

**RE: Public Records Request (TX-SOS-20-0049)**

GeneralCounsel <GeneralCounsel@sos.texas.gov>

Thu 1/30/2020 9:08 PM

To: AO Records <records@americanoversight.org>

Cc: GeneralCounsel <GeneralCounsel@sos.texas.gov>

4 attachments (14 MB)

Batch 1 - AO PIR 20-0112\_Redacted.pdf; Batch 2 - AO PIR 20-0112\_Redacted.pdf; How to appeal the withholding of information under 552.136.pdf; TX-SOS-20-0049.pdf;

Good afternoon,

Please see the attached documents in response to your request for information under Chapter 552 of the Texas Government Code. We require more time to provide other responsive documents. We will provide you additional responsive documents—to the extent such information is not excepted from disclosure under state or federal law—by 5:00 p.m. on February 13, 2020. See Tex. Gov't Code § 552.221(d).

The responsive documents contain email addresses of the general public which have been redacted. An email address of a member of the public is confidential under section 552.137 of the Texas Government Code. The attorney general authorized all governmental bodies to withhold an email address of a member of the public without first requesting an attorney general opinion in Open Records Decision No. 684 (2009).

Certain other information has been redacted from the enclosed production. The information you requested contains a credit card, debit card, charge card, or access device number that is collected, assembled, or maintained by or for a governmental body. This information is confidential under section 552.136 of the Texas Government Code. Section 552.136 allows us to withhold this specific information without requesting a ruling from the attorney general. You have the right to appeal our decision to withhold this information from you. Instructions for appeal are also attached. If you do not want to appeal our withholding of information under section 552.136, you do not need to do anything else.

Jennifer Williams  
Legal Assistant to the General Counsel  
Office of the Texas Secretary of State

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**From:** AO Records <[records@americanoversight.org](mailto:records@americanoversight.org)>  
**Sent:** Wednesday, January 15, 2020 3:41 PM  
**To:** GeneralCounsel <[GeneralCounsel@sos.texas.gov](mailto:GeneralCounsel@sos.texas.gov)>  
**Subject:** Public Records Request (TX-SOS-20-0049)

**CAUTION:** This email originated from OUTSIDE of the SOS organization. Do not click on links or open attachments unless you are expecting the email and know that the content is safe. If you believe this to be a malicious or phishing email, please send this email as an attachment to [Informationsecurity@sos.texas.gov](mailto:Informationsecurity@sos.texas.gov).

Dear Public Records Officer:

Please find attached a request for records under Texas public records laws.

Sincerely,

Mariuxi Pintado  
Paralegal  
American Oversight  
[records@americanoversight.org](mailto:records@americanoversight.org)  
[www.americanoversight.org](http://www.americanoversight.org) | @weareoversight

Public Records Request: TX-SOS-20-0049

## How to appeal the withholding of information under Government Code Section 552.136

If you wish to appeal the withholding of information discussed on the previous page, you must send the following to the attorney general:

- 1) a signed, written statement indicating your wish to appeal the withholding of information;
- 2) the name of the governmental body that withheld information from you;
- 3) the date you made your original request for information; and
- 4) a copy of your original request for information, or if you are unable to provide a copy, a description of your original request for information.

You may also submit written comments stating why you think the information should be released to you, but you are not required to do so.

Send your appeal by mail to the attorney general at:

Open Records Division  
P.O. Box 12548  
Austin, Texas 78711-2548

Within forty-five business days after receiving all of the above-listed items necessary to file your appeal, the attorney general will issue a written ruling on the matter. You will receive a copy of this ruling in the mail.

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Secretary of State

For Internal Use Only
Receipt date: 1/3/19
PIR-Log number: 20190080, 20190081

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

CD-ROM
FTP - Provide FTP information:
FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Ernest Herrera

(required)

Flagging Options ONLY

Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
Only voters between the age
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State
Counties listed below only

Elections and Years:

2018 November General (11/6/2018)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

Review section with signatures, dates, and completion date.

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

### Send Order to:

Ernest I. Herrera

110 Broadway, Suite 300

San Antonio, TX 78205

Telephone (210) 224-5476

### Send Statement to:

Ernest I. Herrera

110 Broadway, Suite 300

San Antonio, TX 78205

Telephone (210) 224-5476

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

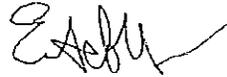
Affidavit

THE STATE OF TEXAS

COUNTY OF Bexar

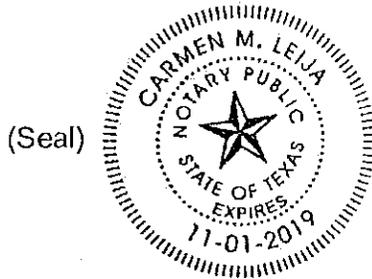
Before me, the undersigned authority, on this day personally appeared  
Ernest I. Herrera, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.



\_\_\_\_\_  
Signature

Sworn to and Subscribe before me, this the 12th day of December, 2018.



Carmen M. Leija  
Notary Public in and for the State of Texas

Carmen M. Leija  
Printed Name of Notary

My commission Expires: 11/01/2019

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

*For Office Use Only*

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Nina Perales

BUSINESS NAME: MALDEF

NAME OF REQUESTOR: Ernest I. Herrera

MAILING ADDRESS: 110 Broadway, Suite 300

CITY: San Antonio STATE: TX ZIP CODE: 78205

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (210) 224-5476

CELL PHONE: \_\_\_\_\_ EMAIL: [REDACTED]

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: 1831.32

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only  
Receipt date: 1/3/19  
PIR-Log number: 20190083  
20190084

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

**Media**

CD-ROM

FTP - Provide FTP information:

FTP site: [REDACTED]

Login: [REDACTED]

Password: [REDACTED]

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Matthew Lakin - DT Client Services, LLC

(required)

**Flagging Options ONLY**

Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_ and \_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:

Entire State  Counties listed below only

**Elections and Years:**

2018 General Election

LIST OF REGISTERED VOTERS

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

VH 2018 General Election - 20190083

VD - 20190084

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Brenda Festa</u>	<u>For Internal Use Only</u>	Date reviewed: <u>1/4/19</u>	EPM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>1/4/19</u>	Date processed: _____	
Completion date: <u>1/1/19</u>			

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Brynna McCosker

BUSINESS NAME: DT Client Services, LLC

NAME OF REQUESTOR: Matthew Lakin

MAILING ADDRESS: 1101 14th Street, NW. Suite 650

CITY: Washington STATE: DC ZIP CODE: 20005

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (202) 793-4035

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: \_\_\_\_\_

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

1101 14th Street, NW

Suite 650

Washington, DC 20005

Telephone (202) 793-4035

Send Statement to:

1101 14th Street, NW

Suite 650

Washington, DC 20005

Telephone (202) 793-4035

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the **entire state is requested**, mark the space provided. If a **district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

*Washington D.C.*

Before me, the undersigned authority, on this day personally appeared Matthew Lakin, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

*Matthew Lakin*

Signature

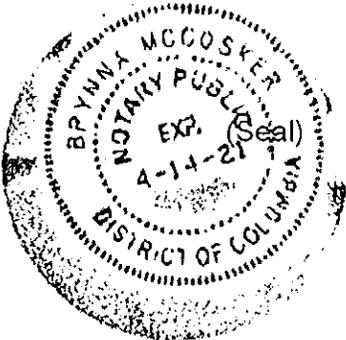
Sworn to and Subscribe before me, this the 2nd day of Jan, 2019.

*[Signature]*

Notary Public in and for the State of Texas D.C.

*Bryanna McCosker*

Printed Name of Notary



My commission Expires: 4/14/21

BRYNNA MCCOSKER  
NOTARY PUBLIC DISTRICT OF COLUMBIA  
My Commission Expires April 14, 2021

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

*For Internal Use Only*  
Receipt date: 1/10/2019  
PIR-Log number: 20190088 VP  
20190089 VP

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Marco Orrantia

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

Elections and Years:

2018 General Election

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <i>Brenda Peña</i>	<i>For Internal Use Only</i> Date reviewed: 1/15/19	EFM: _____
Second Reviewer: <i>[Signature]</i>	Date reviewed: 1/15/19	Date processed: _____
Completion date: _____		

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Marco Orrantia (pick up in person)

1106 Lavaca St Suite 100 Austin, TX 78701



Telephone (512) 909-7333

Send Statement to:

same

Telephone ( )

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

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Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

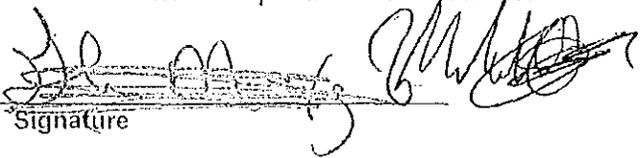
If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

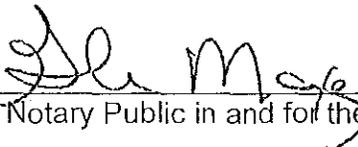
THE STATE OF TEXAS  
COUNTY OF Travis

Before me, the undersigned authority, on this day personally appeared  
Marco Orrantia, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

  
Signature

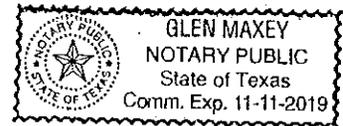
Sworn to and Subscribe before me, this the 10 day of January, 2019.

  
Notary Public in and for the State of Texas

(Seal)

Glen Maxey  
Printed Name of Notary

My commission Expires: 11/11/19



PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE

STAFF TAKING ORDER

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Gilberto Hinojosa

BUSINESS NAME: Texas Democratic Party

NAME OF REQUESTOR: Marco Orrantia

MAILING ADDRESS: 1106 Lavaca St, Suite 100

CITY: Austin

STATE: TX

ZIP CODE: 78701

HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: (512) 478-9800

CELL PHONE: (512) 909-7333

EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: \_\_\_\_\_

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

For Internal Use Only
Receipt date: 1/15/2019
PIR-Log number: 20190096VH
20190097W

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:

FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Evan Logan

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State
Counties listed below only

Elections and Years:

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State [checked]

Requesting a statewide voter file including active and suspense voters. Also requesting the voter history for the 2018 November general election.

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

For Internal Use Only
First Reviewer: [Signature] Date reviewed: 1/23/19
Second Reviewer: [Signature] Date reviewed: 1/23/19
Completion date: 1/1/19
EFM:
Date processed: 1/1/19

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

*For Office Use Only*

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Robert Van Niman

BUSINESS NAME: i360

NAME OF REQUESTOR: Evan Logan

MAILING ADDRESS: 2300 Clarendon Blvd. Suite 800

CITY: Arlington STATE: VA ZIP CODE: 22201

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (703) 672-2686

CELL PHONE: \_\_\_\_\_ EMAIL: [REDACTED]

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: \_\_\_\_\_

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Send Statement to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF ~~TEXAS~~ <sup>Virginia</sup>  
COUNTY OF Arlington

Before me, the undersigned authority, on this day personally appeared  
Evan Logan, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 15th day of January, 2019.



Kelsey Megan Shannon  
Notary Public in and for the State of ~~Texas~~  
Virginia

Kelsey Megan Shannon  
Printed Name of Notary  
Reg. # 7650935

My commission Expires: 7/31/2019

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only  
Receipt date: 1/23/19  
PIR-Log number:

20190102 VAF  
20190103 VD

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media  
 CD-ROM  
 FTP - Provide FTP Information:  
 FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

Format being provided  
 Voter registration list (individual records)  
 in zipped fixed width text file(s). See the  
 attached record layout.

Requestor name:  
 Paul Graham  
 (required)

Flagging Options ONLY  
 Hispanic surname flag notation

Voters may be extracted by  
 Please checkmark all that apply to the request:

Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

I would like my data reduced to the following  
 Please checkmark all that apply to the request:

Only voters with Texas mailing address  
 Only voters who are effective to vote between  
 \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_\_ and \_\_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:  
 November General 2018

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	For Internal Use Only Date reviewed: <u>1/30/19</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>1/30/19</u>	Date processed: _____
Completion date: <u>1/1/19</u>		

11.30.16

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Paul Graham

BUSINESS NAME: Labels & Lists Inc

NAME OF REQUESTOR: Paul Graham

MAILING ADDRESS: 18912 North Creek Parkway #201

CITY: Bothell STATE: WA ZIP CODE: 98011

HOME PHONE: 206.235.5180 BUSINESS PHONE: 800.842.5478

CELL PHONE: \_\_\_\_\_ EMAIL: 

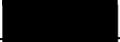
BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: \_\_\_\_\_

Affidavit

THE STATE OF TEXAS

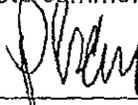
state of Washington

COUNTY OF

King

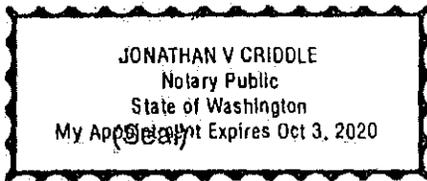
Before me, the undersigned authority, on this day personally appeared Paul Graham, who being duly sworn, deposes and says:

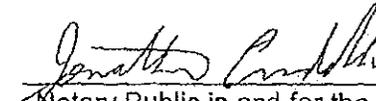
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.



Signature

Sworn to and Subscribe before me, this the 23rd day of January, 2019.



  
Notary Public in and for the State of ~~Texas~~ Washington

JONATHAN V CRIDDLE  
Printed Name of Notary

My commission Expires: 10/3/2020

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only  
Receipt date 1/17/19  
Log number 20190104VH

20190105VD

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP

Provide FTP information:

host: [redacted]  
user: [redacted]  
pass: [redacted]

Format being provided

Voter Registration list (individual records).

Requestor name:

Daniel Ball  
(required)

Flagging Options ONLY

Hispanic Surname flag notation

\*If no Optional Extracts are selected;  
defaults to extracting Active and Suspense  
Voters.

Optional Extracts

Voters may be extracted by:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Only Active Voters
- Only Suspense Voters
- Only Cancelled Voters
- Voters who voted in the following Elections:

Entire State  Counties listed below only

Elections/Years All voters in the State,  
plus vote history from the 2018  
November 6 general election

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is, however, considered to be an active voter for voting purposes. If you wish to eliminate these voters from your order, select the "only active" voter's option.

List counties and voting precincts requested below. Do not put a district number. If the whole county is requested, write "All" by the county name. If the entire state is requested, mark the space provided.

COUNTY NAME(S) Check if entire state

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov) as a data manipulation estimate may need to be provided for you.

First Reviewer <u>Beya Lellison</u>	For Internal Use Only Date reviewed: <u>1/29/19</u>	EFM:
Second Reviewer <u>[signature]</u>	Date reviewed: <u>1/29/19</u>	Date processed:
Completion date: <u>1/1</u>		TX-SOS-20-0049-A-000020



INSTRUCTIONS FOR FILLING OUT A  
PUBLIC INFORMATION REQUEST FORM

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide login and password information.
2. Format: Voter registration list (individual records).
3. Optional Extracts - An option may be selected to select a limited group of voters. Suspense voters are those voters whose certificate was returned as non-deliverable from the Post Office. Please note that optional extracts may result in data manipulation, which would result in additional charges. Section 552.231(b) requires that agencies send a written statement about potentially manipulated data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you with 20 days of receipt of this request.
4. In the area for county name, please list each county you want extracted.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Send Order to:

3515 NW 98<sup>th</sup> St. Ste. 200

Gainesville, FL 32606

Daniel Ball

Telephone (352) 222-4579

Send Statement to:

(same)

Telephone ( ) \_\_\_\_\_

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

Florida  
THE STATE OF ~~TEXAS~~  
COUNTY OF Alachua

Before me, the undersigned authority, on this day personally appeared Daniel Bull, who being duly sworn, deposes and says:

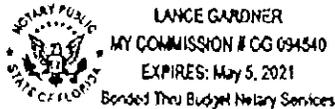
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Daniel Bull  
Signature

Sworn to and Subscribe before me, this the 17 day of January, 2019.

[Signature]  
Notary Public in and for the State of ~~Texas~~  
Florida

(Seal)



LANCE GARDNER  
Printed Name of Notary

My commission Expires: May 5, 2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are accepted*

For Office Use Only

DATE:

STAFF TAKING ORDER:

Please provide all requested information so your request may be processed.

NAME ON CARD: Lance Gardner

BUSINESS NAME: SGS, Inc.

NAME OF REQUESTOR: Daniel Ball

MAILING ADDRESS: 3515 NW 98th St, Ste 200

CITY: Gainesville

STATE: FL

ZIP CODE: 32606

HOME PHONE: 352-222-4579

BUSINESS PHONE: 352-332-2115

CELL PHONE:

EMAIL:

BILLING ADDRESS: 6211 NW 132nd St, Gainesville, FL 32653

Billing Address same as Mailing Address.

TYPE OF CREDIT CARD: Please Select One

CREDIT CARD #:

EXPIRATION DATE:

PURPOSE OF CHARGE: Voter Data Request

AMOUNT OF CHARGE: \$75.00

X Daniel Ball

By signing here you authorize the above amount to be charged to your credit card.

