

Seq #	Party	St #	Last Name, First Name, MI	Seq #	Party	St #	Last Name, First Name, MI	
POSSUM RIDGE ROAD CONT.				POVERTY HOLLOW ROAD CONT.				
10587	D	5	ROSTAFIN MICHAEL J	9168	10631	D	37	SCHWARTZ LISA B
10588	R	6	CASSIDY KEVIN K	10632	D	37	SCHWARTZ SCOTT M	
10589	R	6	CASSIDY PAMELA A	10633	U	41	CAMPBELL PAMELA M	
10590	R	7A	HENNESSY JUSTIN D	10634	U	41	CAMPBELL SULLIVAN J	
10591	U	7A	HENNESSY KAREN E W	9200	10635	R	43	DRYMER BARBARA J
10592	R	7A	HENNESSY MICHAEL E	9124	10636	R	43	MEADOWS ROY G
10593	R	8	REILLY MARGARET H	10637	R	45	SCHNEIDER HELEN A	
10594	R	8	REILLY PATRICK T	10638	R	45	SCHNEIDER WALTER F	
10595	R	9	LEITNER JOHN J	10639	R	47	EVERTEZ ANTONIO	
10596	R	9	LEITNER LUELLA C	10640	D	47	EVERTEZ CECELIA V	
10597	U	10	MOORE JEFFREY D	10641	D	49	D'AMICO MICHAEL F	
10598	D	10	MOORE WENDY P	10642	D	49	D'AMICO RAINA D	
7061	10599	R	MORRISSEY KEVIN P	10643	U	50	MENDEZ SANTOS	
10600	U	12	AGUGLIARO JOSEPH	10644	D	59	REZNIKOFF ALEXANDER J	
10601	U	12	AGUGLIARO KAREN M	10645	D	59	REZNIKOFF CAROL D	
POSSUM RIDGE ROAD Total Voters: 27				10646	D	61	GARSON ANDREW E	
* POSTLANE				10647	D	61	GARSON PATRICIA J	
10602	U		A JACOBS WILLIAM J	10648	R	73	MICHEL JAMIE D	
POSTLANE Total Voters: 1				10649	U	73	MICHEL KAREN	
* POVERTY HOLLOW ROAD				10650	U	73	MICHEL ROGER D	
10603	D	14	CAPOSELLA KATHERINE A	9234	10651	R	77	LEBO MARTHA E
1250	10604	U	ANDRAS AMY B	10652	R	77	NOSAL AILEEN C	
1151	10605	D	ANDRAS ANN M	10653	R	77	NOSAL AMY M	
7871	10606	R	ANDRAS DAVID M	9331	10654	R	77	NOSAL ROBERT D
4185	10607	R	ANDRAS JANICE A	10655	U	78	DARRIN WILLIAM A JR	
7186	10608	U	ANDRAS WILLIAM D	10656	R	79	GUSTAFSON ANDREA N	
10609	U	18	VAN BUSKIRK PETER C	10657	R	79	GUSTAFSON MELISSA R	
10610	D	18	VAN BUSKIRK TRACY S	9226	10658	R	79	GUSTAFSON PENNY R
10611	U	20	BARRETT KEVIN A	10659	R	79	GUSTAFSON RICHARD A	
10612	D	20	BARRETT MARYANN E	9290	10660	R	87	WEBER JOHN J
10613	D	22	SETZ JAMES R	9291	10661	U	87	WEBER NANCY J
10614	R	26	MASSER KAREN H	9305	10662	R	88	MACNAUGHTON ANN B
136	10615	R	MASSER RICHARD H	9304	10663	R	88	MACNAUGHTON JAMES H JR
10616	U	27	BERKO STEVEN M	10664	D	89	FIGUEROA-HEATH RAQUEL J	
10617	R	27	FEDER JOHN K JR	10665	R	89	HEATH JOHN S	
10618	R	27	FEDER SABRINA A	10666	D	89	HEATH MEGHANN G	
10619	U	28	KORTH JOHN M	10667	U	90	* MAURATH DARYL Z	
10620	U	28	KORTH WENDY	10668	U	90	* MAURATH THOMAS M	
167	10621	U	SHANLEY EDWARD C	10669	R	93	LETSO ROGER A	
10622	R	29	SHANLEY ESTHER T	10670	R	93	LETSO SUZANNE J	
10623	D	31	OLSON LINDA M	10671	U	102	SODERHOLM JILL E	
1371	10624	R	OLSON PETER G	10672	U	103	WHITLOCK DAVID E	
10625	R	31	OLSON RICHARD E	10673	U	103	WHITLOCK MICHELLE A	
117	10626	R	GECKLE KATHERINE L	9182	10674	U	105	POZEK ELAINE I
10627	R	33	GECKLE ROBERT A SR <i>AB</i>	9233	10675	U	105	POZEK RUDOLPH J
10628	R	34	GEHRETT ELLYN B	9181	10676	U	106	O'NEILL CARMEL T
121	10629	R	GEHRETT J PAUL	10677	D	115	GILCHRIST JOHN H	
12	10630	U	PRESTERA RONALD K	10678	D	119	PEELING JOHN K <i>AB</i>	
				9304	10679	D	119	STOCKMAL VIKTORIA V
				10680	U	121	VICARS-HARRIS EVELINE	

