78380</b>
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) <b>10/25/1944</b>			
5	Reason for Voting by Mail: <input checked="" type="checkbox"/> 66 years of age or older. (Complete Box #5a) <input type="checkbox"/> Disability. (Complete Box #5a) <input type="checkbox"/> Expected absence from the county. (Complete Box #8b and Box #8) You will receive a ballot for the upcoming election <u>only</u> . <input type="checkbox"/> Confinement in jail. (Complete Box #8b) You will receive a ballot for the upcoming election <u>only</u> .		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;">                     → <b>X</b> <i>Manuel P. Zavala</i> <span style="float: right;"><b>RECEIVED</b> Date 10/15/17</span> </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="text-align: right; font-size: small;">                     OCT 20 2017                      KARA SANDS                      CLERK OF THE COUNTY COURT                 </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.			
	<b>X</b> <i>[Signature]</i> Signature of Witness/Assistant <b>1000 West 05th St</b> Street Address      Apt Number (if applicable) <b>Rec 45</b> State		<b>X</b> <i>Robert Gonzalez</i> Printed Name of Witness/Assistant <b>Robstown</b> City <b>78380</b> Zip	
	Witness' Relationship to Applicant (Refer to Instructions on back for clarification) <div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>Friend</b></div>			

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 addressee 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 center. (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 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 Manuel Zavala*  
**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 pueda 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	Signature (Firma)	Printed Name (Nombre Impreso)	Street Address (Domicilio residencial)
<input type="checkbox"/> Witness/ Testigo	_____	_____	_____
<input type="checkbox"/> Assistant/ Asistente	Signature (Firma)	Printed Name (Nombre Impreso)	Street Address (Domicilio residencial)
<input type="checkbox"/> Witness/ Testigo	_____	_____	_____

Completed by Early Voting Clerk: **Name of Election (Nombre de Elección):** \_\_\_\_\_

**Name of Voter (Nombre del votante):** \_\_\_\_\_ **Date of Election (Fecha de Elección):** \_\_\_\_/\_\_\_\_/\_\_\_\_