

Colorado Voter Registration Drive Form VRD #: 12-758

For office use only

Voter ID Number:

Date Stamp:

OCT 09 2012

REC'D EPC BLE REC'D VOTER DRIVE

Fill out all fields marked with an asterisk (*). Follow the instructions for other fields. If you do not provide all of the required information, your application to register to vote will not be complete.

Your eligibility to vote

Are you a citizen of the United States? Yes [X] No []
Will you be at least 18 years of age on or before the next Election Day? Yes [X] No []
If you answered "No" to either of the above questions, do not complete this form.

Your name

Last name* [Williams] First name* [OTTIE] Middle name [A]

If you are currently registered to vote with a different name, what is that name?

Your identifying information

Your birthdate* (MM/DD/YYYY) [redacted] Your gender Female [] Male []

You must select one of the following and provide the requested information*

- I have a valid Colorado Driver's License or Colorado ID card (issued by the Dept. of Revenue) and that number is [redacted]
I have not been issued a Colorado Driver's License or ID card, but I have a Social Security Number & the last 4 digits are [0016]
I do not have a Colorado Driver's License, ID card, or a Social Security Number.

Your contact information

Your home address

Street address (No P.O. Boxes)* [1902 K Sanderwood] Apt. or Unit [14] City or Town* [Spring] ZIP Code* [80916] Colorado County [EL PASO]

When did you move to this address? (MM/DD/YYYY) [redacted]

Address where you receive your mail (required if different from your home address)

Mailing address [redacted] Apt. or Unit [] City or Town [] State [] ZIP Code []

Your former address

If you are changing your registration to a new address, you must provide the address where you were formerly registered to vote.

Street address (No P.O. Boxes) [redacted] Apt. or Unit [] City or Town [] State [] ZIP Code []

Your phone number and email

Area code [719] Phone number [550-9260] Email address [redacted]

Select or change your political party affiliation

Select only one. (Required if you want to vote in a party's Primary Election or participate in a party caucus).

- American Constitution [] Americans Elect [] Democratic [X] Green [] Libertarian [] Republican [] Unaffiliated []

Voting by mail - Do you wish to be designated as a permanent mail-in voter?

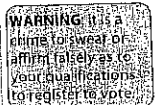
- Yes, I want to be a permanent mail-in voter and automatically receive a mail-in ballot for all applicable elections.
No, I do not want to be a permanent mail-in voter and if my name is on the permanent mail-in list I want it removed.
No, but I would like a mail-in ballot for this year's statewide elections.

If you want your mail-in ballot sent to an address that differs from the home or mailing address you listed above, you will need to fill out a separate Mail-in Ballot Application.

Helping with elections

I would like to be an election judge or poll worker Yes [] No [X]

Sign or mark below



A violation of the self-affirmation, of which you are about to make, is a criminal act under Colorado law and you will be subject to the penalties provided by law.

Self-Affirmation: I do solemnly affirm that I am a citizen of the United States and that on the date of the next election I shall have attained the age of eighteen and shall have resided in the state of Colorado at least 30 days and in my present precinct at least 30 days before the election. I further affirm that the present address listed herein is my sole legal place of residence and that I claim no other place as my legal residence. I am aware that I can only legally vote in one place in any election and if I register to vote in Colorado I am also considered a resident of Colorado for income tax and motor vehicle registration and operation.

Sign here

[Signature] 10/4/12

Signature of Mark*

Date*

Witness Signature

Date

(If you are registering for a Mail-in Ballot and are unable to sign, you must mark and a witness to the mark must sign here).

Scenzi

A

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Fill out all fields marked with an asterisk (*). Follow the instructions for other fields. If you do not provide all of the required information, your application to register to vote will not be complete.

Your eligibility to vote

Are you a citizen of the United States? Yes No

Will you be at least 18 years of age on or before the next Election Day? Yes No

If you answered "No" to either of the above questions, do not complete this form.

Your name

Last name*

Williams

First name*

OTTAWA

Middle name

A.

If you are currently registered to vote with a different name, what is that name?

Your identifying information

Your birthdate* (MM/DD/YYYY)

[Redacted]

Your gender

Female

Male

You must select one of the following and provide the requested information*

I have a valid Colorado Driver's License or Colorado ID card (issued by the Dept. of Revenue) and that number is _____

I have not been issued a Colorado Driver's License or ID card, but I have a Social Security Number & the last 4 digits are 0017

I do not have a Colorado Driver's License, ID card, or a Social Security Number.