Type or legibly print all information; sign; complete oath; self address small post card to your current address; fold so that large post card is on outside; seal; complete "to" and upper left corner on large post card and mail.

Privacy Act Statement

AUTHORITY: Executive Order 9397, November 1943 (SSN)
- 42 USC 1973ff et seq.

ROUTINE USE: All persons covered by the Uniformed and Overseas Citizens Absentee Voting Act, Public Law 99-410, use this form to apply for registration and absentee ballot.

PRINCIPAL PURPOSE: Serves as an application for registration or request for absentee ballot.

DISCLOSURE: Voluntary; however, failure to provide the necessary information may keep the pertinent state or other jurisdiction from processing this request and may prevent you from voting absentee

Standard H
(Re

SPECIFIC INSTRUCTIONS

1. **APPLICANT INFORMATION:** Person requesting registration provide passport, State D number, if none, indicate certificate, etc.) and identification.

2. **LAST VOTED:** Enter information as known for VOTED. This is not necessary.

3. **VOTING RESIDENCE ACTUALLY LIVED:** Your determination of voting physical location while you **MAY NOT USE A PO ROUTE NUMBER.** Example: home of record; permanent locality or state where you it may have been. It would and telephone number section in the event local concerning the application.

4. **MAIL ABSENTEE BALLOTTING ADDRESS:** Where you ballot. Be sure to include ZIP Code. If you will have registration forms or ballot list the new address.

5. **REMARKS:** Provide information which may be are requesting your state indicate here the reason special write-in ballot, if mail service, submarine etc. Specific Instructions reverse.

Election Official name and complete address



U.S. Postage Paid
39 USC 3406

PAR AVION

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAILS - DMM 137.3

Applicant name and complete address

TO: PETER GRAHAM OLSON
7804 ASHLEY GLEN ROAD
ANNANDALE, VA 22003-1555

10:52am
Rec'd for Record 9/4 1996
Town Clerk of Newtown
Lynette Luteri Senior

FEDERAL POST CARD REGISTRATION AND ABSENTEE BALLOT REQUEST
APPLICATION FOR STATE OF CONNECTICUT COUNTY OF _____ CITY OR TOWNSHIP OF NEWTOWN
Be sure to sign this form in Block 8 and address the small postcard above to your current address. All entries must be typed or printed.