The State of Texas



Elections Division  
 P.O. Box 12060  
 Austin, Texas 78711-2060  
 www.sos.state.tx.us

Secretary of State

*For Internal Use Only*  
 Receipt date: 1/22/19  
 PIR-Log number: 20190108(VD)  
 20190109(VH)  
 20190110(VH)  
 20190111(VH)  
 20190112(VH)  
 20190113(VH)  
 Phone: 512-463-5850  
 Fax: 512-475-2811  
 Dial 7-1-1 For Relay Services  
 (800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**  
 CD-ROM  
 FTP - Provide FTP information:  
 FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**  
 Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**  
 Elisabeth Kempf  
 (required)

**Flagging Options ONLY**  
 Hispanic surname flag notation

**Voters may be extracted by**  
 Please checkmark all that apply to the request:

Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

**I would like my data reduced to the following**  
 Please checkmark all that apply to the request:

Only voters with Texas mailing address  
 Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_ and \_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

**Elections and Years:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

~~I would like to purchase both the entire Statewide Voter Registration Database and the entire Statewide Voting History Database~~  
 voter data - 20190108  
 VH 1996 - 2005 - 20190109 VH 2014 - 2016 - 20190112  
 VH 2006 - 2010 - 20190110 VH 2017 - 2018 - 20190113  
 VH 2011 - 2013 - 20190111

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Branda Hester</u>	<i>For Internal Use Only</i> Date reviewed: <u>2/12/19</u>	EFM: _____
Second Reviewer: <u>Mary Klein</u>	Date reviewed: <u>2/12/19</u>	Date processed: _____
Completion date: ____/____/____		

Affidavit

THE STATE OF TEXAS

COUNTY OF Cook

Before me, the undersigned authority, on this day personally appeared ELisabeth Kempf, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

E. Kempf  
Signature

Sworn to and Subscribe before me, this the 23 day of Jan, 2019.



Amy Bretz  
Notary Public in and for the State of Texas  
Illinois

Amy Bretz  
Printed Name of Notary

My commission Expires: April 9, 2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Elisabeth Kempf

5807 S. Woodlawn Ave

Chicago, IL 60637

Telephone (773) 834-8421

Send Statement to:

Elisabeth Kempf

5807 S. Woodlawn Ave

Chicago, IL 60637

Telephone (773) 834-8421

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

*For Office Use Only*

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Elisabeth Kempf

BUSINESS NAME: University of Chicago Booth School of Business

NAME OF REQUESTOR: Elisabeth Kempf

MAILING ADDRESS: 5807 S. Woodlawn Ave

CITY: Chicago STATE: IL ZIP CODE: 60637

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (773) 834-8421

CELL PHONE: \_\_\_\_\_ EMAIL: elisabeth.kempf@chicagobooth.edu

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: \$ 75.00

Secretary of State  
Elections Division  
Credit Card Payment Form  
Master Card, Visa, American Express & Discover are  
accepted

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Richard Carter  
BUSINESS NAME: University of Chicago Booth School of Business  
NAME OF REQUESTOR: Jessica Henderson / Elizabeth Kempf  
MAILING ADDRESS: 5807 S. Woodlawn  
CITY: Chicago STATE: IL ZIP CODE: 60637  
HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: 773-702-7304  
CELL PHONE: \_\_\_\_\_ EMAIL: richard.carter@chicago Booth.edu  
BILLING ADDRESS: same as above

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]  
CREDIT CARD #: [REDACTED] EXPIRATION DATE: [REDACTED]  
\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required) AMOUNT OF CHARGE: \$7,081.<sup>76</sup>

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only  
Receipt date: 1/25/19  
PIR-Log number: 20190114 VD  
20190115 VA  
Phone: 512-463-3650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed-width text file(s). See the attached record layout.

Requestor name:

Christina Feiner Catalyst LLC  
(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address.
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:

2018 General Election vote history and a full registered voter list

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Brenda Hester</u>	For Internal Use Only Date reviewed: <u>2/12/16</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>2/12/19</u>	Date processed: _____
Completion date: <u>1/1</u>		

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Christina Feiner, Catalyst LLC  
1090 Vermont Ave NW Suite 300  
Washington DC 20005

Telephone (202) 435-0277

Send Statement to:

Christina Feiner, Catalyst LLC  
1090 Vermont Ave NW Suite 300  
Washington DC 20005

Telephone (202) 435-0277

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF ~~TEXAS~~ Washington DC

COUNTY OF \_\_\_\_\_

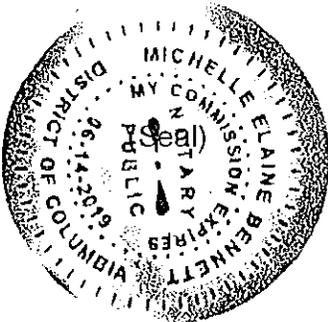
Before me, the undersigned authority, on this day personally appeared Christina Fainer, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Christina Fainer  
Signature

Sworn to and Subscribe before me, this the 25 day of January, 2019.

Michelle Elaine Bennett  
Notary Public in and for the State of Texas  
District of Columbia



Michelle Elaine Bennett  
Printed Name of Notary

My commission Expires: June 14, 2019

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Gary Gruber

BUSINESS NAME: Catalist LLC

NAME OF REQUESTOR: Christina Feiner

MAILING ADDRESS: 1090 Vermont Ave Suite 300

CITY: Washington DC STATE: DC ZIP CODE: 20005

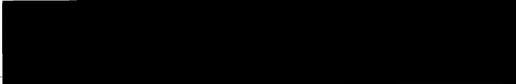
HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: 202-435-0271

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: \_\_\_\_\_

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

For Internal Use Only
Receipt date: 1/30/19
PIR-Log number: 20190116 VE
20190117 VH

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:
Media
[ ] CD-ROM
[ ] FTP - Provide FTP information:
FTP site:
Login:
Password:
Format being provided
Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.
Requestor name:
Carly McQuarrie
(required)
Flagging Options ONLY
[ ] Hispanic surname flag notation

Voters may be extracted by
Please checkmark all that apply to the request:
[ ] Include Active Voters
[ ] Include Suspense Voters
[ ] Include Cancelled Voters
I would like my data reduced to the following
Please checkmark all that apply to the request:
[ ] Only voters with Texas mailing address
[ ] Only voters who are effective to vote between
and dates
[ ] Only voters between the age and
[ ] Hispanic Surnames only
[ ] Males only
[ ] Females only
[ ] Voters who Voted in the following Elections:
[ ] Entire State [ ] Counties listed below only
Elections and Years:
I would like a statewide registered voter list. I would also like all vote
history for the 2018 general election.

A "suspense voter" is a voter known to have an incorrect or outdated address.
The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State [ ]

Blank lines for county/district information

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

For Internal Use Only
First Reviewer: [Signature] Date reviewed: 2/12/19
Second Reviewer: [Signature] Date reviewed: 2/12/19
Completion date: / /
EFM:
Date processed: / /

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Carly McQuarrie

Send Statement to:

Telephone (801) 9715837

Telephone ( )

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the **entire state is requested**, mark the space provided. If a **district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF <sup>Utah</sup> ~~TEXAS~~  
COUNTY OF Davis

Before me, the undersigned authority, on this day personally appeared Mcquarrie Carly Ann, who being duly sworn, deposes and says:

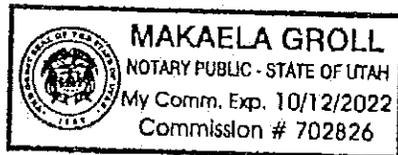
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Carly Ann McQuarrie  
Signature

Sworn to and Subscribe before me, this the 30 day of January, 2019.

Makaela Groll  
Notary Public in and for the State of ~~Texas~~  
Utah

(Seal)



Makaela Groll  
Printed Name of Notary

My commission Expires: 10/12/2022

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Carly McQuarrie

MAILING ADDRESS: 86 N University Ave

CITY: Provo STATE: UT ZIP CODE: 84601

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (801) 971-5837

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: 2268 W 130 S Mapleton, UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: \_\_\_\_\_

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

For Internal Use 011/v  
Receipt date 2/27/19  
PIR-Log number 20190132

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**  
 CD-ROM  
 FTP - Provide FTP information:  
 FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**  
 Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**  
 Marco Orrantia  
 \_\_\_\_\_  
 (required)

**Flagging Options ONLY**  
 Hispanic surname flag notation

Voters may be extracted by  
 Please checkmark all that apply to the request:

Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

I would like my data reduced to the following  
 Please checkmark all that apply to the request:

Only voters with Texas mailing address  
 Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_\_ and \_\_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State ...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email elections@so.stexas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Bruce Kellison</u>	<u>For Internal Use Only</u>	Date reviewed: <u>3/3/19</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>3/3/19</u>	Date processed: _____	TX-SOS-20-0049-A-000037
Completion date: ___/___/___			

AMERICAN OVERSIGHT

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

### Send Order to:

Marco Orrantia (will pick up in person)

1106 Lavaca St, Suite 100

Austin, Tx 78701

Telephone (512) 909-7333

### Send Statement to:

Gilberto Hinojosa

(same)

Telephone ( ) \_\_\_\_\_

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
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4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

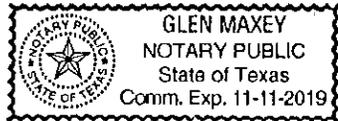
COUNTY OF Travis

Before me, the undersigned authority, on this day personally appeared  
Marco Orrantia, who being duly sworn, deposes and says:

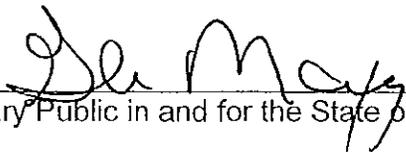
I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 27 day of Feb, 2019.



(Seal)

  
Notary Public in and for the State of Texas

Glen Maxey  
Printed Name of Notary

My commission Expires: 11/11/19

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Gilberto Hinojosa

BUSINESS NAME: Texas Democratic Party

NAME OF REQUESTOR: Marco Orrantia

MAILING ADDRESS: 1106 Lavaca St, Suite 100

CITY: Austin STATE: TX ZIP CODE: 78701

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (512) 478-9800

CELL PHONE: (512) 909-7333 EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

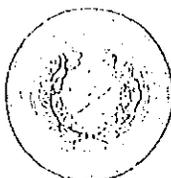
EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: 1315.72

*Statewide VD active/suspense*

The State of Texas



Elections Division  
 P.O. Box 12060  
 Austin, Texas 78711-2060  
 www.sos.state.tx.us

*For Internal Use Only*  
 Receipt date: 3/14/19  
 PIR-Log number: 20190127 v4  
 20190128 v1

Phone: 512-463-5650  
 Fax: 512-475-2811  
 Dial 7-1-1 For Relay Services  
 (800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**  
 CD-ROM  
 FTP - Provide FTP information:  
 FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**  
 Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**  
 Shinya Wakao  
 (required)

**Flagging Options ONLY**  
 Hispanic surname flag notation

**Voters may be extracted by**  
 Please checkmark all that apply to the request:

Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

**I would like my data reduced to the following**  
 Please checkmark all that apply to the request:

Only voters with Texas mailing address  
 Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_ and \_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

**Elections and Years:**  
 2018 Primary and General Elections  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <i>[Signature]</i>	<i>For Internal Use Only</i> Date reviewed: 3/14/19	EFM: _____
Second Reviewer: <i>[Signature]</i>	Date reviewed: 3/14/19	Date processed: _____
Completion date: 1/1		

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Shinya Wakao

College of the Mainland

1200 Amburn Rd. Texas City, TX 77591

Telephone (409) 933-8107

Send Statement to:

Shinya Wakao

Collge of the Mainland

1200 Amburn Rd. Texas City, TX 77591

Telephone (409) 933-8107

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
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5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

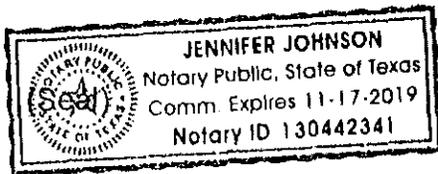
COUNTY OF Galveston

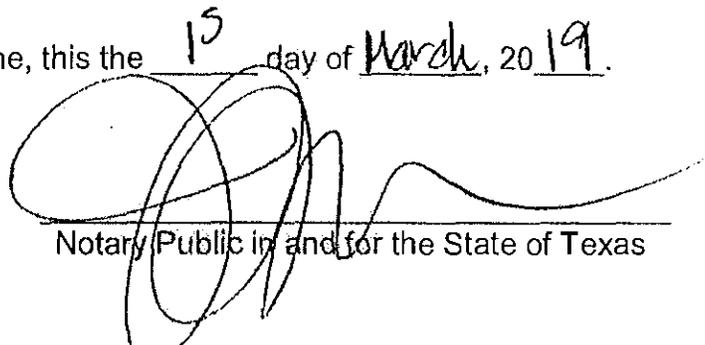
Before me, the undersigned authority, on this day personally appeared  
Shinya Wakao, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 15 day of March, 2019.



  
Notary Public in and for the State of Texas

Jennifer Johnson  
Printed Name of Notary

My commission Expires: 11.17.19

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

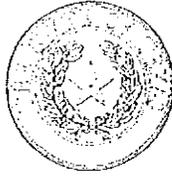
(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

For Internal Use Only
Receipt date: 3/14/19
PIR-Log number

Handwritten notes: 20190130VD, 20190131VHT

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:

FTP site:
Login:
Password:
Upload file to:

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Carolyn Lehmann

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
Only voters between the age
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State:
Counties listed below only

Elections and Years:

2015, 2017, and 2018 General Elections results

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

For Internal Use Only
First Reviewed:
Second Reviewed:
Date reviewed:
Date processed:
Completion date:
EFM:
Date processed:

11.30.16

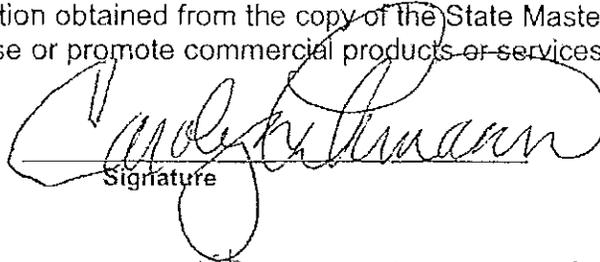
Affidavit

THE STATE OF TEXAS

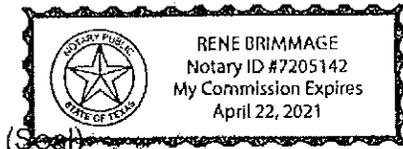
COUNTY OF Comal

Before me, the undersigned authority, on this day personally appeared Carolyn Lehmann, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 1<sup>st</sup> day of March, 2019.



Rene Brimmage  
Notary Public in and for the State of Texas

Rene Brimmage  
Printed Name of Notary

My commission Expires: April 22, 2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

*For Office Use Only*

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Carolyn Lehmann

BUSINESS NAME: Direct Texas

NAME OF REQUESTOR: Carolyn Lehmann

MAILING ADDRESS: PO Box 312100

CITY: New Braunfels STATE: TX ZIP CODE: 78131

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (830) 627-7744

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

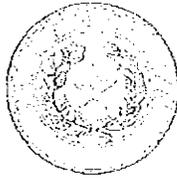
EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: \$75<sup>00</sup> for deposit

*Please email quote for  
full amount.*

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone 512-463-5650  
Fax 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 221-VOTE (8683)

*For Internal Use Only*  
Receipt date: 3 4 19  
File Log number: 20190133

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Derek Ryan

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <i>Bena Kellison</i>	<i>For Internal Use Only</i> Date reviewed: 3 13 19	RFPL: _____
Second Reviewer: <i>[Signature]</i>	Date reviewed: 3 13 19	Date processed: _____
Completion date: _____		

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Derek Ryan

PO Box 202675

Austin, TX 78720

Telephone (512) 496-5470

Send Statement to:

Derek Ryan

PO Box 202675

Austin, TX 78720

Telephone (512) 496-5470

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 13.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (6683).

NOTARY

THE STATE OF TEXAS

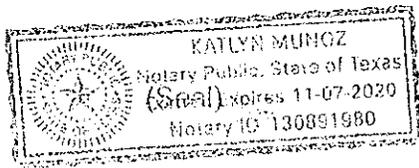
COUNTY OF WILLIAMSON

Before me, the undersigned authority, on this day personally appeared Derek Ryan, who being duly sworn, depose and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Handwritten Signature]  
Signature

Sworn to and Subscribe before me, this the 19th day of February, 2018.



[Handwritten Signature]  
Notary Public in and for the State of Texas

Katlyn Munoz  
Printed Name of Notary

My commission Expires: 11/07/2020

PLEASE BE ADVISED

§ 18.087. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.086.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 15, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

*For Office Use Only*

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Derek P Ryan

BUSINESS NAME: Ryan Data & Research

NAME OF REQUESTOR: Derek Ryan

MAILING ADDRESS: PO Box 202675

CITY: Austin STATE: TX ZIP CODE: 78720

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (512) 496-5470

CELL PHONE: (512) 496-5470 EMAIL: [REDACTED]

BILLING ADDRESS: 17811 Clare Morris Ln, Pflugerville, TX 78660

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

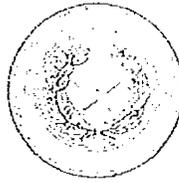
EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: 1232.29

*Statewide, active, hispanic surname*

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

*For Internal Use Only*  
Receipt date: 3/7/19  
PIR-Log number: 20190142

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: [REDACTED]  
 Login: [REDACTED]  
 Password: [REDACTED]

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Matthew Lakin - DT Client Services, LLC

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<i>For Internal Use Only</i> Date reviewed: <u>3/14/19</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>3/14/19</u>	Date processed: _____
Completion date: _____		

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Bryнна McCosker

BUSINESS NAME: DT Client Services, LLC

NAME OF REQUESTOR: Matthew Lakin

MAILING ADDRESS: 1101 14th Street, NW. Suite 650

CITY: Washington STATE: DC ZIP CODE: 20005

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (202) 793-4035

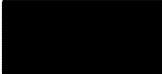
CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: ~~\$3,010.00~~

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

1101 14th Street, NW

Suite 650

Washington, DC 20005

Telephone (202) 793-4035

Send Statement to:

1101 14th Street, NW

Suite 650

Washington, DC 20005

Telephone (202) 793-4035

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

*Washington D.C.*

Before me, the undersigned authority, on this day personally appeared Matthew Lukon, who being duly sworn, deposes and says:

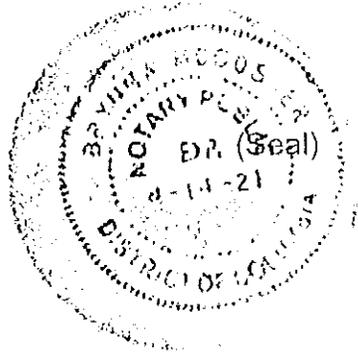
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

*Matthew Lukon*  
Signature

Sworn to and Subscribe before me, this the 1<sup>st</sup> day of March, 2019.