Your contact information

Your home address

Street address (No P.O. Boxes)*

1802 MONTELEONE RD.

Apt. or Unit

512

City or Town*

COLO. SPRS.

ZIP Code*

80910

Colorado County

EL PASO

When did you move to this address? (MM/DD/YYYY)

2 MONTHS

Address where you receive your mail (required if different from your home address)

Mailing address

Apt. or Unit

City or Town

State

ZIP Code

Your former address

If you are changing your registration to a new address, you must provide the address where you were formerly registered to vote.

Street address (No P.O. Boxes)

Apt. or Unit

City or Town

State

ZIP Code

Your phone number and email

Area code

719

Phone number

217 4170

Email address

Select or change your political party affiliation

Select only one. (Required if you want to vote in a party's Primary Election or participate in a party caucus).

American Constitution

Americans Elect

Democratic

Green

Libertarian

Republican

Unaffiliated

Voting by mail - Do you wish to be designated as a permanent mail-in voter?

Yes, I want to be a permanent mail-in voter and automatically receive a mail-in ballot for all applicable elections.

No, I do not want to be a permanent mail-in voter and if my name is on the permanent mail-in list I want it removed.

No, but I would like a mail-in ballot for this year's statewide elections.

If you want your mail-in ballot sent to an address that differs from the home or mailing address you listed above, you will need to fill out a separate Mail-In Ballot Application.

Helping with elections

I would like to be an election judge or poll worker

Yes

No

Sign or mark below

WARNING: It is a crime to swear or affirm falsely as to your qualifications to register to vote.

A violation of the self-affirmation, of which you are about to make, is a criminal act under Colorado law and you will be subject to the penalties provided by law.

Self-Affirmation: I do solemnly affirm that I am a citizen of the United States and that on the date of the next election I shall have attained the age of eighteen years and shall have resided in the state of Colorado at least 30 days and in my present precinct at least 30 days before the election. I further affirm that the present address I listed herein is my sole legal place of residence and that I claim no other place as my legal residence. I am aware that I can only legally vote in one place in any election and if I register to vote in Colorado I am also considered a resident of Colorado for income tax and motor vehicle registration and operation.

Sign here

[Redacted Signature]

Signature or Mark*

10/9/12

Date

Witness Signature

Date

If you are registering for a Mail-In Ballot and are unable to sign, you must make a mark and a witness to the mark must sign here.

For office use only
Voter ID Number:
Date Stamp: **VOTER DRIVE**
OCT 09 2012
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Your eligibility to vote
Are you a citizen of the United States?* Yes No
Will you be at least 18 years of age on or before the next Election Day?* Yes No
If you answered "No" to either of the above questions, do not complete this form.

Your name
Last name* Williams First name* OTTAH Middle name J
If you are currently registered to vote with a different name, what is that name? _____

Your identifying information
Your birthdate* (MM/DD/YYYY) [REDACTED] Your gender Female Male

You must select one of the following and provide the requested information*
 I have a valid Colorado Driver's License or Colorado ID card (issued by the Dept. of Revenue) and that number is _____
 I have not been issued a Colorado Driver's License or ID card, but I have a Social Security Number & the last 4 digits are 0018
 I do not have a Colorado Driver's License, ID card, or a Social Security Number.

Your contact information
Your home address
Street address (No P.O. Boxes)* 2565 Bowden / exp Apt. or Unit _____ City or Town* Cola Springs ZIP Code* 80916 Colorado County El Paso
When did you move to this address?* (MM/DD/YYYY) _____

Address where you receive your mail (required if different from your home address)
Mailing address SAME Apt. or Unit _____ City or Town _____ State _____ ZIP Code _____

Your former address
If you are changing your registration to a new address, you must provide the address where you were formerly registered to vote.
Street address (No P.O. Boxes) _____ Apt. or Unit _____ City or Town _____ State _____ ZIP Code _____

Your phone number and email
Area code 719 Phone number 287 9614 Email address _____

Select or change your political party affiliation.
Select only one. (Required if you want to vote in a party's Primary Election or participate in a party caucus).
American Constitution Americans Elect Democratic Green Libertarian Republican Unaffiliated

Voting by mail - Do you wish to be designated as a permanent mail-in voter?
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Helping with elections
I would like to be an election judge or poll worker Yes No

Sign or mark below
WARNING: It is a crime to swear or affirm falsely as to your qualifications to register to vote.
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Sign here [Signature] Date* 10/9/12
Signature of Mark* _____ Date _____
Witness Signature _____ Date _____
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