1. APPLICANT INFORMATION (See Instruction 1.)				6. REASON FOR ABSENTEE BALLOT (X one)			
a. Typed or Printed Name (Last, First, Middle) <u>OLSON, PETER GRAHAM</u>		b. Sex <u>M</u>	c. Race <u>C</u>	<input checked="" type="checkbox"/>	a. Member of armed forces, uniformed services or merchant		
d. Social Security No. [REDACTED]		e. Other Identification No. (Passport, ID Card) <u>PASSPORT # J201383</u>		f. Marital Status <u>MARRIED</u>		b. Spouse or dependent of 6a.	
g. Date of Birth (Mo/Day/Yr) <u>12/09/62</u>		h. Place of Birth (City, State, Country) <u>TACOMA, WA, USA</u>		c. U.S. citizen temporarily residing outside U.S.		[REDACTED]	
i. If Naturalized (1) Naturalization No.		(2) Place of Naturalization		(3) Date of Naturalization (Mo/Day/Yr)		d. U.S. citizen overseas by virtue of employment or accom	
2. I LAST VOTED				e. Other U.S. citizen residing outside U.S.			
a. Year <u>1984</u>	b. County, City or Township <u>HARRIS</u>	c. State <u>TX</u>	d. Voter Registration No. (if known) <u>UNKNOWN</u>	f. Special.			
3. VOTING RESIDENCE (Legal or last residence in the U.S.)				7. I REQUEST ABSENTEE BALLOTS FOR ELECTIONS (X as applicable. See Instruction 7.)			
a. Last Date of Residency (Mo/Day/Yr) <u>08/01/84</u>				X a. Primary X b. General X c. Special X d. All else			
b. Number and Street (Do not use box or rural route) <u>31 POVERTY HOLLOW</u>				LIST PARTY AFFILIATION IF 7.a. OR d. IS MARKED: <u>REPUBLICAN</u>			
c. City, Town, or Village <u>NEWTOWN</u>		d. County or Parish	e. State <u>CT</u>	f. ZIP <u>06470</u>		8. AFFIRMATION BY APPLICANT I swear or affirm, under penalty of perjury:	
4. MAIL ABSENTEE BALLOT TO: (Complete mailing address where you want ballot mailed)				a. I am a United States Citizen, eligible to vote in the above jurisdiction			
<u>7804 ASHLEY GLEN ROAD</u>				b. I have not been convicted of a felony or other disqualifying offense; mentally incompetent, or if so, my voting rights have been reinstated			
<u>ANNANDALE, VA 22003-1555</u>				c. I am not requesting a ballot from or voting in any other U.S. state, division thereof in the coming election(s)			
5. REMARKS <u>(703) 573-8633 OFF 3/05</u>				d. The information on this form is true and complete			
				e. SIGNATURE OF APPLICANT X <u>Peter G. Olson</u>			
				9. OATH. SUBSCRIBED AND SWORN TO (If oath is required by state, enter following information for the)			
				a. TYPED OR PRINTED NAME		b. TITLE	
				d. SIGNATURE OF OFFICIAL			

The information contained herein is for official use only. Any unauthorized release of this information may be punishable.

Connecticut Voter Registration System

Inquiry - View Voter Registration

KARIN / Newtown

Previous Name	Previous Address	Previous Party
<p style="text-align: center;">Voter Information</p> <p>Prefix Name: Voter's Name: Peter G Olson Date of Birth: 12/09/1962 Voter ID: 000545174</p> <p style="text-align: center;">Miscellaneous</p> <p>Gender: Male Telephone: Special Status: Military Perm Absentee Ballot: No</p>	<p style="text-align: center;">Residence Address</p> <p>Address: 31 Poverty Hollow Road Unit: City: Newtown State: CT Zip: 06470 - 1875</p> <p style="text-align: center;">Status Information</p> <p>Reg. Effective Date: 09/06/1996 Current Status : Off Last Active Date: 03/03/2005 Off Reason: CVR Returned by Voter</p>	<p style="text-align: center;">Enrollment Information</p> <p>Current Party Republican Privilege Date</p> <hr/> <p style="text-align: center;">Audit History</p> <hr/> <p style="text-align: center;">Election History</p> <hr/> <p style="text-align: center;">Canvass History</p>

Mailing Address

Street No.	Street Name /P.O. Box	Unit	Town	State	Zip Code
	Armed Forces		Newtown	CT	06470
			Country:		

Districts: **Congressional:** 005 **Senatorial:** 028 **Assembly:** 106

	District/Ward	Precinct	Polling Place
STATE:	003	01	Head O Meadow School Cafetorium
LOCAL:			
SPECIAL:	006	00	Middle School Gym A

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[Inquiries](#)