*[Signature]*  
Notary Public in and for the State of Texas  
*WDC*

Brynna McCosker  
Printed Name of Notary



My commission Expires: \_\_\_\_\_

**PLEASE BE ADVISED**

BRYNNA MCCOSKER  
NOTARY PUBLIC DISTRICT OF COLUMBIA  
My Commission Expires April 14, 2021

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Secretary of State

For Internal Use Only
Receipt date: 3/17/19
PIR-Log number:

20190145 VD
20190146 VH

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:
FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Carly McQuarrie

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
Only voters between the age
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State
Counties listed below only

Elections and Years:

I would like a statewide registered voter list. I would also like all vote history from 2018 to present day.

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

Internal review section with signatures, dates, and EFM/Date processed fields.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

*For Office Use Only*

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Carly McQuarrie

MAILING ADDRESS: 86 N University Ave

CITY: Provo STATE: UT ZIP CODE: 84601

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (801) 971-5837

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: 2268 W 130 S Mapleton, UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: \_\_\_\_\_

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Carly McQuarrie

---

---

---

Telephone (801) 971-5837

Send Statement to:

---

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Telephone ( )

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

\_\_\_\_\_  
Signature

Sworn to and Subscribe before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

(Seal)

\_\_\_\_\_  
Printed Name of Notary

*My commission Expires:* \_\_\_\_\_

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

The State of Texas



Elections Division  
 P.O. Box 12060  
 Austin, Texas 78711-2060  
 www.sos.state.tx.us

Secretary of State

*For Internal Use Only*  
 Receipt date: 3/29/19  
 PIR-Log number: \_\_\_\_\_

20190149 - VD  
 20190150 - VH 2014  
 20190151 - VH 2018

Phone: 512-463-5630  
 Fax: 512-475-2811  
 Dial 7-1-1 For Relay Services  
 (800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**  
 CD-ROM  
 FTP - Provide FTP information:  
 FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**  
 Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**  
 Hutch White  
 \_\_\_\_\_  
 (required)

**Flagging Options ONLY**  
 Hispanic surname flag notation

**Voters may be extracted by**  
 Please checkmark all that apply to the request:

Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

**I would like my data reduced to the following**  
 Please checkmark all that apply to the request:

Only voters with Texas mailing address  
 Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_\_ and \_\_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**      Check if entire State

Statewide Registered Voter list

Statewide Voter History for 2014 General Election  
 \_\_\_\_\_  
 Statewide Voter History for 2018 General Election  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <i>[Signature]</i>	<i>For Internal Use Only</i> Date reviewed: 4/15/19	EFM: _____
Second Reviewer: <i>[Signature]</i>	Date reviewed: 4/15/19	Date processed: _____
Completion date: ____/____/____		

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Hutch White

673 Roseberry

Buda, Tx 78610

Telephone (512) 538-4420

Send Statement to:

Hutch White

673 Roseberry

Buda, Tx 78610

Telephone (512) 538-4420

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

**Affidavit**

**THE STATE OF TEXAS**

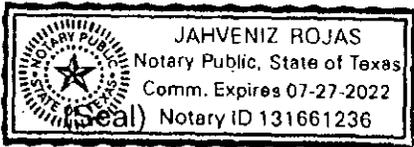
**COUNTY OF** Hays

Before me, the undersigned authority, on this day personally appeared Lee H. White, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 29 day of 03, 2019.



[Signature]  
Notary Public in and for the State of Texas

Jahveniz Rojas  
Printed Name of Notary

**My commission Expires:** 07/27/2022

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Rebecca Hatch

BUSINESS NAME: Texas Petition Strategies

NAME OF REQUESTOR: Hutch White

MAILING ADDRESS: 1766 FM 967, Ste. C

CITY: Buda STATE: TX ZIP CODE: 78610

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (512) 295-9817

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: 1766 FM 967, Suite C, Buda, TX 79610

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE \_\_\_\_\_ (required)

AMOUNT OF CHARGE: \_\_\_\_\_

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

For Internal Use Only
Receipt date: 4/11/19
PIR-Log number: 20190148

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:
Media
[ ] CD-ROM
[ ] FTP - Provide FTP information:
FTP site:
Login:
Password:
Format being provided
Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
Requestor name:
Paul Graham
(required)
Flagging Options ONLY
[ ] Hispanic surname flag notation

Voters may be extracted by
Please checkmark all that apply to the request:
[ ] Include Active Voters
[ ] Include Suspense Voters
[ ] Include Cancelled Voters
I would like my data reduced to the following
Please checkmark all that apply to the request:
[ ] Only voters with Texas mailing address
[ ] Only voters who are effective to vote between
and
dates
[ ] Only voters between the age
and
[ ] Hispanic Surnames only
[ ] Males only
[ ] Females only
[ ] Voters who Voted in the following Elections:
[ ] Entire State [ ] Counties listed below only
Elections and Years:

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State [ ]

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

For Internal Use Only
First Reviewer: [Signature] Date reviewed: 4/15/19
Second Reviewer: [Signature] Date reviewed: 4/16/19
Completion date:
EFM:
Date processed:

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

L2 Political

18912 North Creek Pkwy #201

Bothell, WA 98011

Telephone (800) 842.5478

Send Statement to:

same

Telephone ( )

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the **entire state is requested**, mark the space provided. If a **district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

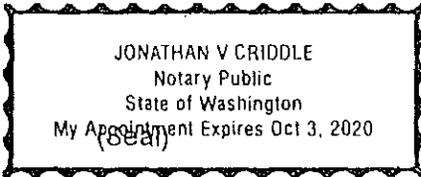
THE STATE OF ~~TEXAS~~ WASHINGTON  
COUNTY OF King

Before me, the undersigned authority, on this day personally appeared PAUL GRAHAM, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 4 day of 11, 2019.



[Signature]  
Notary Public in and for the State of Texas

JONATHAN CRIDDLE  
Printed Name of Notary

My commission Expires: 10/3/2020

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Paul Graham

BUSINESS NAME: Labels & Lists Inc

NAME OF REQUESTOR: Paul Graham

MAILING ADDRESS: 18912 North Creek Parkway #201

CITY: Bothell STATE: WA ZIP CODE: 98011

HOME PHONE: 206.235.5180 BUSINESS PHONE: 800.842.5478

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: \_\_\_\_\_

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Secretary of State

For Internal Use Only
Receipt date: 4/15/19
PIR-Log number: 20190152-VD
20190153-VH
Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:
Media
[ ] CD-ROM
[ ] FTP - Provide FTP information:
FTP site:
Login:
Password:
Format being provided
Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
Requestor name:
Cory McQuarrie
Flagging Options ONLY
[ ] Hispanic surname flag notation

Voters may be extracted by
Please checkmark all that apply to the request:
[ ] Include Active Voters
[ ] Include Suspense Voters
[ ] Include Cancelled Voters
I would like my data reduced to the following
Please checkmark all that apply to the request:
[ ] Only voters with Texas mailing address
[ ] Only voters who are effective to vote between
[ ] Only voters between the age
[ ] Hispanic Surnames only
[ ] Males only
[ ] Females only
[ ] Voters who Voted in the following Elections:
[ ] Entire State [ ] Counties listed below only
Elections and Years:
I would like a statewide voter registration list. I would also like all available voter history from March 2019 to present day.

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State [x]

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: [Signature] Date reviewed: 4/15/19
Second Reviewer: [Signature] Date reviewed: 4/15/19
Completion date:
EFM:
Date processed:

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Carly McQuarrie

Send Statement to:

Telephone (801) 9715837

Telephone (\_\_\_\_) \_\_\_\_\_

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
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4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF <sup>Utah</sup> ~~TEXAS~~  
COUNTY OF Davis

Before me, the undersigned authority, on this day personally appeared Carly McQuarrie, who being duly sworn, deposes and says:

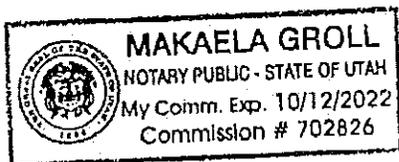
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Carly McQuarrie  
Signature

Sworn to and Subscribe before me, this the 12 day of April, 2019.

Makaela Groll  
Notary Public in and for the State of ~~Texas~~  
Utah

(Seal)



Makaela Groll  
Printed Name of Notary

My commission Expires: 10/12/2022

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Carly McQuarrie

MAILING ADDRESS: 86 N University Ave

CITY: Provo STATE: UT ZIP CODE: 84601

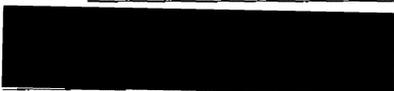
HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (801) 971-5837

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: 2268 W 130 S Mapleton, UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: \_\_\_\_\_

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

For Internal Use Only
Receipt date: 4/19/19
PIR-Log number: 20190126

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:

FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Marco Orrantia

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State Counties listed below only

Elections and Years:

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

For Internal Use Only
First Reviewed: Bawa Kellison Date reviewed: 4/24/19
Second Reviewed: Mary Green Date reviewed: 4/24/19
Completion date: / /
EFM:
Date processed: / /

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Marco Orrantia (will pick up in person)

1106 Lavaca St, Suite 100

Austin, Tx 78701

Telephone (512) 909-7333

Send Statement to:

Gilberto Hinojosa

(same)

Telephone ( )

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
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Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

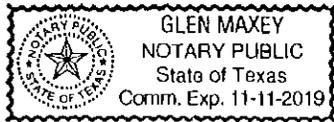
COUNTY OF Travis

Before me, the undersigned authority, on this day personally appeared  
Marco Orrantia, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

[Handwritten Signature]  
Signature

Sworn to and Subscribe before me, this the 27 day of Feb 2019.



(Seal)

[Handwritten Signature]  
Notary Public in and for the State of Texas

Glen Maxey  
Printed Name of Notary

My commission Expires: 11/11/19

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Gilberto Hinojosa

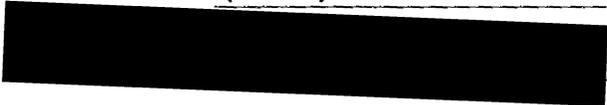
BUSINESS NAME: Texas Democratic Party

NAME OF REQUESTOR: Marco Orrantia

MAILING ADDRESS: 1106 Lavaca St, Suite 100

CITY: Austin STATE: TX ZIP CODE: 78701

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (512) 478-9800

CELL PHONE: (512) 909-7333 EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: 179.80

*VD: statewide, active/spense*

# The State of Texas

*For Internal Use Only*  
Receipt date: 6/17/19  
PIR-Log number: 2019018

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

### Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: [REDACTED]

Login: [REDACTED]

Password: [REDACTED]

### Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

### Requestor name:

Matthew Lakln - DT Client Services, LLC

(required)

### Flagging Options ONLY

- Hispanic surname flag notation

### Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

### I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

Elections and Years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <i>Brya Gillison</i>	<i>For Internal Use Only</i> Date reviewed: 6/24/2019	EFM: <i>Amanda</i>
Second Reviewer: <i>[Signature]</i>	Date reviewed: 6/25/19	Date processed: 6/25/19
Completion date: ___/___/___		

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

### Send Order to:

1101 14th Street, NW

Suite 650

Washington, DC 20005

Telephone (202) 793-4035

### Send Statement to:

1101 14th Street, NW

Suite 650

Washington, DC 20005

Telephone (202) 793-4035

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

COUNTY OF ~~TEXAS~~

District of Columbia

Before me, the undersigned authority, on this day personally appeared Matthew Lakin, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Matthew Lakin

Signature

Sworn to and Subscribe before me, this the 12<sup>th</sup> day of June, 20 19.

[Signature]

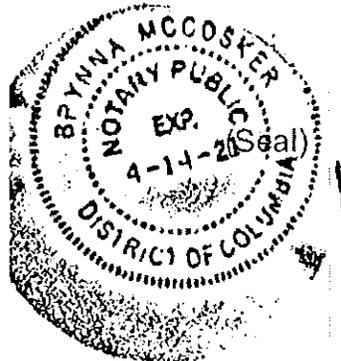
Notary Public in and for the State of Texas

D.C.

Brynna McCosker

Printed Name of Notary

My commission Expires: \_\_\_\_\_



BRYNNA MCCOSKER  
NOTARY PUBLIC DISTRICT OF COLUMBIA  
My Commission Expires April 14, 2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 6/24/19 STAFF TAKING ORDER: Brenda Hester

Please provide all requested information so your request may be processed.

NAME ON CARD: Bryinna McCosker

BUSINESS NAME: DT Client Services, LLC

NAME OF REQUESTOR: Matthew Lakin

MAILING ADDRESS: 1101 14th Street, NW. Suite 650

CITY: Washington STATE: DC ZIP CODE: 20005

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (202) 793-4035

CELL PHONE: \_\_\_\_\_ EMAIL: [REDACTED]

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: 1,434.21

*SN: active/suspense/cancelled, High Assurance flag*

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

For Internal Use Only
Receipt date: 6/19/19
PIR-Log number: 20190182

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information: S FTP, please
FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Alex Gaynor
(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State
Counties listed below only

Elections and Years:

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State [checked]

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: Beva Kellison
Second Reviewer:
Completion date:
Date reviewed: 6/24/2019
Date reviewed: 6/25/19
EFM: Amanda
Date processed:
X-SOS-20-00499A-000079



Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 6/24/19 STAFF TAKING ORDER: Brandon Hester

Please provide all requested information so your request may be processed.

NAME ON CARD: Jennifer Smith

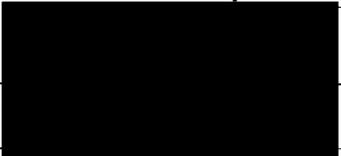
BUSINESS NAME: Rising Tide Aqua Inc

NAME OF REQUESTOR: Alex Gaynor (Alloy)

MAILING ADDRESS: 641 S Street NW

CITY: Washington STATE: DC ZIP CODE: 20001

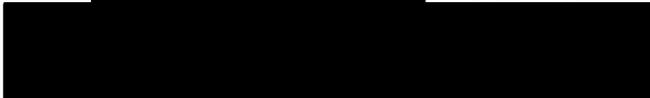
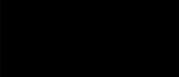
HOME PHONE: (202) 790-9318 BUSINESS PHONE: same

CELL PHONE: same EMAIL: 

BILLING ADDRESS: 

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #:  EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required) AMOUNT OF CHARGE: \$1,434.21

SN → all active, stop suspense, cancelled

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Alloy

2093 Philadelphia Pike #4747

Claymont, DE 19703

Telephone (773) 750-5614

Send Statement to:

Alloy

2093 Philadelphia Pike #4747

Claymont, DE 19703

Telephone (202) 790-9318

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the **entire state is requested**, mark the space provided. If a district or county is **requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

District of Columbia  
THE STATE OF TEXAS

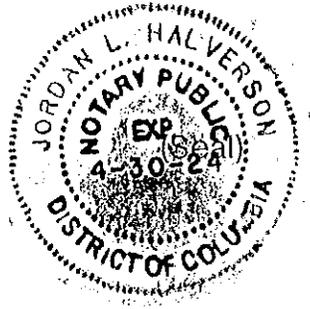
COUNTY OF City of Washington

Before me, the undersigned authority, on this day personally appeared Alexander Gaynor, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 13<sup>th</sup> day of June, 2019.



[Signature]  
Notary Public in and for the ~~State of Texas~~  
District of Columbia

Jordan Halverson  
Printed Name of Notary

My commission Expires: April 30, 2024

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only  
Receipt date: 6/17/19  
PIR-Log number: 2019-0183

Statewide  
2019 0184  
Voting History

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: [redacted]  
Login: [redacted]  
Password: [redacted]

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Texas Farm Bureau

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

Elections and Years:

2018 Republican Primary and Primary Run-off

2018 Democratic Primary and Primary Run-off

2018 General Election

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Beyla Keltison</u>	For Internal Use Only Date reviewed: <u>6/24/2019</u>	EFM: <u>Amanada</u>
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>6/25/19</u>	Date processed: <u>6/25/19</u>
Completion date: <u>    </u> / <u>    </u> / <u>    </u>		

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

### Send Order to:

Billy Howe, Texas Farm Bureau

P.O. Box 2689

Waco, TX 76702

Telephone (<sup>254</sup>) 751-2208

### Send Statement to:

Billy Howe, Texas Farm Bureau

P.O. Box 2689

Waco, TX 76702

Telephone (<sup>254</sup>) 751-2208

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

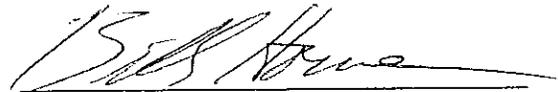
**Affidavit**

THE STATE OF TEXAS

COUNTY OF McLennan

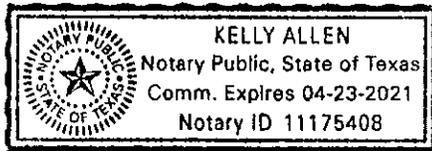
Before me, the undersigned authority, on this day personally appeared  
Billy Howe, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

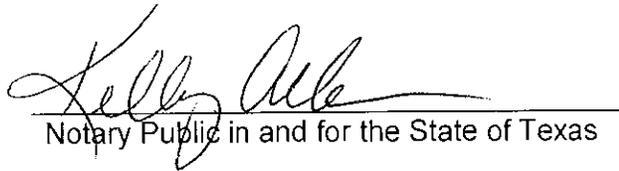


Signature

Sworn to and Subscribe before me, this the 10 day of June, 2019.