Connecticut Voter Registration System

Inquiry - View Voter Registration

KARIN / Newtown

Previous Name	Previous Address	Previous Party
<p style="text-align: center;">Voter Information</p> <p>Prefix Name: Voter's Name: Peter G Olson Date of Birth: 12/09/1962 Voter ID: 000545174</p> <p style="text-align: center;">Miscellaneous</p> <p>Gender: Male Telephone: Special Status: Military Perm Absentee Ballot: No</p>	<p style="text-align: center;">Residence Address</p> <p>Address: 31 Poverty Hollow Road Unit: City: Newtown State: CT Zip: 06470 - 1875</p> <p style="text-align: center;">Status Information</p> <p>Reg. Effective Date: 09/06/1996 Current Status : Off Last Active Date: 03/03/2005 Off Reason: CVR Returned by Voter</p>	<p style="text-align: center;">Enrollment Information</p> <p>Current Party Republican Privilege Date</p> <hr/> <p style="text-align: center;">Audit History</p> <hr/> <p style="text-align: center;">Election History</p> <hr/> <p style="text-align: center;">Canvass History</p>

Mailing Address

Street No.	Street Name /P.O. Box	Unit	Town	State	Zip Code
	Armed Forces		Newtown	CT	06470
			Country:		

Districts: **Congressional:** 005 **Senatorial:** 028 **Assembly:** 106

	District/Ward	Precinct	Polling Place
STATE:	003	01	Head O Meadow School Cafetorium
LOCAL:			
SPECIAL:	006	00	Middle School Gym A

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Connecticut Voter Registration System

Inquiry - Voter Canvass History

KARIN / Newtown

Voter Name

Peter G Olson

Canvass History

History Date	Type	Move Code	Action	Notice Sent	Returned By	Return Date
01/03/2005	NCOA	Out of Town	Off	01/03/2005	by Voter	03/03/2005

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Connecticut Voter Registration System

Inquiry - Voter Election History

KARIN / Newtown

Voter Name

Peter G Olson

Previous Election History

Election Date	Election Type	How Voted
08/12/2003	Special	In Person
11/04/1997	General	In Person
11/05/1996	General	In Person

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**Confirmation of
Voting Residence
RETURN FORM
PART B**

TO: Registrar of Voters
45 Main Street
06470

District
097

**LAST DATE to return this form:
March 18, 2005**

Please check all appropriate boxes and enter information requested.

1. I still live at the address shown on this form.
2. I have moved to a different address within this town.
3. I have moved out of town.
4. Send me a Mail-In Card to register in my new town.
5. I am temporarily absent from the town, but I intend to return.
(Reason for your absence)

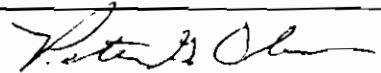
3.0

NEW ADDRESS IS(No., street, town, state)	DATE MOVED
8203 STRONG SPRING COURT ANNANDALE, VA 22043	2/27/98

Birth Date 12/9/62

Name and Address on last list of Registered Voters
Peter G Olson
31 Poverty Hollow Road
Newtown, CT 06470-1875
R004

*Don't RISK your Right to VOTE!
Fill out and Return this to Registrars !!!*

SIGNATURE OF VOTER	DATE SIGNED
	2/27/05

Type or legibly print all information; sign; complete oath; self address small post card to your current address; fold so that large post card is on outside; seal; complete "to" and upper left corner on large post card and mail.

Privacy Act Statement

AUTHORITY: Executive Order 9397, November 1943 (SSN)
- 42 USC 1973ff et seq.

ROUTINE USE: All persons covered by the Uniformed and Overseas Citizens Absentee Voting Act, Public Law 99-410, use this form to apply for registration and absentee ballot.

PRINCIPAL PURPOSE: Serves as an application for registration or request for absentee ballot.

DISCLOSURE: Voluntary; however, failure to provide the necessary information may keep the pertinent state or other jurisdiction from processing this request and may prevent you from voting absentee

Standard H
(Re

SPECIFIC INSTRUCTIONS

1. **APPLICANT INFORMATION:** Person requesting registration provide passport, State D number, if none, indicate certificate, etc.) and identification.

2. **LAST VOTED:** Enter information as known for VOTED. This is not necessary.

3. **VOTING RESIDENCE ACTUALLY LIVED:** Your determination of voting physical location while you **MAY NOT USE A PO ROUTE NUMBER.** Example: home of record; permanent locality or state where you it may have been. It would and telephone number section in the event local concerning the application.

4. **MAIL ABSENTEE BALLOT:** mailing address where you ballot. Be sure to include ZIP Code. If you will have registration forms or ballot list the new address.

5. **REMARKS:** Provide feel will assist state official. Consult the **APPROPRIATE** information which may be are requesting your state indicate here the reason special write-in ballot, if mail service, submarine etc. **Specific Instructions reverse.**

Election Official name and complete address



U.S. Postage Paid
39 USC 3406

PAR AVION

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAILS - DMM 137.3

Applicant name and complete address

TO: PETER GRAHAM OLSON
7804 ASHLEY GLEN ROAD
ANNANDALE, VA 22003-1555

10:52am
Rec'd for Record 9/4 1996
Town Clerk of Newtown
Sybilis Luteri Senior

FEDERAL POST CARD REGISTRATION AND ABSENTEE BALLOT REQUEST

APPLICATION FOR STATE OF CONNECTICUT COUNTY OF _____ CITY OR TOWNSHIP OF NEWTOWN

Be sure to sign this form in Block 8 and address the small postcard above to your current address. All entries must be typed or printed.

1. APPLICANT INFORMATION (See Instruction 1.)				6. REASON FOR ABSENTEE BALLOT (X one)			
a. Typed or Printed Name (Last, First, Middle) <u>OLSON, PETER GRAHAM</u>		b. Sex <u>M</u>	c. Race <u>C</u>	<input checked="" type="checkbox"/>	a. Member of armed forces, uniformed services or merchant		
d. Social Security No. [REDACTED]		e. Other Identification No. (Passport, ID Card) <u>PASSPORT # J201383</u>		f. Marital Status <u>MARRIED</u>		b. Spouse or dependent of 6a.	
g. Date of Birth (Mo/Day/Yr) <u>12/09/62</u>		h. Place of Birth (City, State, Country) <u>TACOMA, WA, USA</u>		c. U.S. citizen temporarily residing outside U.S.		[REDACTED]	
i. If Naturalized (1) Naturalization No.		(2) Place of Naturalization		(3) Date of Naturalization (Mo/Day/Yr)		d. U.S. citizen overseas by virtue of employment or accom	
2. I LAST VOTED				<input checked="" type="checkbox"/> a. Primary <input checked="" type="checkbox"/> b. General <input checked="" type="checkbox"/> c. Special <input checked="" type="checkbox"/> d. All else			
a. Year <u>1984</u>	b. County, City or Township <u>HARRIS</u>	c. State <u>TX</u>	d. Voter Registration No. (if known) <u>UNKNOWN</u>	LIST PARTY AFFILIATION IF 7.a. OR d. IS MARKED: <u>REPUBLICAN</u>			
3. VOTING RESIDENCE (Legal or last residence in the U.S.)				7. I REQUEST ABSENTEE BALLOTS FOR 1 ELECTIONS (X as applicable. See Instruction 7.)			
a. Last Date of Residency (Mo/Day/Yr) <u>08/01/84</u>				<input checked="" type="checkbox"/> a. Primary <input checked="" type="checkbox"/> b. General <input checked="" type="checkbox"/> c. Special <input checked="" type="checkbox"/> d. All else			
b. Number and Street (Do not use box or rural route) <u>31 POVERTY HOLLOW</u>				8. AFFIRMATION BY APPLICANT I swear or affirm, under penalty of perjury:			
c. City, Town, or Village <u>NEWTOWN</u>		d. County or Parish	e. State <u>CT</u>	f. ZIP <u>06470</u>	a. I am a United States Citizen, eligible to vote in the above jurisdiction		
4. MAIL ABSENTEE BALLOT TO: (Complete mailing address where you want ballot mailed)				b. I have not been convicted of a felony or other disqualifying offense; mentally incompetent, or if so, my voting rights have been reinstated			
<u>7804 ASHLEY GLEN ROAD</u>				c. I am not requesting a ballot from or voting in any other U.S. state, division thereof in the coming election(s)			
<u>ANNANDALE, VA 22003-1555</u>				d. The information on this form is true and complete			
5. REMARKS <u>(703) 573-8633 OFF 3/05</u>				e. SIGNATURE OF APPLICANT <input checked="" type="checkbox"/> <u>Peter G. Olson</u>			
				9. OATH. SUBSCRIBED AND SWORN TO (If oath is required by state, enter following information for the)			
				a. TYPED OR PRINTED NAME		b. TITLE	
				d. SIGNATURE OF OFFICIAL			