(Seal)

  
Notary Public in and for the State of Texas

Kelly Allen

Printed Name of Notary

My commission Expires: 4/23/2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 6/24/19 STAFF TAKING ORDER: Brenda Hester

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Billy Howe

BUSINESS NAME: Texas Farm Bureau

NAME OF REQUESTOR: Billy Howe

MAILING ADDRESS: P.O. Box 2689

CITY: Waco STATE: TX ZIP CODE: 76702

HOME PHONE: (512) 784-1473 BUSINESS PHONE: (254) 751-2208

CELL PHONE: (512) 784-1473 EMAIL: [REDACTED]

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: \$2,057.99

*SN: active/suspense, R/D, P/R, 2018 GEN*

The State of Texas

For Internal Use Only  
Receipt date: 6/21/19  
PIR-Log number: 20190187

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: [redacted]  
Login: [redacted]  
Password: [redacted]

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Carly McQuarrie

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:

I would like the most current and complete registered voter list with active, inactive, suspense, and canceled voters.

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Bepa Tellison</u>	For Internal Use Only Date reviewed: <u>6/28/19</u>	EFM: <u>Amanda</u>
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>6/28/19</u>	Date processed: <u>6/28/19</u>
Completion date: <u>   /   /   </u>		

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Carly McQuarrie

Send Statement to:

Telephone (801) 971-5837

Telephone ( )

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF <sup>Utah</sup> ~~TEXAS~~  
COUNTY OF Davis

Before me, the undersigned authority, on this day personally appeared Carly McGuarrie, who being duly sworn, deposes and says:

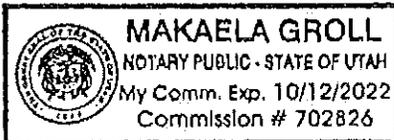
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 21 day of June, 2019.

[Signature]  
Notary Public in and for the State of ~~Texas~~  
Utah

(Seal)



Makaela Groll  
Printed Name of Notary

My commission Expires: 10/12/2022

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 6/27/19 STAFF TAKING ORDER: Brenda Hester

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Carly McQuarrie

MAILING ADDRESS: 86 N University Ave

CITY: Provo STATE: UT ZIP CODE: 84601

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (801) 971-5837

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: 2268 W 130 S Mapleton, UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: \$1,434.86

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

For Internal Use Only
Receipt date: 7/16/19
PIR-Log number:

2090211

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP Information:

FTP site:
Login:
Password:

Format being provided
Voter registration list (Individual records)
In zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Andrew Early-Griffith

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
Only voters between the age
Hispanic Surnames only
Males only
Females only

Voters who Voted in the following Elections:

- Entire State
Counties listed below only

Elections and Years:

November 2019

May 2019

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

For Internal Use Only
First Reviewed:
Second Reviewed:
Completion date:
Date reviewed:
Date processed:
EFM:
Date processed:

Affidavit

THE STATE OF ~~TEXAS~~ WASHINGTON

COUNTY OF KING

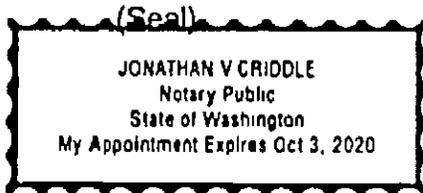
Before me, the undersigned authority, on this day personally appeared ANDREW EARLY-GRIFFITH, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 9th day of JULY, 2019.

  
Notary Public in and for the State of ~~Texas~~  
WASHINGTON



JONATHAN CRIDDLE  
Printed Name of Notary

My commission Expires: 10/3/2020

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

L2 Political

18912 North Creek PkWy Suite 201

Bothell, WA, 98011

Telephone (800) 842-5478

Send Statement to:

Same

Telephone (\_\_\_\_) \_\_\_\_\_

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE:

7/15/19

STAFF TAKING ORDER:

Brenda Hester

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Paul Graham

BUSINESS NAME: Lables & Lists Inc

NAME OF REQUESTOR: Andrew Early-Griffith

MAILING ADDRESS: 18912 North Creek Parkway Suite 201

CITY: Bothell

STATE: WA

ZIP CODE: 98011

HOME PHONE: (206) 227-6626

BUSINESS PHONE: (800) 842-5478

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

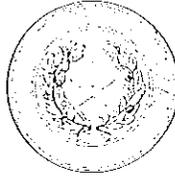
\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: \$1,311.90

*Active/Suspense*

*Hispanic Surname*

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only  
Receipt date: 7/8/19  
PIR-Log number: 20190214

statewide

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

John Andersen

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

All registered voters statewide.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer:	Date reviewed: 7/16/19	EFM: _____
Second Reviewer:	Date reviewed: 7/16/19	Date processed: ____/____/____
Completion date: ____/____/____		

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

**Send Order to:**

John Andersen

8303 Cedarspur

Houston, TX 77055

Telephone (713) 301-8879

**Send Statement to:**

John Andersen

8303 Cedarspur

Houston, TX 77055

Telephone (713) 301-8879

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

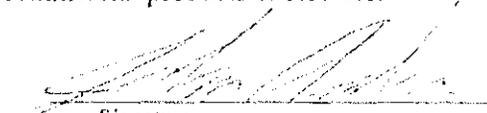
*AFFIDAVIT*

THE STATE OF TEXAS

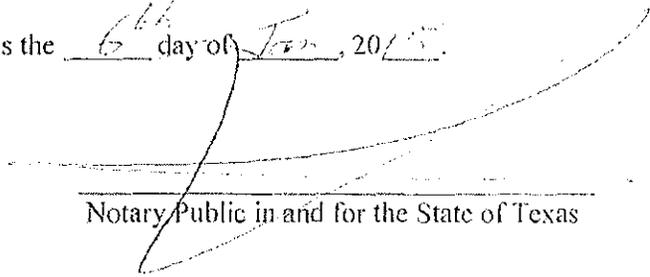
COUNTY OF Harris

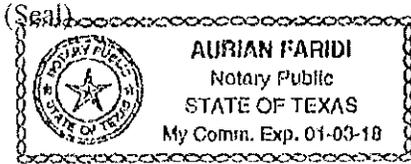
Before me, the undersigned authority, on this day personally appeared John Andersen, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 6<sup>th</sup> day of Jan, 2015.

  
Notary Public in and for the State of Texas



AURIAN FARIDI  
Printed Name of Notary

My commission Expires: 1-3-18

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 7/16/19 STAFF TAKING ORDER: Jennifer Hester

Please provide all requested information so your request may be processed.

NAME ON CARD: John Andersen

BUSINESS NAME: \_\_\_\_\_

NAME OF REQUESTOR: John Andersen

MAILING ADDRESS: 8303 Cedarspur

CITY: Houston STATE: TX ZIP CODE: 77055

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: (713) 301-8879 EMAIL: [REDACTED]

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

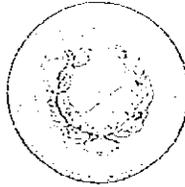
\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: 12812.99

VD: Active/Suspense - Hisp Surname flag

VH: Active/Suspense - Hisp Surname flag (2018 Gen Elec)

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

For Internal Use Only  
Receipt date: 7/22/19  
PIR-Log number:

20170234

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Carly McQuarrie  
(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

Elections and Years:

I would like the latest registered voter list that includes all voters, (active, inactive, suspense, and cancelled). I would also like all vote history from June 2019-present day if there is any new vote history available.

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

For Internal Use Only  
First Reviewer: [Signature] Date reviewed: 7/25/19  
Second Reviewer: [Signature] Date reviewed: 7/25/19  
Completion date: \_\_\_\_\_  
EFM: \_\_\_\_\_  
Date processed: \_\_\_\_\_

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Carly McQuarrie

---

---

Send Statement to:

Carly McQuarrie

---

---

Telephone (801) 971-5837

Telephone (801) 971-5837

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

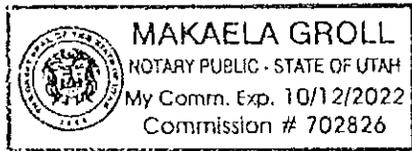
THE STATE OF <sup>Utah</sup> TEXAS  
COUNTY OF Davis

Before me, the undersigned authority, on this day personally appeared Carly McQuarrie, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 22 day of July, 2019.



(Seal)

[Signature]  
Notary Public in and for the State of ~~Texas~~  
Utah

Makaela Groll  
Printed Name of Notary

My commission Expires: 10/12/2022

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

*For Office Use Only*

DATE: 7/25/19 STAFF TAKING ORDER: Brandi Hester

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Carly McQuarrie

MAILING ADDRESS: 86 N University Ave

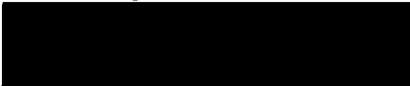
CITY: Provo STATE: UT ZIP CODE: 84601

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (801) 971-5837

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: 2268 W 130 S Mapleton, UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: \$1,438.41

The State of Texas

For Internal Use Only  
Receipt date: 7/13/19  
PIR-Log number: 20190256

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

**Media**

CD-ROM

FTP - Provide FTP information:

FTP site: [REDACTED]

Login: [REDACTED]

Password: [REDACTED]

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Brandon Battles

(required)

**Flagging Options ONLY**

Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_\_ and \_\_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:

Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	For Internal Use Only Date reviewed: <u>8/1/19</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>8/1/19</u>	Date processed: _____
Completion date: <u>7/1/19</u>		

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Brandon Battles

5715 Klam St

Houston, TX 77007

Telephone (281) 767-2271

Send Statement to:

Brandon Battles

5715 Klam St

Houston, TX 77007

Telephone (281) 767-2271

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS MI

COUNTY OF Van Buren

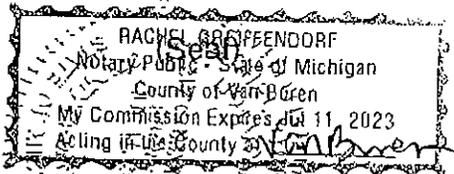
Before me, the undersigned authority, on this day personally appeared Brandan Battles, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 31 day of July, 2019.

[Signature]  
Notary Public in and for the State of Texas MI



Rachel Greiffendorf  
Printed Name of Notary

My commlssion Expires: 07/11/2023

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

Master Card, Visa, American Express & Discover are  
accepted

OFFICE USE ONLY

DATE

STAFF TAKING ORDER

*Brenda Hester*

8/1/19

Please provide all requested information so your request may be processed.

NAME ON CARD:

Brandon Battles

BUSINESS NAME:

247365, LLC

NAME OF REQUESTOR:

Brandon Battles

MAILING ADDRESS:

5715 Kiam St.

CITY:

Houston

STATE: TX

ZIP CODE:

77007

HOME PHONE:

BUSINESS PHONE:

CELL PHONE:

269-767-2271

EMAIL:

BILLING ADDRESS:

~~336~~ 336 Broadway #65, South Haven

Billing Address same as Mailing Address

MI, 49090

TYPE OF CREDIT CARD:

CREDIT CARD #:

EXPIRATION DATE:

\*\*\*3 OR 4 DIGIT SECURITY CODE

(required)

AMOUNT OF CHARGE:

12439.70

VD: Statewide  
Active, suspense, cancelled; Hispanic surname flag

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

For Internal Use Only
Receipt date: 8/15/19
PIR-Log number: 20190309

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
S FTP - Provide FTP information:

FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Alynn Woischke, Alloy

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State Counties listed below only

Elections and Years:

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State [checked]

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

Table with reviewer information, completion date, and internal use only fields.

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

### Send Order to:

Alynn Woischke C/O Alloy

2093 Philadelphia Pike #4747

Claymont, DE 19703

Telephone (<sup>302</sup>) 887-6441

### Send Statement to:

Jenny Smith C/O Alloy

2093 Philadelphia Pike #4747

Claymont, DE 19703

Telephone (<sup>202</sup>) 790-9318

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

**Affidavit**

**THE STATE OF TEXAS**

**COUNTY OF** WASHINGTON, D.C.

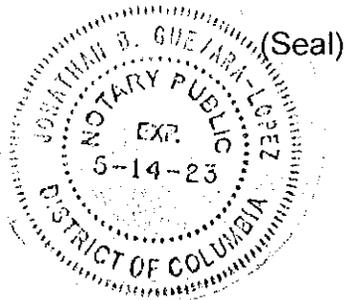
Before me, the undersigned authority, on this day personally appeared ALYNN WOLSCHKE, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 1 day of August, 2019.

[Signature] Washington DC  
Notary Public in and for the State of Texas



JONATHAN B. GUEVARA-LOPEZ  
NOTARY PUBLIC DISTRICT OF COLUMBIA  
My Commission Expires May 14, 2023

Jonathan B Guevara Lopez  
Printed Name of Notary

**My commission Expires:** 05/14/2023

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

*For Office Use Only*

DATE: 8/16/19 STAFF TAKING ORDER: Brenda Hester

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Jennifer Smith

BUSINESS NAME: Alloy

NAME OF REQUESTOR: Alynn Woischke

MAILING ADDRESS: 2093 Philadelphia Pike #4747

CITY: Claymont STATE: DE ZIP CODE: 19703

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: (302) 887-6441 EMAIL: [REDACTED]

BILLING ADDRESS: 2093 Philadelphia Pike #4747 Claymont, DE 19703

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: \$6,106.58

The State of Texas



For Internal Use Only  
Receipt Date: 8/22/19  
PHR Log number: 2019.0337

1100 North East  
1100 North East  
1100 North East  
1100 North East

Phone: 512-463-5659  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be requested

Media

CD-ROM

FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

*Alvaro Ortega*

(required)

Flagging Options ONLY:

Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_\_ and \_\_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who voted in the following Elections:

Entire State  Counties listed below only

Elections and Years:

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

NOTE! For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer:

Second Reviewer:

Completion date:

For Internal Use Only

Date reviewed:

Date reviewed:

EFM:

Date processed:

Secretary of State  
Elections Division  
Credit Card Payment Form  
Master Card, Visa, American Express & Discover are  
accepted

For Office Use Only

DATE: 8/23/2019 STATIFYING ORDER: Braden Hanal

Please provide all requested information so your request may be processed.

NAME ON CARD: Gilberto Hinojosa

BUSINESS NAME: Texas Democratic Party

NAME OF REQUESTOR: Marco Orantia

MAILING ADDRESS: 1106 Lavaca St Suite 100

CITY: Austin STATE: TX ZIP CODE: 78701

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

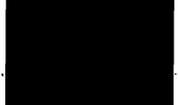
CELL PHONE: 512 909 7333 EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #:  EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required) AMOUNT OF CHARGE: as stated  
determined by SOG  
\$1,327.67

*Active/Suspense*

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

(pick up in person)

Attn: Clerk

100 Lavaca St Suite 100 Austin TX 78701

Telephone 512 475-7333

Send Statement to:

Guillermo Mejora

100 Lavaca St Suite 100 Austin TX 78701



Telephone 512 475-7333

Below are the procedures for filing this request. Failure to completely complete this form may cause incorrect information to be used by the processing of your order.

Media Selection - CD-ROM or FTP. If selecting an FTP, please provide FTP site, login and password information.

Format - Voter registration and individual records are available in various formats. See the attached record layout.

Records & Data Retention - Records may be retained for a limited period of time. Additional record requests may result in additional charges. Section 542.002 of the Government Code requires that records sent a certain distance from the state capital be retained for a certain period of time. Should a retention period be established for the entire or portion of the records requested, then the records will be deleted to you within the timeframe outlined in the retention schedule.

In this area for county name, for District records, please select the following. If the entire state is requested, mark the state. If a portion of the state or county is requested, list the district or county name. If the request is for records from a specific district or county, please list the county names and addresses of the district.

The attached system must be approved by a county public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to the office where the request is being sent for out of personal funds. CD-ROMs will be returned unless they are not to be returned to the FTP until payment is received. A return address (No P.O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15th day after the date the request is received. (Texas Election Code, Section 16.021)

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request. More details to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The statement of work must be signed before a notary public and a copy of the records.

For more information, please contact the Office of the Secretary of State at (512) 463-5050 or toll free at 1-800-272-6883.

OVERSIGHT

Affidavit

THE STATE OF TEXAS

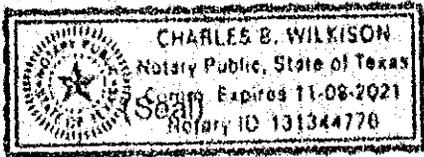
COUNTY OF TARRANT

Before me, the undersigned authority, on this day personally appeared Marcus Ocrantra, who being duly sworn, deposes and says

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 21 day of August, 2019.



[Signature]  
Notary Public in and for the State of Texas

Charles Birk Wilkison  
Printed Name of Notary

My commission Expires: 11-08-2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.067.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 664, § 13, eff. Sept. 1, 1997.

The State of Texas

For Internal Use Only  
Receipt date: 09/10/19  
PIR-Log number: 20200002

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must be completed:**

**Media**

CD-ROM

FTP - Provide FTP information:

FTP site: we will provide a secure link for upload when the file is ready \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Abigail Robinson  
**(required)**

**Flagging Options ONLY**

Hispanic surname flag notation

**Voters may be extracted by**  
Please checkmark all that apply to the request:

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

**I would like my data reduced to the following**  
Please checkmark all that apply to the request:

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_\_ and \_\_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:

Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Amal</u>	<b>For Internal Use Only</b> Date reviewed: <u>9/11/19</u>	EFM: _____
Second Reviewer: <u>Boon</u>	Date reviewed: <u>9/11/19</u>	Date processed: _____
Completion date: <u>  /  /  </u>		

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

**Send Order to:**

Please notify [redacted] and [redacted] when file is ready.

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Telephone (781) 223-1692

**Send Statement to:**

---

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---

Telephone ( ) \_\_\_\_\_

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. **Media Selection:** CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. **Format:** Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. **Extracts & Data Reduction-** Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. **In the area for county name(s) or District Number(s), please note the following: If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.**
5. **The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).**

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

**Affidavit**

North Carolina  
THE STATE OF TEXAS  
COUNTY OF Mecklenburg

Before me, the undersigned authority, on this day personally appeared Abigail Robinson, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 10<sup>th</sup> day of Sept., 2019.