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Connecticut Voter Registration System

Inquiry - View Voter Registration

KARIN / Newtown

Previous Name	Previous Address	Previous Party
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Mailing Address

Street No.	Street Name /P.O. Box	Unit	Town	State	Zip Code
	Armed Forces		Newtown	CT	06470
			Country:		

Districts: **Congressional:** 005 **Senatorial:** 028 **Assembly:** 106

	District/Ward	Precinct	Polling Place
STATE:	003	01	Head O Meadow School Cafetorium
LOCAL:			
SPECIAL:	006	00	Middle School Gym A

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Connecticut Voter Registration System

Inquiry - View Voter Registration

KARIN / Newtown

Previous Name	Previous Address	Previous Party
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Mailing Address

Street No.	Street Name /P.O. Box	Unit	Town	State	Zip Code
	Armed Forces		Newtown	CT	06470
			Country:		

Districts: **Congressional:** 005 **Senatorial:** 028 **Assembly:** 106

	District/Ward	Precinct	Polling Place
STATE:	003	01	Head O Meadow School Cafetorium
LOCAL:			
SPECIAL:	006	00	Middle School Gym A

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Connecticut Voter Registration System

Inquiry - Voter Canvass History

KARIN / Newtown

Voter Name

Peter G Olson

Canvass History

History Date	Type	Move Code	Action	Notice Sent	Returned By	Return Date
01/03/2005	NCOA	Out of Town	Off	01/03/2005	by Voter	03/03/2005

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Connecticut Voter Registration System

Inquiry - Voter Election History

KARIN / Newtown

Voter Name

Peter G Olson

Previous Election History

Election Date	Election Type	How Voted
08/12/2003	Special	In Person
11/04/1997	General	In Person
11/05/1996	General	In Person

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**Confirmation of
Voting Residence
RETURN FORM
PART B**

TO: Registrar of Voters
45 Main Street
06470

District
097

**LAST DATE to return this form:
March 18, 2005**

Please check all appropriate boxes and enter information requested.

1. I still live at the address shown on this form.
2. I have moved to a different address within this town.
3. I have moved out of town.
4. Send me a Mail-In Card to register in my new town.
5. I am temporarily absent from the town, but I intend to return.
(Reason for your absence)

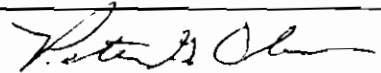
3.0

NEW ADDRESS IS(No., street, town, state)	DATE MOVED
8203 STRONG SPRING COURT ANNANDALE, VA 22043	2/27/98

Birth Date 12/9/62

Name and Address on last list of Registered Voters
Peter G Olson
31 Poverty Hollow Road
Newtown, CT 06470-1875
R004

*Don't RISK your Right to VOTE!
Fill out and Return this to Registrars !!!*

SIGNATURE OF VOTER	DATE SIGNED
	2/27/05

Prescribed by the Secretary of State VR64-2.05E.p65

VOTER REGISTRATION APPLICATION (SOLICITUD DE INSCRIPCION DE VOTANTE)

For Official Use Only

513740

EDR

Last Name (Apellido usual) OLSON	First Name (Nombre) PETER	Middle Name (If any) (Segundo Nombre (si hay)) GRAHAM	Former Name (Nombre Anterior)
--	-------------------------------------	---	-------------------------------

Residence Address: Street Address and Apartment Number, City, State and Zip. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)
(Dirección residencial (Domicilio): Calle y número y número de apartamento, Ciudad, Estado y Código Postal. Si falta el CP, describe dónde vive.) (No incluya el apartado postal ni la ruta rural)

4018 WEATHERFIELD COURT, SUGAR LAND, TX 774790000, FORT BEND

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP: If mail cannot be delivered to your residence address. (Dirección para Correspondencia: Calle y número y número de apartamento, o Apartado Postal, Ciudad, Estado y Código Postal, si es que no se puede entregar correspondencia a su dirección residencial.)