[Signature]  
Notary Public in and for the State of Texas  
NC

ADRYAN CHRISTIAN-ZAZUETA  
Printed Name of Notary

**My commission Expires:** MARCH 4 2024

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE:

9/16/19

STAFF TAKING ORDER:

Brenda Jesta

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Abigail Robinson

MAILING ADDRESS: 86 N University Avenue Suite 400

CITY: Provo

STATE: UT

ZIP CODE: 84601

HOME PHONE: 7812231692

BUSINESS PHONE: 7812231692

CELL PHONE: 7812231692

EMAIL:

BILLING ADDRESS: 2268 W 130 S Mapleton UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD:

CREDIT CARD #:

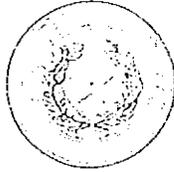
EXPIRATION DATE:

3 OR 4 DIGIT SECURITY CODE:

AMOUNT OF CHARGE: \$1446.09

Clear Form

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only  
Receipt date: 9/12/19  
PIR-Log number:

20200005

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media  
 CD-ROM  
 FTP - Provide FTP information:  
 FTP site: [REDACTED]  
 Login: [REDACTED]  
 Password: [REDACTED]

Format being provided  
 Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:  
 Matthew Lakin - DT Client Services, LLC  
 (required)

Flagging Options ONLY  
 Hispanic surname flag notation

Voters may be extracted by  
 Please checkmark all that apply to the request:

Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

I would like my data reduced to the following  
 Please checkmark all that apply to the request:

Only voters with Texas mailing address  
 Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_\_ and \_\_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

ALL

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer:	For Internal Use Only Date reviewed: 9/17/19	EFM: _____
Second Reviewer:	Date reviewed: 9/17/19	Date processed: _____
Completion date: ____/____/____		

11.30.16

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 9/18/19 STAFF TAKING ORDER: Brenda Hester

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Bryinna McCosker

BUSINESS NAME: DT Client Services, LLC

NAME OF REQUESTOR: Matthew Lakin

MAILING ADDRESS: 1101 14th Street, NW. Suite 650

CITY: Washington STATE: DC ZIP CODE: 20005

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (202) 793-4035

CELL PHONE: \_\_\_\_\_ EMAIL: [REDACTED]

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE [REDACTED] (required)

AMOUNT OF CHARGE: \_\_\_\_\_

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

1101 14th Street, NW

Suite 650

Washington, DC 20005

Telephone (202) 793-4035

Send Statement to:

1101 14th Street, NW

Suite 650

Washington, DC 20005

Telephone (202) 793-4035

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

*Washington D.C.*

Before me, the undersigned authority, on this day personally appeared Matthew Lakin, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

*Matthew Lakin*

Signature

Sworn to and Subscribe before me, this the 09 day of 11, 2019.

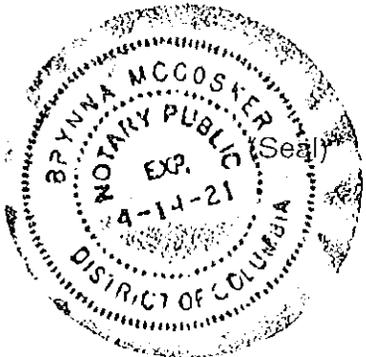
*[Signature]*

Notary Public in and for the State of Texas

*Washington D.C.*

*Brynna McCosker*

Printed Name of Notary



My commission Expires: \_\_\_\_\_

PLEASE BE ADVISED

BRYNNA MCCOSKER  
NOTARY PUBLIC DISTRICT OF COLUMBIA  
My Commission Expires April 14, 2021

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

*For Internal Use Only*  
Receipt date 9/16/2009  
PRR Log number 2020.0009  
*VD statewide*  
Phone 512-463-5650  
Fax 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOLE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**  
 CD-ROM  
 FTP - Provide FTP information:  
 FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**  
 Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**  
 Logan Curchwell  
 \_\_\_\_\_  
 (required)

**Flagging Options ONLY**  
 Hispanic surname flag notation

**Voters may be extracted by**  
 Please checkmark all that apply to the request:

Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

**I would like my data reduced to the following**  
 Please checkmark all that apply to the request:

Only voters with Texas mailing address  
 Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_\_ and \_\_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

**Elections and Years:**  
 All elections regardless of type occurring in year 2006 to date  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Amelle</u>	<i>For Internal Use Only</i> Date reviewed: <u>9/18/19</u>	EFM: _____
Second Reviewer: <u>Myra</u>	Date reviewed: <u>9/18/19</u>	Date processed: _____
Completion date: _____		

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Logan Churchwell

2530 Madrid Way S

St. Petersburg, FL 33712

Telephone (432) 9353840

Send Statement to:

Public Interest Legal Foundation

32 E Washington Street St. 1675

Indianapolis, IN 46204

Telephone (317) 2035599

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

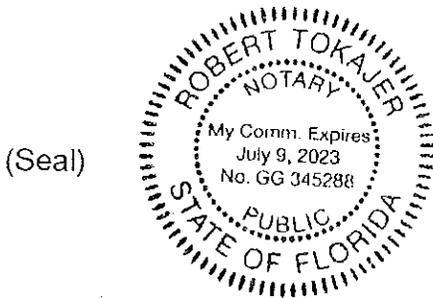
Florida  
THE STATE OF ~~TEXAS~~  
COUNTY OF Pinellas

Before me, the undersigned authority, on this day personally appeared Logan C Charchwek, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 16 day of Sept, 2019.



[Signature]  
Notary Public in and for the State of ~~Texas~~  
Florida

Robert Tokajer  
Printed Name of Notary

My commission Expires: 7/9/23

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

Master Card, Visa, American Express & Discover are  
accepted

For Office Use Only

DATE:

9/19/19

STAFF TAKING ORDER:

Brenda Foster

Please provide all requested information so your request may be processed.

NAME ON CARD:

SHAWNA POWELL

BUSINESS NAME:

PILE

NAME OF REQUESTOR:

LOGAN CHURCHWELL

MAILING ADDRESS:

2530 MADRID WAY S

CITY:

ST PETERSBURG

STATE:

FL

ZIP CODE:

33712

HOME PHONE:

BUSINESS PHONE:

CELL PHONE:

432-935-3846

EMAIL:

BILLING ADDRESS:

32 E WASHINGTON INDIANAPOLIS, IN

Billing Address same as Mailing Address

46204

TYPE OF CREDIT CARD:

CREDIT CARD #:

EXPIRATION DATE:

\*\*\*3 OR 4 DIGIT SECURITY CODE:

(required)

AMOUNT OF CHARGE:

\$ 5,481.12

The State of Texas

For Internal Use Only  
Receipt date: 9/17/19  
PIR-Log number:

20200011

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Marguerita tenHouten  
(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: [Signature] Date reviewed: 9/17/19 EFM: \_\_\_\_\_  
Second Reviewer: [Signature] Date reviewed: 9/17/19 Date processed: \_\_\_\_\_  
Completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 9/18/19 STAFF TAKING ORDER: Brenda Aester

Please provide all requested information so your request may be processed.

NAME ON CARD: Gary R Gruver

BUSINESS NAME: Catalist LLC

NAME OF REQUESTOR: Marquerita ten Houten

MAILING ADDRESS: 1090 Vermont Ave NW #300

CITY: Washington STATE: DC ZIP CODE: 20005

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: 202 962 7227

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #:  EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required) AMOUNT OF CHARGE: 1,330.74

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

### Send Order to:

Marqueeta tenHouten, Catalist  
1090 Vermont Ave NW #300  
Washington, DC 20005  
Telephone (202) 962 7227

### Send Statement to:

Marqueeta tenHouten, Catalist  
1090 Vermont Ave NW #300  
Washington, DC 20005  
Telephone (202) 962 7227

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
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4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). **Otherwise**, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

Washington, DC  
~~THE STATE OF TEXAS~~

COUNTY OF District of Columbia

Before me, the undersigned authority, on this day personally appeared Marguerita ten Houten, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 16 day of September 20 19.

[Signature] District of Columbia  
Notary Public in and for the State of Texas



Ingrid A Haverly  
Printed Name of Notary

My Commission Expires November 30, 2023

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

**For Internal Use Only**  
Receipt date: 9/16/2009  
PIR-Log number: 2020 0006  
Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must** be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Ryan Cohn  
\_\_\_\_\_  
**(required)**

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

**Elections and Years:**

Current active voters who voted in the following  
Constitutional elections: 2013, 2015, or 2017  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State



Affidavit

THE STATE OF TEXAS

COUNTY OF Travis

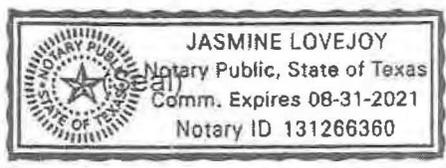
Before me, the undersigned authority, on this day personally appeared  
Charlie Gagen, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 24 day of Sept., 2019.

[Signature]  
Notary Public in and for the State of Texas



JASMINE LOVEJOY  
Printed Name of Notary

My commission Expires: 08/31/2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE:

9/24/19

STAFF TAKING ORDER:

Brenda Heste

Please provide all requested information so your request may be processed.

NAME ON CARD: Ryan Cohn

BUSINESS NAME: Sachs Media Group, American Cancer Society Cancer Action Network

NAME OF REQUESTOR: Charlie Gagen

MAILING ADDRESS: 11000 North MoPac Expressway Suite 100

CITY: Austin

STATE: TX

ZIP CODE: 78759

HOME PHONE: (800) 227-2345

BUSINESS PHONE: (800) 277-2345

CELL PHONE: (512) 694-5658

EMAIL:

[REDACTED]

BILLING ADDRESS: 114 S Duval Street, Tallahassee, FL 32301

Billing Address same as Mailing Address

TYPE OF CREDIT CARD:

[REDACTED]

CREDIT CARD #:

[REDACTED]

EXPIRATION DATE:

[REDACTED]

AMOUNT OF CHARGE:

\$ 544.27

TX-SOS-20-0049-A-000133

AMERICAN  
OVERSIGHT

Estimate

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Lynette Lucas  
(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

**Elections and Years:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**

Check if entire State

House District 72 all of this district  
All counties in this district please.

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Am Hill</u>	<b>For Internal Use Only</b>	Date reviewed: <u>9/17/19</u>	EFM: _____
Second Reviewer: <u>May Keller</u>	Date reviewed: <u>9/17/19</u>	Date processed: _____	
Completion date: ___/___/___			

Order to:  
25 Diana Lane  
San Angelo TX 76904  
Lynette Lucas  
 Telephone (325) 227-9639

Send Statement to:  
Same  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

THE STATE OF TEXAS

COUNTY OF Tom Green

Before me, the undersigned authority, on this day personally appeared Lynette Lucas, who being duly sworn, deposes and says:

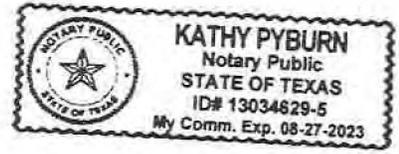
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Lynette Lucas  
Signature

Sworn to and Subscribe before me, this the 13 day of Sept, 2020.

Kathy Pyburn  
Notary Public in and for the State of Texas

(Seal)



Kathy Pyburn  
Printed Name of Notary

My commission Expires: 8-27-2023

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.



Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE:

9/18/19

STAFF TAKING ORDER:

Brenda Hertz

Please provide all requested information so your request may be processed.

NAME ON CARD:

Lynette G. Lucas

BUSINESS NAME:

NAME OF REQUESTOR:

Lynette G. Lucas

MAILING ADDRESS:

25 Diana Lane

CITY:

San Angelo

STATE:

TX

ZIP CODE:

76904

HOME PHONE:

325-227-6671

BUSINESS PHONE:

325-227-9513

CELL PHONE:

325-227-9639

EMAIL:

[REDACTED]

BILLING ADDRESS:

Billing Address same as Mailing Address

TYPE OF CREDIT CARD:

[REDACTED]

CREDIT CARD #:

[REDACTED]

EXPIRATION DATE:

[REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE:

[REDACTED]

(required)

AMOUNT OF CHARGE:

8154.02

New Branches 78131

ca p... ..

# The State of Texas

For Internal Use Only  
Receipt date: 9/16/19  
PIR-Log number: 2020000

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must** be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: www.onlinefilefolder.com

Login: UN: wishlistdata

Password: data5478

*Upload file to SOS-Voter Data*

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Carolyn Lehmann  
**(required)**

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

*Newly Registered Voters from March 1, 2019 to Aug. 31, 2019*

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an **incorrect** or **outdated** address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<u>For Internal Use Only</u> Date reviewed: <u>9/17/19</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>9/17/19</u>	Date processed: _____
Completion date: ___/___/___		

11.30.16

vit

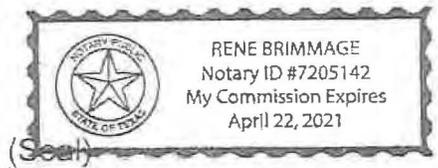
THE STATE OF TEXAS  
COUNTY OF Comal

Before me, the undersigned authority, on this day personally appeared  
Carolyn Lehmann, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

Carolyn Lehmann  
Signature

Sworn to and Subscribe before me, this the 15<sup>th</sup> day of March, 2019.



Rene Brimmage  
Notary Public in and for the State of Texas

Rene Brimmage  
Printed Name of Notary

My commission Expires: April 22, 2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 9/18/19 STAFF TAKING ORDER: Brenda Hester

Please provide all requested information so your request may be processed.

NAME ON CARD: Carolyn Lehmann

BUSINESS NAME: Direct Texas

NAME OF REQUESTOR: Carolyn Lehmann

MAILING ADDRESS: PO Box 312100

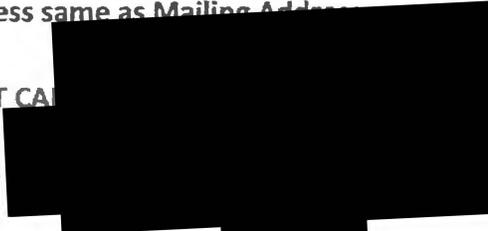
CITY: New Braunfels STATE: TX ZIP CODE: 78131

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (830) 627-7744

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: \$95 for deposit

*Please email quote for  
full amount.*

8332.26

# The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**For Internal Use Only**  
Receipt date: 9/30/19  
PIR-Log number: 20200019

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must be completed:**

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: [REDACTED]  
Login: [REDACTED]  
Password: [REDACTED]

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

**Daniel Ball**

**(required)**

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State
- Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**

Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<b>For Internal Use Only</b>	Date reviewed: <u>10/1/19</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>10/1/19</u>	Date processed: _____	TX-SOS-20-0049-A-000141
Completion date: _____			

AMERICAN OVERSIGHT

Affidavit

FLORIDA  
THE STATE OF ~~TEXAS~~  
COUNTY OF Alachua

Before me, the undersigned authority, on this day personally appeared Daniel Ball, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Daniel Ball  
Signature

Sworn to and Subscribe before me, this the 30 day of September, 2019.

Melanie Mostovic  
Notary Public in and for the State of Texas Florida

(Seal)  MELANIE M OSTOVIC  
MY COMMISSION # GG 094902  
EXPIRES: April 17, 2021  
Bonded Thru Budget Notary Services

Melanie Mostovic  
Printed Name of Notary

My commission Expires: 4/17/21

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

- (a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.
- (b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.



PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

**Send Order to:**

Daniel Ball

3515 NW 98th St. Ste 200

Gainesville, FL 32606

Telephone ( ) 352-222-4579

**Send Statement to:**

Daniel Ball

3515 NW 98th St Ste 200

Gainesville, FL 32606

Telephone ( ) 352-222-4579

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE:

10/11/19

STAFF TAKING ORDER:

Brenda Hesta

Please provide all requested information so your request may be processed.

NAME ON CARD: Lance Gardner

BUSINESS NAME: SGS, Inc.

NAME OF REQUESTOR: Daniel Ball

MAILING ADDRESS: 3515 NW 98th St. Ste 200

CITY: Gainesville

STATE: FL

ZIP CODE: 32606

HOME PHONE: 352-222-4579

BUSINESS PHONE: 352-332-2115

CELL PHONE: 352-222-4579

EMAIL

BILLING ADDRESS: 6211 NW 132nd St, Gainesville, FL 32653

Billing Address same as Mailing Address

TYPE OF CREDIT CARD:

CREDIT CARD #:

EXPIRATION DATE:

\*\*\*3 OR 4 DIGIT SECURITY CODE: (required)

AMOUNT OF CHARGE:

75  
1,449.49

Statewide, active/suspense/cancelled, Htp Surname

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

For Internal Use Only
Receipt date: 10/2/19
PIR-Log number: 20200020

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:

FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Leland Beatty

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State
Counties listed below only

Elections and Years:

All Currently Registered Voters with 2018 General Election History

Voters in the 2018 Democratic Primary

Voters in the 2018 Republican Primary

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

Form with fields for First Reviewer, Second Reviewer, Date reviewed, Date processed, and Completion date. Includes handwritten signatures and dates.

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

For Internal Use Only
Receipt date: 10/2/19
PIR-Log number: 20200021

vH data
Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:
FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Leland Beatty

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State
Counties listed below only

Elections and Years:

All Currently Registered Voters with 2018 General Election History

Voters in the 2018 Democratic Primary

Voters in the 2018 Republican Primary

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Leland Beatty

1103 Upland Dr

Austin, TX 78741

Telephone (512) 619-8732

Send Statement to:

Leland Beatty

1103 Upland Dr

Austin, TX 78741

Telephone (512) 619-8732

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

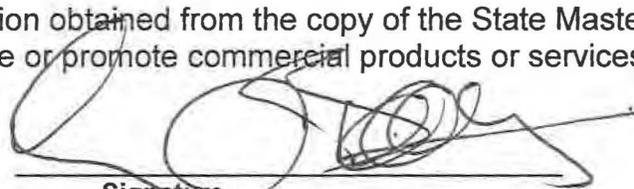
Affidavit

THE STATE OF TEXAS

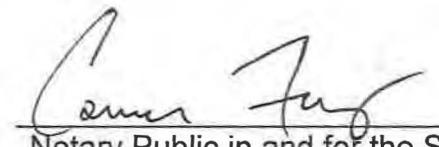
COUNTY OF Travis

Before me, the undersigned authority, on this day personally appeared Leland Quentin Beatty, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 2nd day of October, 2019.

  
Notary Public in and for the State of Texas

(Seal)



Conner Fry  
Printed Name of Notary

**My commission Expires:** October 2nd, 2019

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE:

10/7/19

STAFF TAKING ORDER:

Brenda Hester

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Leland Beatty

BUSINESS NAME: \_\_\_\_\_

NAME OF REQUESTOR: Leland Beatty

MAILING ADDRESS: 1103 Upland Dr.

CITY: Austin

STATE: TX

ZIP CODE: 78741

HOME PHONE: (512) 619-8732

BUSINESS PHONE: (512) 619-8732

CELL PHONE: (512) 619-8732

EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: ~~\$2,135.10~~

2,214.75

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

*For Internal Use Only*  
Receipt date: 10/7/19  
PIR-Log number: 20200022

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Marco Orta  
(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

TX-SOS-20-0049-A-000150

Affidavit

THE STATE OF TEXAS

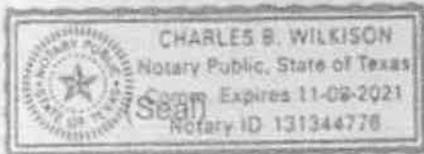
COUNTY OF TARRANTS

Before me, the undersigned authority, on this day personally appeared Marco Orrantia, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 21 day of August, 2019.



[Signature]  
Notary Public in and for the State of Texas

Charles Birk Wilkison  
Printed Name of Notary

My commission Expires: 11-08-2021

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

(pickup in person)

Museo Oratoria

1106 Lavaca St Suite 100 Austin, TX 78701

Telephone (512) 909-7333

Send Statement to:

Gilberto Minojosa

1106 Lavaca St Suite 100 Austin TX 78701

Telephone (512) 909-7333

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided

Secretary of State  
Elections Division  
Credit Card Payment Form

Master Card, Visa, American Express & Discover are  
accepted

For Office Use Only

DATE:

10/10/19

STAFF TAKING ORDER:

Brenda Lester

Please provide all requested information so your request may be processed.

NAME ON CARD:

Gilberto Hinojosa

BUSINESS NAME:

Texas Democratic Party

NAME OF REQUESTOR:

Marco Orrantia

MAILING ADDRESS:

1106 Lavaca St Suite 100

CITY:

Austin

STATE:

TX

ZIP CODE:

78701

HOME PHONE:

BUSINESS PHONE:

CELL PHONE:

512 909 7333

EMAIL:

BILLING ADDRESS:

Billing Address same as Mailing Address

TYPE OF CREDIT CARD:

CREDIT CARD #:

EXPIRATION DATE:

\*\*\*3 OR 4 DIGIT SECURITY CODE:

(required)

AMOUNT OF CHARGE:

as needed  
determined by SOG

\$1,334.28

10/1/19

For Internal Use Only  
Receipt date: 10/1/19  
PIR-Log number: 20206025

# The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media **must** be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**  
 Voter registration list (individual records)  
 in zipped fixed width text file(s). See the  
 attached record layout.

**Requestor name:**  
 \_\_\_\_\_  
 Evan Logan  
 \_\_\_\_\_  
 (required)

- Flagging Options ONLY
- Hispanic surname flag notation

Voters may be extracted by  
 Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following  
 Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

**Elections and Years:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**      Check if entire State

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you

First Reviewer:	<u>For Internal Use Only</u> Date reviewed: 10/14/19	EFM: _____
Second Reviewer:	Date reviewed: 10/14/19	Date processed: _____
Completion date: _____		

11.30.16

**Affidavit**

THE STATE OF ~~TEXAS~~ Virginia

COUNTY OF Abington

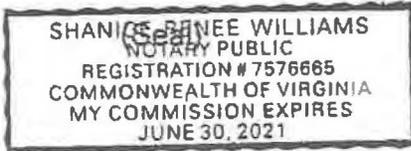
Before me, the undersigned authority, on this day personally appeared  
Evan Logan, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

  
\_\_\_\_\_  
Signature

Sworn to and Subscribe before me, this the 1 day of ~~Oct~~ Oct, 2019.

  
\_\_\_\_\_  
Notary Public in and for the State of ~~Texas~~ Virginia



Shanice Renee Williams  
\_\_\_\_\_  
Printed Name of Notary

My commission Expires: June 30, 2021

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 10/15/19 STAFF TAKING ORDER: Brenda Hester

Please provide all requested information so your request may be processed.

NAME ON CARD: ~~Evan Logan~~ Kyle I Turralde

BUSINESS NAME: i360, LLC

NAME OF REQUESTOR: Evan Logan

MAILING ADDRESS: 2300 clarendon Blvd. Suite 800

CITY: Arlington STATE: VA ZIP CODE: 22201

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (703) 672-2686

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

AMOUNT OF CHARGE: 1,324.46

AMERICAN  
OVERSIGHT

# The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

**For Internal Use Only**  
Receipt date: 10/14/19  
PIR-Log number: 20200027

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must** be completed:

### Media

- CD-ROM
- FTP - Provide FTP information:  
FTP site: we will provide a  
Login: secure link to transfer  
Password: the data.

### Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

### Requestor name:

Abigail Robinson  
(required)

### Flagging Options ONLY

- Hispanic surname flag notation

### Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

### I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<b>For Internal Use Only</b> Date reviewed: <u>10/15/19</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>10/15/19</u>	Date processed: _____
Completion date: ___/___/___		

11.30.16

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Send Statement to:

Please notify Abigail

Robinson

[Redacted]

when data is available.

Telephone (781) 223-1692

Telephone ( )

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

North Carolina

THE STATE OF TEXAS

COUNTY OF Mecklenburg

Before me, the undersigned authority, on this day personally appeared Abigail Robinson, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Abigail Robinson  
Signature

Sworn to and Subscribe before me, this the 11 day of OCTOBER, 20 19.

Michael J. Kelley  
Notary Public in and for the State of Texas



Michael J. Kelley  
Printed Name of Notary

My commission Expires: 02/14/2022

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 10/15/19 STAFF TAKING ORDER: Brenda Hester

Please provide all requested information so your request may be processed.

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Abigail Robinson

MAILING ADDRESS: 86 N University Avenue Suite 400

CITY: Provo STATE: UT ZIP CODE: 84601

HOME PHONE: 7812231692 BUSINESS PHONE: 7812231692

CELL PHONE: 7812231692 EMAIL: [REDACTED]

BILLING ADDRESS: 2268 W 130 S Mapleton UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

3 OR 4 DIGIT SECURITY CODE: [REDACTED]

AMOUNT OF CHARGE: P 1,452.28

Clear Form

## Brenda Hester

---

**From:** Brenda Hester  
**Sent:** Tuesday, October 29, 2019 1:53 PM  
**To:** 'James Barnes'  
**Cc:** Aimee McKnight Mitchell; Joel Starnes; Lillian Eder; Genevieve Gill; Brenda Hester  
**Subject:** Request Voters - PIR 20200031 & PIR 2020032 - James Barnes  
**Attachments:** 20200031-20200032.docx

**Importance:** High

*No response*

Mr. Barnes:

Please advise if you will be purchasing the PIR you requested. Thanks, Brenda

Brenda Hester  
TEAM Program Specialist, Voter Registration  
The Office of the Secretary of State  
(o) 800-252-8683 Opt. 1  
(f) 512-475-2811  
[bhester@sos.texas.gov](mailto:bhester@sos.texas.gov)  
<http://www.sos.state.tx.us/>  
<http://votetexas.gov/>

**VOTETEXAS.GOV**  
POWERED BY THE TEXAS SECRETARY OF STATE

**From:** Genevieve Gill <GGill@sos.texas.gov>  
**Sent:** Tuesday, October 22, 2019 1:08 PM  
**To:** [REDACTED] <[REDACTED]>  
**Cc:** Brenda Hester <BHester@sos.texas.gov>  
**Subject:** RE: Request Voters - PIR 20200031 & PIR 2020032 - James Barnes

Dear Mr. Barnes,

The \$50 cap to which you refer was passed by the Texas Legislature in SB 902 during the 86th Legislative Session. SB 902 amended Section 1.012 of the Election Code (all codes included below), which only applies to the availability of an "election record." As an initial matter, we do not interpret the term "election record," as used in Section 1.012, to include a copy of all registered voters from the statewide registered voters list. But even if such a list were an election record, Section 1.012—by its express terms—does not override other provisions of the Election Code or Chapter 552 of the Texas Government Code. See Section 1.012(c) ("Except as otherwise provided by this code or Chapter 552, Government Code . . ."). Section 18.010 of the Election Code authorizes an entity to charge a fee for production of this voter list, as long as it does not exceed the actual cost of producing the information.

Additionally, Section 552.272 of the Government Code states that in response to a request for information in an electronic medium that is not available directly on-line to the requestor, an entity may impose a charge for access to the information when complying with the request will require programming or manipulation of data. In order for our team

The State of Texas

For Internal Use Only  
Receipt date: 10/15/19  
PIR-Log number: 20200031



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

James Barnes

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

**Elections and Years:**

This request is for a list of voters who are eligible to vote in the Nov 5, 2019, constitutional amendment election for the entire state.

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)** Check if entire State

This request is for a list of voters who are eligible to vote in the Nov 5, 2019, constitutional amendment election for the entire state.

Blessings and Joy!

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer:	<u>For Internal Use Only</u> Date reviewed: 10/16/19	BFM: _____
Second Reviewer:	Date reviewed: 10/16/19	Date processed: _____
Completion date: ____/____/____		

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

For Internal Use Only
Receipt date: 10/15/19
PIR-Log number: 20200031

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:

FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

James Barnes

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State
Counties listed below only

Elections and Years:

Voters who voted in the Nov 7, 2017 Constitutional Election

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

Voters who voted in the Nov 7, 2017 Constitutional Election

Blessings and Joy!

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

For Internal Use Only
First Reviewer: [Signature] Date reviewed: 10/16/19 EFM:
Second Reviewer: Date reviewed: Completion date: Date processed:

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

James Barnes

8819 Atwater Creek

San Antonio TX 78245

Telephone (210) 677-9928

Send Statement to:

James Barnes

8819 Atwater Creek

San Antonio TX 78245

Telephone (210) 677-9928

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

oath

THE STATE OF TEXAS

COUNTY OF Bexar

Before me, the undersigned authority, on this day personally appeared James E. Barnes, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 15 day of 10, 2019.

[Signature]  
Notary Public in and for the State of Texas



Ofelia San Miguel  
Printed Name of Notary

My commission Expires: 10-18-21

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 10/1/19 STAFF TAKING ORDER: Brenda

Please provide all requested information so your request may be processed.

NAME ON CARD: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: 1,392.61

The State of Texas

For Internal Use Only  
Receipt date: 10/18/19  
PIR-Log number: 202000034

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Lisa Roach \_\_\_\_\_

**(required)**

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)** Check if entire State \_\_\_\_\_

Gillespie (All) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<b>For Internal Use Only</b>	Date reviewed: ___/___/___	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>10/17/19</u>	Completion date: ___/___/___	Date processed: ___/___/___

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Lisa Roach

193 W Ledge Stone Dr

Fredericksburg, TX 78624

Telephone (336) 655-5847

Send Statement to:

Lisa Roach

193 W Ledge Stone Dr

Fredericksburg, TX 78624

Telephone (336) 655-5847

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066)

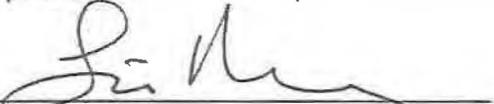
Affidavit

THE STATE OF TEXAS

COUNTY OF Gillespie

Before me, the undersigned authority, on this day personally appeared Lisa Raugh, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
Signature

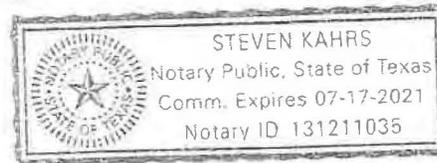
Sworn to and Subscribe before me, this the 16<sup>th</sup> day of October, 2019.

  
Notary Public in and for the State of Texas

(Seal)

Steven Kahrs  
Printed Name of Notary

My commission Expires: 7.17.21



Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE:

10/17/19

STAFF TAKING ORDER:

Brenda Hester

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Lisa Roach

BUSINESS NAME: \_\_\_\_\_

NAME OF REQUESTOR: Lisa Roach

MAILING ADDRESS: 193 W Ledge Stone Dr

CITY: Fredericksburg

STATE: TX

ZIP CODE: 78624

HOME PHONE: (336) 655-5847

BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BILLING ADDRESS: 193 W Ledge Stone Dr

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_

(required)

AMOUNT OF CHARGE: \$114.06

*Estimate please - will call with credit card info*

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

For Internal Use Only
Receipt date: 10/30/14
PIR-Log number:

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

20200037
Voter Data
2020044
VH

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:

FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Rebecca Cordell
(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State Counties listed below only

Elections and Years:

General, General Primary, General Prime
and Constitutional Amendment Elections
that occurred between 2014 to present.

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

PUBLIC INFORMATION REQUEST FORM DETAILS

**Send Order to:**

Rebecca Cordell

2626 Reagan St Apt 301

Dallas, TX 75219

Telephone (972) 883-4985

**Send State:**

Rebecca Cordell

2626 Reagan St Apt 301

Dallas, TX 75219

Telephone (972) 883-4985

Below are the procedures for filling out the attached Public Information Request Form. Inadequately complete the form may cause incorrect information to be provided to your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP, provide the IP address and password information.
2. Format: Voter registration list (individual records) in zip code order as shown in the attached record layout.
3. Extracts & Data Reduction- Options may be selected to reduce the amount of data returned. Additional extract requests may result in data manipulation charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of providing the information to the requestor. Should it be determined that your request will result in a statement of the estimated cost of providing the information, the information will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), if the **entire state is requested**, mark the space provided for the entire state. If **requested**, list the district number or county (write "All counties" for all precincts). Otherwise, for partial district, county or county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A copy of the affidavit must accompany each request. If the request is from a Member of the Legislature, the request must be submitted through the appropriate committee funds **before** submitting it to this office, unless the request is for personal funds. CD-ROM will not be released and/or FTP until full payment is received. A complete address along with a telephone number. The Secretary of State will not accept a request received more than the 15<sup>th</sup> day after the date the request is received (see Section 18.066).

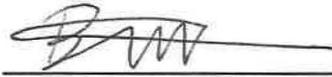
**Affidavit**

**THE STATE OF TEXAS**

**COUNTY OF Dallas**

Before me, the undersigned authority, on this day personally appeared Rebecca Cordell, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

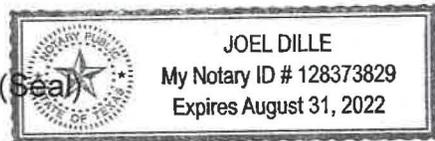


**Signature**

Sworn to and Subscribe before me, this the 22 day of October, 2019.



**Notary Public in and for the State of Texas**



Joel Dille

**Printed Name of Notary**

**My commission Expires:** 08-31-2022

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 12/3/19 STAFF TAKING ORDER: Kate Fisher

Please provide all requested information so your request may be processed.

NAME ON CARD: Christopher J. Fariss

BUSINESS NAME: University of Michigan

NAME OF REQUESTOR: Christopher J. Fariss

MAILING ADDRESS: 426 Thompson St

CITY: Ann Arbor STATE: MI ZIP CODE: 48104

HOME PHONE: 858-774-2350 BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: 858-774-2350 EMAIL: Rebecca.Cordell@UTDallas.EDU

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required) AMOUNT OF CHARGE: 3,874.72

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only:  
Receipt date: 11/8/19  
PIR-Log number: 20200038

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOIE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must** be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Derek Ryan

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)  Check if entire State

AMERICAN OVERSIGHT

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Derek Ryan

PO Box 202675

Austin, TX 78720

Telephone (512) 496-5470

Send Statement to:

Derek Ryan

PO Box 202675

Austin, TX 78720

Telephone (512) 496-5470

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **if the entire state is requested**, mark the space provided. **if a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section

Kilgus

THE STATE OF TEXAS

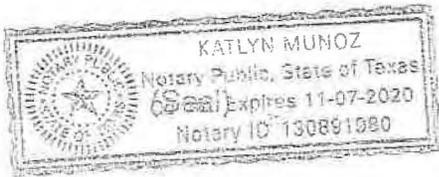
COUNTY OF WILLIAMSON

Before me, the undersigned authority, on this day personally appeared  
Derek Ryan, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 19th day of February, 2018.



[Signature]  
Notary Public in and for the State of Texas

Katlyn Munoz  
Printed Name of Notary

My commission Expires: 11/07/2020

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 11/18/19 STAFF TAKING ORDER: Brenda Hester

Please provide all requested information so your request may be processed.

NAME ON CARD: Derek P Ryan

BUSINESS NAME: Ryan Data & Research

NAME OF REQUESTOR: Derek Ryan

MAILING ADDRESS: PO Box 202675

CITY: Austin STATE: TX ZIP CODE: 78720

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (512) 496-5470

CELL PHONE: (512) 496-5470 EMAIL: [REDACTED]

BILLING ADDRESS: 17811 Clare Morris Ln, Pflugerville, TX 78660

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: 1,456.30

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: we will provide link  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Abigail Robinson  
(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

**Elections and Years:**

If you have any vote history from 11/5 we would like it included

Remove Duplicate  
11/14/19

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)** Check if entire State \_\_\_\_\_

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NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<u>For Internal Use Only</u>		EFM: _____
	Date reviewed: <u>11/15/2019</u>	Date processed: _____	
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>11/15/19</u>	Completion date: <u>1/1/</u>	

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

\_\_\_\_\_

\_\_\_\_\_

Telephone (385) 685-9056

Send Statement to:

\_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

oath

THE STATE OF ~~TEXAS~~ North Carolina  
COUNTY OF Mecklenburg NC

Before me, the undersigned authority, on this day personally appeared  
Abigail Robinson, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 12<sup>th</sup> day of NOV., 2019.