AUG 17 2007 **SEP 16 2007**

Date of Birth: month, day, year (Fecha de nacimiento) (mes, día, año)
12-09-1962

If you check 'no' in the response below, do not complete this form. (En caso de dado una respuesta 'no' a las preguntas anteriores, no llene el resto del formulario.)
ANNANDAL EYVA

Gender (Optional) (Sexo) (Opcativo)
 Male (Hombre) Female (Mujer)

Check appropriate box: I AM A UNITED STATES CITIZEN (Marque el cuadro apropiado: ¿Es usted ciudadano/a de los Estados Unidos?)
 Yes (SI) No (NO)

TX Driver's License No. or Person's I.D. No. (Issued by TX Dept. of Public Safety) (Número de su licencia tejana de manejar o de su Cédula de Identidad expedida por el Departamento de Seguridad Pública de Tejas)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. (Entiendo que el hecho de dar datos falsos con el afán de obtener el registro de votante constituye perjurio, siendo éste un delito a tenor de las leyes federales y estatales. Una condena por dicho delito puede conllevar encarceramiento por 180 días, una multa hasta de dos mil dólares o ambas sanciones.)

Are you interested in serving as an election worker? (¿Le interesaría servir de trabajador (a) electoral?)
 Yes (SI) No (NO)

I affirm that I (Afirmo)

- am a resident of this county; (que soy residente de este condado)
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and (que no he sido condenada/a por un delito mayor ("felonía") o, si se me ha condenado por tal delito, he cumplido íntegramente la condena correspondiente, incluso cualquier período de reclusión carcelaria, libertad condicional, supervisión, probatoria (sentencia condicional) o que soy beneficiario/a de un indulto; y)
- have not been declared mentally incompetent by final judgment of a court of law. (que ninguna decisión definitiva de un tribunal me ha declarado mentalmente incapacitada/a.)

Check one (Marque una de las respuestas)
Esta es una solicitud (Nueva) Change (Modificada) Replacement (Sustitutiva)

X *Peter Olson* **08 15 2007**
Date (fecha)

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date. (Firma de/de la solicitante o su Agente (apoderado/a) y el parentesco entre los dos o el Nombre en Letra de Móide de/de la Solicitante si la firma es la de un(a) testigo. Indique la fecha.)

Election	Date	Voting Codes	Election Description
0408	04/08/2008	P	REP 2008 Primary Runoff Election
0308	03/04/2008	E	REP 2008 PRIMARY ELECTION
1107	11/06/2007	P	2007 CON AMENDS/HOU/FBISD

OK

NVRA Source		Date Submitted	Status / Reason	Precinct	Sub	CERT #
			A	4044	03	513740
					ID Compliant Y	
Last	First	Middle	Former	Suffix		
OLSON	PETER	GRAHAM				
Residence Address						
Street #	Fract	Dir	Name	Type	Dir	Unit Type Unit #
4018			WEATHERFIELD CT			
City	SL	Zip	77479	Muni	SUGAR LAND	Post Office SUGAR LAND
Mail Address				Gender	M	DOB
				Former County		Former Resid
				SSN		SSN4
City	State		DL#	Birth Place		
Zip	Clear Mail Addr		Citizen? Y	Signed? Y	Absentee	Jury
Registration	08/17/2007	Eligible	09/16/2007	Privacy	Disability	More
Transfer	08/17/2007	Effective	09/16/2007	No TDL/ID	No SSN	PW Interest ID Rcvd N
Comments	<input type="checkbox"/> Election Role	Last Year Voted	2008	Updated by	08/17/2007 12:59 PM	