[Signature]  
Notary Public in and for the State of Texas  
NC

Adryan Christian-Zazueta  
- Printed Name of Notary

My commission Expires: March 4, 2024

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a ~~Class~~ **Class A misdemeanor.**

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE:

11/18/19

STAFF TAKING ORDER:

Brenda Hester

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Abigail Robinson

MAILING ADDRESS: 86 N University Avenue Suite 400

CITY: Provo

STATE: UT

ZIP CODE: 84601

HOME PHONE: 7812231692

BUSINESS PHONE: 7812231692

CELL PHONE: 7812231692

EMAIL: [REDACTED]

BILLING ADDRESS: 2268 W 130 S Mapleton UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

3 OR 4 DIGIT SECURITY CODE: [REDACTED]

AMOUNT OF CHARGE: 1,456.85

Clear Form

The State of Texas



Division  
Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only  
Receipt date: 11/15/19  
PIR-Log number:

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

2020040 ✓ H  
20200053  
Voter  
FILE

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:  
FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

**Elections and Years:**

Nov 2019 General - Note: please let us know what counties are missing from the file for each mail, early, and election day

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

The State of Texas



Division  
Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only  
Receipt date: 11/15/19  
PIR-Log number: 2020040

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:

FTP site:

Login:

Password:

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Marco Orrantia

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
Only voters between the age
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State
Counties listed below only

Elections and Years:

Nov 2019 General - Note: please let us know what counties are missing from the file for each mail, early, and election day

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

Form with fields for First Reviewer, Second Reviewer, Date reviewed, Date processed, and completion date. Includes handwritten signatures and dates.

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

### Send Order to:

Marco Orrantia (TDP will pick up in person)

---

Texas Democratic Party

---

1106 Lavaca St Suite 100 Austin, TX 78701

---

Telephone (512) 909-7333

### Send Statement to:

Gilberto Hinojosa

---

Texas Democratic Party

---

1106 Lavaca St Suite 100 Austin, TX 78701

---

Telephone (512) 478-9800

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Secretary of State  
Elections Division  
Credit Card Payment Form

Master Card, Visa, American Express & Discover are  
accepted

For Office Use Only

DATE: 12/12/19 STAFF-TAKING ORDER: Kate Fiske

Please provide all requested information so your request may be processed.

NAME ON CARD: Gilberto Hinojosa

BUSINESS NAME: Texas Democratic Party

NAME OF REQUESTOR: Marco Orantia

MAILING ADDRESS: 1106 Lavaca St Suite 100

CITY: Austin STATE: TX ZIP CODE: 78701

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: 512 909 7333 EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: as needed  
determined by SOS  
\$1,469.87

Estimate

The State of Texas

For Internal Use Only  
Receipt date: 11/18/19  
PIR-Log number: 20200041

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must** be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:  
FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Veronica Sanders  
(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State
- Counties listed below only

**Elections and Years:**

Primary and General 2016,  
2012, 2008, 2004  
General, 2016, 2012, 2008, 2004

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**

Check if entire State \_\_\_\_\_

Harris County All

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<u>For Internal Use Only</u> Date reviewed: <u>11/19/19</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>11/19/19</u>	Date processed: _____
Completion date: ___/___/___		

11.30.16

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Veronica Sanders  
16635 Spring Cypress Rd  
Cypress TX 77429  
Telephone (214) 417 5832

Send Statement to:

Veronica Sanders  
16635 Spring Cypress Rd #2343  
Cypress, TX 77429  
Telephone (214) 417 5832

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section



affidavit

THE STATE OF TEXAS

COUNTY OF Harris

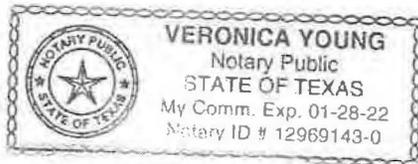
Before me, the undersigned authority, on this day personally appeared Veronica M. Sanders, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Signature

Sworn to and Subscribe before me, this the 15 day of Nov., 2019.

Notary Public in and for the State of Texas



(Seal)

Veronica Young  
Printed Name of Notary

My commission Expires: 1/28/2022

The State of Texas



For Internal Use Only  
Receipt date: 11/18/19  
PIR-Log number: 20200042

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: [REDACTED]  
 Login: [REDACTED]  
 Password: [REDACTED]

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Matthew Lakin - DT Client Services, LLC

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

Elections and Years:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

ALL

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <i>[Signature]</i>	<u>For Internal Use Only</u> Date reviewed: 11/19/19	EFM: _____
Second Reviewer: <i>[Signature]</i>	Date reviewed: 11/19/19	Date processed: _____
Completion date: _____		

11.30.16

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:  
1101 14th Street, NW  
Suite 650  
Washington, DC 20005  
Telephone (202) 793-4035

Send Statement to:  
1101 14th Street, NW  
Suite 650  
Washington, DC 20005  
Telephone (202) 793-4035

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

avit

THE STATE OF TEXAS

COUNTY OF

Washington D.C.

Before me, the undersigned authority, on this day personally appeared Matthew Lavin, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Matthew Lavin

Signature

Sworn to and Subscribe before me, this the 18<sup>th</sup> day of Nov, 2019.

Bryanna McCosker

Notary Public in and for the State of Texas W.D.C.

Bryanna McCosker

Printed Name of Notary



My commission Expires: \_\_\_\_\_

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 11/19/18 STAFF TAKING ORDER: Brenda Leste

Please provide all requested information so your request may be processed.

NAME ON CARD: Brynna McCosker

BUSINESS NAME: DT Client Services, LLC

NAME OF REQUESTOR: Matthew Lakin

MAILING ADDRESS: 1101 14th Street, NW. Suite 650

CITY: Washington STATE: DC ZIP CODE: 20005

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (202) 793-4035

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: \$1,329.30

~~SECRET~~

# The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

*For Internal Use Only*  
Receipt date: 12/21/19  
PIR-Log number: 20200045

2016 DEM V# PRIMARY

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must** be completed:

### Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

### Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

### Requestor name:

Marco Orrantia

(required)

### Flagging Options ONLY

- Hispanic surname flag notation

### Voters may be extracted by

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

### I would like my data reduced to the following

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

### Elections and Years:

2016 Dem/GOP Primary & Primary Runoff

2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State \_\_\_\_\_

~~CONFIDENTIAL~~

# The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

*For Internal Use Only*  
Receipt date: 12/2/17  
PIR-Log number: 20200046

2016 Texas Primary  
Republican

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

### Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

### Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

### Requestor name:

Marco Orrantia  
\_\_\_\_\_  
(required)

### Flagging Options ONLY

- Hispanic surname flag notation

### Voters may be extracted by

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

### I would like my data reduced to the following

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

### Elections and Years:

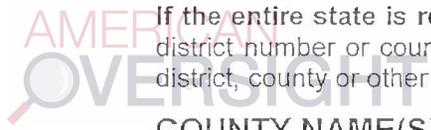
2016 Dem/GOP Primary & Primary Runoff \_\_\_\_\_  
 2018 Dem/GOP Primary & Primary Runoff \_\_\_\_\_  
 (please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State \_\_\_\_\_



The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only

Receipt date: 12 / 2 / 19

PIR-Log number: 202000-47

Democratic Primary 2016 Republican Runoff

Phone: 512-463-5650

Fax: 512-475-2811

Dial 7-1-1 For Relay Services

(800) 252-VOTE (8683)

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

CD-ROM

FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Marco Orrantia

(required)

Flagging Options ONLY

Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_\_ and \_\_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:

Entire State  Counties listed below only

Elections and Years:

2016 Dem/GOP Primary & Primary Runoff

2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State \_\_\_\_\_

~~Estimate~~  
The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

*For Internal Use Only*  
Receipt date: 12/2/19  
PIR-Log number: 20200048

2016 Republican  
Primary Runoff  
Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

**Elections and Years:**

2016 Dem/GOP Primary & Primary Runoff

2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State \_\_\_\_\_

~~ESTIMATE~~

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

*For Internal Use Only*  
Receipt date: 12 / 2 / 19  
PIR-Log number: 20200049

2018 Dem Primary

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia

**(required)**

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

**Elections and Years:**

2016 Dem/GOP Primary & Primary Runoff

2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State \_\_\_\_\_

*est 1845*  
The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

*For Internal Use Only*  
Receipt date: 12 / 2 / 19  
PIR-Log number: 20200250

*2018 Rep Primary*

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

- CD-ROM  
 FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia

**(required)**

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address  
 Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_ and \_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

**Elections and Years:**

2016 Dem/GOP Primary & Primary Runoff

2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district county or other requests, please list the county names and precincts.

AMERICAN OVERSIGHT

TX-SOS-20-0049-A-000199

~~State~~  
The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only  
Receipt date: 12 / 2 / 19  
PIR-Log number: 20200051

2018 Dem Primary  
Runoff

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

**Elections and Years:**

2016 Dem/GOP Primary & Primary Runoff

2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

AMERICAN  
OVERSIGHT

TX-SOS-20-0049-A-000200

Check if entire State

~~estimate~~  
The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

*For Internal Use Only*  
Receipt date: 12/2/19  
PIR-Log number: 20200062

2018 Rep Primary Runoff

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must** be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

**Elections and Years:**

2016 Dem/GOP Primary & Primary Runoff

2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State \_\_\_\_\_

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Marco Orrantia (TDP will pick up in person)

Texas Democratic Party

1106 Lavaca St Suite 100 Austin, TX 78701

Telephone (512) 909-7333

Send Statement to:

Gilberto Hinojosa

Texas Democratic Party

1106 Lavaca St Suite 100 Austin, TX 78701

Telephone (512) 478-9800

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later

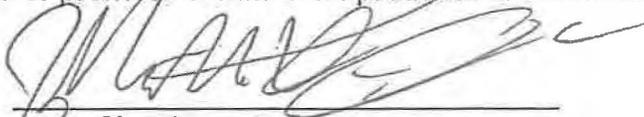
avit

THE STATE OF TEXAS

COUNTY OF Travis

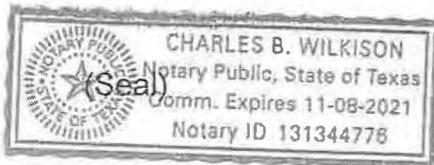
Before me, the undersigned authority, on this day personally appeared  
Marco Antonio Orrantia, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

  
\_\_\_\_\_  
Signature

Sworn to and Subscribe before me, this the 15 day of Nov, 2019.

  
\_\_\_\_\_  
Notary Public in and for the State of Texas



Birk Wilkison

Printed Name of Notary

My commission Expires: 11-08-2021

Secretary of State  
Elections Division  
Credit Card Payment Form

Master Card, Visa, American Express & Discover are  
accepted

For Office Use Only

DATE:

STAFF TAKING ORDER:

Please provide all requested information so your request may be processed.

NAME ON CARD:

Gilberto Hinojosa

BUSINESS NAME:

Texas Democratic Party

NAME OF REQUESTOR:

Marco Orantia

MAILING ADDRESS:

1106 Lavaca St Suite 100

CITY:

Austin

STATE:

TX

ZIP CODE:

78701

HOME PHONE:

BUSINESS PHONE:

CELL PHONE:

512 909 7333

EMAIL:

BILLING ADDRESS:

Billing Address same as Mailing Address

TYPE OF CREDIT CARD:

CREDIT CARD #:

EXPIRATION DATE:

TX-SOS-20-0049-A-000204

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

Secretary of State

For Internal Use Only
Receipt date: 12/9/19
PIR-Log number: 20200054

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP information:

FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
in zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Charlene Donaldinger
(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only
Voters who Voted in the following Elections:
Entire State Counties listed below only

Elections and Years:

Blank lines for entering election years

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

Blank lines for entering county names or district numbers

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

Review section with signatures and dates for First and Second Reviewers, and completion date.

(new order to check. 20200094 cancelled).

**For Internal Use Only**  
Receipt date: 1 / 2 / 20  
PIR-Log number: 20200075

# The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must** be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Charlene Dondlinger  
(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**

Check if entire State

Just Dallas, Denton, Tarrant, Collin

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<b>For Internal Use Only</b>	Date reviewed: <u>1 / 7 / 2020</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>1 / 8 / 2020</u>	Date processed: _____	_____
Completion date: <u>1 / 1</u>			

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Charlie Dondlinger  
3800 Maple Ave #355  
Dallas, Tx 75219

Telephone (214) 757 8474

Send Statement to:

same  
\_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

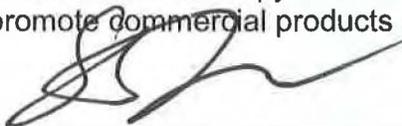
**Affidavit**

**THE STATE OF TEXAS**

**COUNTY OF Dallas**

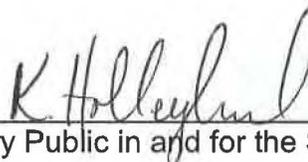
Before me, the undersigned authority, on this day personally appeared Stuart Folb, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.



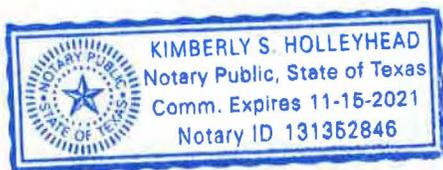
Signature

Sworn to and Subscribe before me, this the 4<sup>th</sup> day of Dec., 2019.



Notary Public in and for the State of Texas

(Seal)



Kimberly Holleyhead  
Printed Name of Notary

**My commission Expires:** 11-15-21

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 12/19 STAFF TAKING ORDER: Kate Fisher

Please provide all requested information so your request may be processed.

NAME ON CARD: Stuart Folb

BUSINESS NAME: Voice Media Group

NAME OF REQUESTOR: Stuart Folb

MAILING ADDRESS: 5218 Crawford St.

CITY: Houston STATE: Tx ZIP CODE: 77004

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: 214.757.8474

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: same

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: \$75

9,249.28

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only  
Receipt date: 12/10/19  
PIR-Log number: 2020055

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: [REDACTED]

Login: [REDACTED]

Password: [REDACTED]

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Carolyn Lehmann

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

*Newly registered voters from Sept 1, 2019 to Nov. 30, 2019*

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

AMERICAN OVERSIGHT

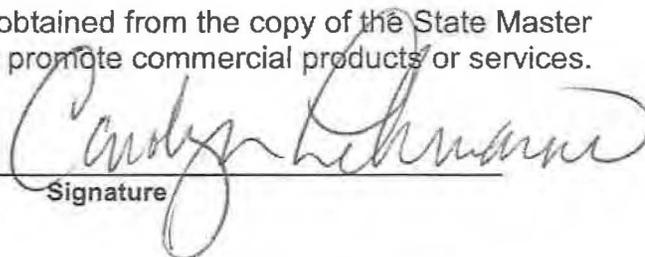
Affidavit

THE STATE OF TEXAS

COUNTY OF Comal

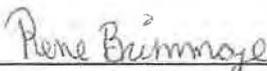
Before me, the undersigned authority, on this day personally appeared  
Carolyn Lehmann \_\_\_\_\_, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master  
Voter File will not be used to advertise or promote commercial products or services.

  
\_\_\_\_\_  
Signature

Sworn to and Subscribe before me, this the 9<sup>th</sup> day of December, 2019.



  
\_\_\_\_\_  
Notary Public in and for the State of Texas

**Rene Brimmage**  
\_\_\_\_\_  
Printed Name of Notary

My commission Expires: April 22, 2021

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 12/12/19 STAFF TAKING ORDER: Kate Fisher

Please provide all requested information so your request may be processed.

NAME ON CARD: Carolyn Lehmann

BUSINESS NAME: Direct Texas

NAME OF REQUESTOR: Carolyn Lehmann

MAILING ADDRESS: PO Box 312100

CITY: New Braunfels STATE: TX ZIP CODE: 78131

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (830) 627-7744

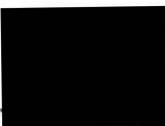
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE  (required)

AMOUNT OF CHARGE: \$75<sup>00</sup> for deposit  
*Please email quote for  
full amount.*  
\$292.92

The State of Texas



lections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only  
Receipt date: 12/9/19  
PIR-Log number: 20200056

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Milton Rister

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State
- Counties listed below only

Elections and Years:

All history (1990 to 2019) available for the \_\_\_\_\_ counties listed below

2006 NO CONSTITUTIONAL  
ONLY VOTING HISTORY NEEDED  
12/11/19

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State \_\_\_\_\_

All histories for voters in ALL PRECINCTS in the following counties:

Bexar, Brewster, Comal, Culberson, Edwards, Gillespie, Hopkins, Hudspeth, Jeff Davis, Kendall, Kimble, Kinney, Llano,

Loving Mason Maverick Menard Pecos Presidio Real Reeves Schleicher Sutton Terrell Val Verde Van Zandt



THE STATE OF TEXAS

COUNTY OF TRAVIS

Before me, the undersigned authority, on this day personally appeared MILTON RISTER, who being duly sworn, deposes and says:

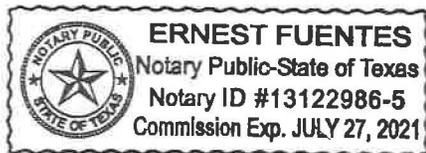
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Handwritten Signature]  
Signature

Sworn to and Subscribe before me, this the 11 day of 12, 2019

[Handwritten Signature]  
Notary Public in and for the State of Texas

(Seal)



Ernest Fuentes  
Printed Name of Notary

My commission Expires: July 27, 2021

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

TX-SOS-20-0049-A-000214

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Order to:

Milton Rister

PO Box 1674

Georgetown TX 78627

Telephone (51) 426-9259

Send Statement to:

Milton Rister

PO Box 1674

Georgetown TX 78627

Telephone (51) 426-9259

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 12/12/19 STAFF TAKING ORDER: Kate Fisher

*Please provide all requested information so your request may be processed.*

NAME ON CARD: MILTON A RISTER

BUSINESS NAME: ACE RESEARCH & TECHNOLOGY

NAME OF REQUESTOR: MILTON RISTER

MAILING ADDRESS: PO BOX 1674

CITY: GEORGETOWN STATE: TX ZIP CODE: 78627

HOME PHONE: (512) 426-9259 BUSINESS PHONE: SAME

CELL PHONE: SAME EMAIL: [REDACTED]

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE [REDACTED] (required)

AMOUNT OF CHARGE: 650.64

The State of Texas



Elections Division  
P.O. Box 12660  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only  
Receipt date: 12/1/19  
PIR-Log number: \_\_\_\_\_

20200057

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Derek Ryan

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

Elections and Years:

2019 November Constitutional Amendment Election

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address but no response has been received. The voter is however considered to be an active voter for all other purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) \_\_\_\_\_ Check if entire State

AMERICAN  
OVERSIGHT

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 12/16/19 STAFF TAKING ORDER: Kate Fisher

Please provide all requested information so your request may be processed.

NAME ON CARD: Derek P Ryan

BUSINESS NAME: Ryan Data & Research

NAME OF REQUESTOR: Derek Ryan

MAILING ADDRESS: PO Box 202675

CITY: Austin STATE: TX ZIP CODE: 78720

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (512) 496-5470

CELL PHONE: (512) 496-5470 EMAIL: [REDACTED]

BILLING ADDRESS: 17811 Clare Morris Ln, Pflugerville, TX 78660

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE [REDACTED] (required)

AMOUNT OF CHARGE: ~~455.36~~  
455.36  
PK

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only  
Receipt date: 12/9/19  
PIR-Log number: \_\_\_\_\_

20200059  
VD

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (86833)

20200059  
VH

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**  
 CD-ROM  
 FTP - Provide FTP information:  
 FTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**  
 Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**  
 Kaiti K. Annis  
 \_\_\_\_\_  
 (required)

**Flagging Options ONLY**  
 Hispanic surname flag notation

Voters may be extracted by  
 Please checkmark all that apply to the request

Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

I would like my data reduced to the following  
 Please checkmark all that apply to the request:

Only voters with Texas mailing address  
 Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_\_ and \_\_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

**Elections and Years:**  
 November General 2019, May 2019  
 November General 2018  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**      Check if entire State \_\_\_\_\_

Moore County  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Balade Hite</u> Second Reviewer: <u>May Klein</u> Completion date: <u>  /  /  </u>	For Internal Use Only Date reviewed: <u>12/12/19</u> Date reviewed: <u>12/12/19</u>	EFM: _____ Date processed: <u>  /  /  </u>
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11.30.16

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only  
Receipt date: 12/9/19  
PIR-Log number: \_\_\_\_\_

20200058  
VD

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

20200059  
VH

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Kath K. Annis

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

Elections and Years:

November General 2019, May 2019,

November General 2018

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State \_\_\_\_\_

Moore County

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>Brenda Hester</u>	For Internal Use Only Date reviewed: <u>12/18/19</u>	EFM: _____
Second Reviewer: <u>M. Proctor</u>	Date reviewed: <u>12/12/19</u>	Date processed: _____
Completion date: <u>1/1/20</u>		

11.30.16

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send Statement to:

Carin Weaver

800 S Austin Ave Georgetown, TX 78626



Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (512) 565-0757

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. **Media Selection:** CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. **Format:** Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. **Extracts & Data Reduction-** Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

COUNTY OF Williamson

Before me, the undersigned authority, on this day personally appeared Keith K. Annis, who being duly sworn, deposes and says:

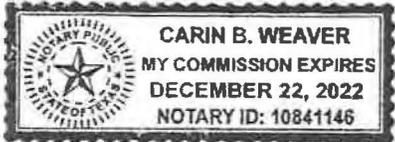
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 9<sup>th</sup> day of December 2019.

[Signature]  
Notary Public in and for the State of Texas

(Seal)



Carin B. Weaver  
Printed Name of Notary

My commission Expires: 12/22/2022

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 12/12/19 STAFF TAKING ORDER: Kate Fisher

Please provide all requested information so your request may be processed.

NAME ON CARD: Ronna Johnson

BUSINESS NAME: edVantage Strategy Group Inc

NAME OF REQUESTOR: Keith K. Annis

MAILING ADDRESS: 800 S Austin Ave

CITY: Georgetown STATE: TX ZIP CODE: 78626

HOME PHONE: na BUSINESS PHONE: (512) 818-0367

CELL PHONE: \_\_\_\_\_ EMAIL: [REDACTED]

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: \$75.00  
\$112.97

# The State of Texas



lections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Receipt date: 12/12/19  
PIR-Log number: \_\_\_\_\_

Phone: 512-463-5650

Fax: 512-475-2811

Dial 7-1-1 For Relay Services

(800) 252-VOTE (8683)

VH 20200062  
20200062  
VD

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must be completed:**

### Media

CD-ROM

FTP - Provide FTP information:

FTP site: We will provide

Login: secure link for upload

Password: when file is ready.

### Format being provided

Voter registration list (individual records)  
in zipped fixed width text file(s). See the  
attached record layout.

**Requestor name:**

Abigail Robinson  
(required)

### Flagging Options ONLY

Hispanic surname flag notation

Voters may be extracted by

*Please checkmark all that apply to the request:*

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

I would like my data reduced to the following

*Please checkmark all that apply to the request:*

Only voters with Texas mailing address

Only voters who are effective to vote between  
\_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_ and \_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:

Entire State  Counties listed below only

Elections and Years:

vote history from 11/5  
election if available.

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

TX-SOS-20-0049-A-000224

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Receipt date: 12/12/19  
PIR-Log number: \_\_\_\_\_

VH 20200062  
20200062  
JD

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

CD-ROM

FTP - Provide FTP information:

FTP site: We will provide

Login: secure link for upload

Password: when file is ready.

**Format being provided**

Voter registration list (individual records)  
in zipped fixed width text file(s). See the  
attached record layout.

**Requestor name:**

Abigail Robinson  
(required)

**Flagging Options ONLY**

Hispanic surname flag notation

Voters may be extracted by

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

**Elections and Years:**

vote history from 11/5  
election if available.

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Abigail Robinson

Send Statement to:

Abigail Robinson

Telephone

385 685 9056

Telephone

385 685 9056

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. **Media Selection:** CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. **Format:** Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. **Extracts & Data Reduction-** Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

.vit

North Carolina

THE STATE OF TEXAS

COUNTY OF Mecklenburg

Before me, the undersigned authority, on this day personally appeared Abigail Robinson, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Abigail Robinson  
Signature

Sworn to and Subscribe before me, this the 11 day of Dec., 2019.



Adryan Christian-Zazueta  
Notary Public in and for the State of Texas  
NORTH CAROLINA

Adryan Christian-Zazueta  
Printed Name of Notary

My commission Expires: March 4 2024

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: 12/12/19 STAFF TAKING ORDER: Kate Fisher

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Abigail Robinson

MAILING ADDRESS: 86 N University Avenue Suite 400

CITY: Provo STATE: UT ZIP CODE: 84601

HOME PHONE: 7812231692 BUSINESS PHONE: 3856850956

CELL PHONE: 7812231692 EMAIL: 

BILLING ADDRESS: 2268 W 130 S Mapleton UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

3 OR 4 DIGIT SECURITY CODE: 

AMOUNT OF CHARGE: ~~45.36~~

Clear Form

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

**For Internal Use Only**  
Receipt date: 12/10/19  
PIR-Log number: 20200061

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

James Barnes

**(required)**

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

**Elections and Years:**

2019 Nov - Constitutional Amendment Election

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<b>For Internal Use Only</b>	Date reviewed: <u>12/12/19</u>	EFM: <u>[Signature]</u>
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>12/12/19</u>	Date processed: <u>12/17/19</u>	
Completion date: <u>    </u>			

11.30.16

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

James Barnes

8819 Atwater Creek

San Antonio, TX 78245

Telephone (210) 677-9928

Send Statement to:

Same

Telephone ( )

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

Affidavit

THE STATE OF TEXAS

COUNTY OF Bexar

Before me, the undersigned authority, on this day personally appeared James Barnes, who being duly sworn, deposes and says:

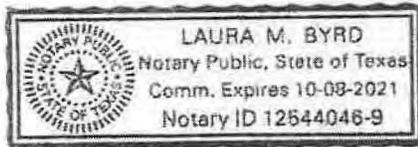
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 10<sup>th</sup> day of December 2019.

[Signature]  
Notary Public in and for the State of Texas

(Seal)



Laura M. Byrd  
Printed Name of Notary

My commission Expires: 10-08-2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Jame E Barnes

BUSINESS NAME: CES

NAME OF REQUESTOR: James E Barnes

MAILING ADDRESS: 8819 Atwater Creek

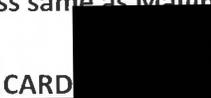
CITY: San Antonio STATE: TX ZIP CODE: 78245

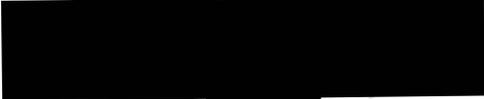
HOME PHONE: (210) 677-9928 BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: 8819 Atwater Creek

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

AMOUNT OF CHARGE: \$ 466.36

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

Estimate  
The State of Texas

For Internal Use Only  
Receipt date: 12/18/19  
PIR-Log number: 20700064

VH Dem 2012 DP

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Marco Orranlia

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

Elections and Years:

2012 2015 Dem/GOP Primary & Primary Runoff

2014 2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State \_\_\_\_\_

AMERICAN OVERSIGHT

Estimate  
The State of Texas

**For Internal Use Only**  
Receipt date: 12/18/19  
PIR-Log number: 20200065

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



VH Dem 2012 DPRunoff

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia  
\_\_\_\_\_  
(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

**Elections and Years:**

2012 2015 Dem/GOP Primary & Primary Runoff  
2014 2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State \_\_\_\_\_



Estimate  
The State of Texas

For Internal Use Only  
Receipt date: 12/18/19  
PIR-Log number: 20200066

VH Rep 2012 RP

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

Elections and Years:

2012 2015 Dem/GOP Primary & Primary Runoff

2014 2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State \_\_\_\_\_

Estimate  
The State of Texas

For Internal Use Only  
Receipt date: 12/18/19  
PIR-Log number: 2020067

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



VH Rep 2012 RPRunoff

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia  
\_\_\_\_\_  
(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

**Elections and Years:**

2012 <sup>MAP</sup> 2015 Dem/GOP Primary & Primary Runoff

2014 <sup>INFO</sup> 2018 Dem/GOP Primary & Primary Runoff

\_\_\_\_\_  
(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an **incorrect** or outdated **address**.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State \_\_\_\_\_



PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

**Send Order to:**

Marco Orrantla (TDP will pick up in person)

Texas Democratic Party

1106 Lavaca St Suite 100 Austin, TX 78701

Telephone (512) 909-7333

**Send Statement to:**

Gilberto Hinojosa

Texas Democratic Party

1106 Lavaca St Suite 100 Austin, TX 78701

Telephone (512) 478-9800

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section

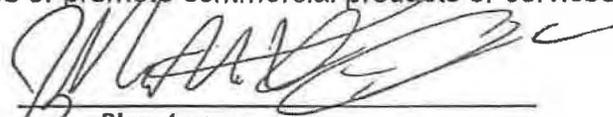
Affidavit

THE STATE OF TEXAS

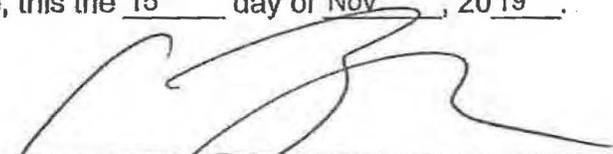
COUNTY OF Travis

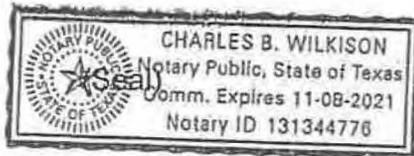
Before me, the undersigned authority, on this day personally appeared Marco Antonio Orrantia, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 15 day of Nov, 2019.

  
Notary Public in and for the State of Texas



Birk Wilkison

Printed Name of Notary

My commission Expires: 11-08-2021

Secretary of State  
Elections Division  
Credit Card Payment Form

Master Card, Visa, American Express & Discover are  
accepted

For Office Use Only

DATE:

12/18/19

STAFF TAKING ORDER:

Kate Fisher

Please provide all requested information so your request may be processed.

NAME ON CARD:

Gilberto Hernandez

BUSINESS NAME:

Texas Democratic Party

NAME OF REQUESTOR:

Morco Orantia

MAILING ADDRESS:

1106 Lavaca St Suite 100

CITY:

Austin

STATE:

TX

ZIP CODE:

78701

HOME PHONE:

BUSINESS PHONE:

CELL PHONE:

512 909 7333

EMAIL:

[REDACTED]

BILLING ADDRESS:



Billing Address same as Mailing Address

TYPE OF CREDIT CARD:

CREDIT CARD:

HT [REDACTED]

EXPIRATION DATE:

[REDACTED]

AMOUNT OF CHARGE:

as needed

Estimate  
The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

12  
**For Internal Use Only**  
Receipt date: 11/18/19  
PIR-Log number: 2020068

VH Dem 2014 DP

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

CD-ROM

FTP - Provide FTP information:  
FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

**Format being provided**  
Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**  
Marco Orrantia  
**(required)**

**Flagging Options ONLY**

Hispanic surname flag notation

**Voters may be extracted by**  
*Please checkmark all that apply to the request:*

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

**I would like my data reduced to the following**  
*Please checkmark all that apply to the request:*

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_\_ and \_\_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

**Elections and Years:**

2012 2016 Dem/GOP Primary & Primary Runoff

2014 2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State \_\_\_\_\_



Estimate  
The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

For Internal Use Only  
Receipt date: 12/18/19  
PIR-Log number: 2020069

VH 2014 Dem DPRunoff

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

Elections and Years:

2012 2016 Dem/GOP Primary & Primary Runoff

2014 2018 Dem/GOP Primary & Primary Runoff

(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State \_\_\_\_\_

Estimate  
The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

*For Internal Use Only*  
Receipt date: 12/18/19  
PIR-Log number: 20200070

VH Rep 2014 RP

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Marco Orrantia

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State  Counties listed below only

**Elections and Years:**

2012 <sup>MRB</sup> 2016 Dem/GOP Primary & Primary Runoff  
2014 <sup>MRB</sup> 2018 Dem/GOP Primary & Primary Runoff  
(please price per each primary and runoff, as well as total)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State \_\_\_\_\_

REQUEST FORM DETAILS AND INSTRUCTIONS

(TDP will pick up in person)

Texas Democratic Party

1106 Lavaca St Suite 100 Austin, TX 78701

Telephone (512) 909-7333

Send Statement to:

Gilberto Hinojosa

Texas Democratic Party

1106 Lavaca St Suite 100 Austin, TX 78701

Telephone (512) 478-9800

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

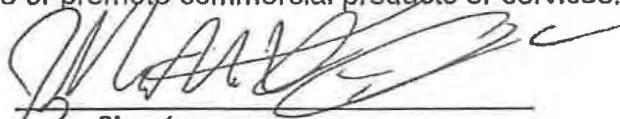
Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

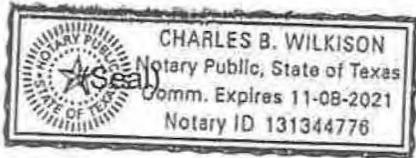
STATE OF TEXAS  
COUNTY OF Travis

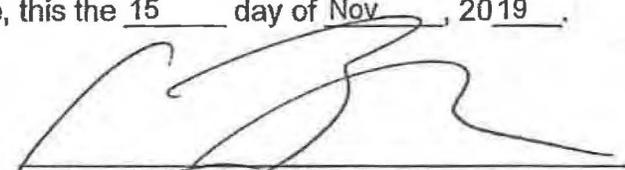
Before me, the undersigned authority, on this day personally appeared Marco Antonio Orrantla, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 15 day of Nov, 2019.



  
Notary Public in and for the State of Texas

Birk Wilkison

Printed Name of Notary

My commission Expires: 11-08-2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

Master Card, Visa, American Express & Discover are  
accepted

For Office Use Only

DATE: \_\_\_\_\_ START/TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Gilberto Hinojosa

BUSINESS NAME: Texas Democratic Party

NAME OF REQUESTOR: Marco Orantia

MAILING ADDRESS: 1106 Lavaca St Suite 100

CITY: Austin

STATE: TX

ZIP CODE: 78701

HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: 512 909 7333

EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_

(required)

AMOUNT OF CHARGE: as noted  
determined by SOS

*For Internal Use Only*  
Receipt date: 12/18/19  
PIR-Log number: 20200072

# The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must be completed:**

**Media**

CD-ROM

FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Carolyn Lehmann

**(required)**

**Flagging Options ONLY**

Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_\_ and \_\_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:

Entire State  Counties listed below only

**Elections and Years:**

Voters who voted in the November 5, 2019, three Special Elections

in House Districts 100, 148, and 28,

and the November 5, 2019 Constitutional Amendment Election.

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**      Check if entire State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<b><u>For Internal Use Only</u></b>	Date reviewed: <u>12/30/2019</u>	EFM: _____
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>12/30/19</u>	Date processed: _____	
Completion date: _____			

Affidavit

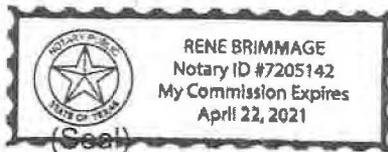
THE STATE OF TEXAS  
COUNTY OF Comal

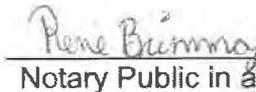
Before me, the undersigned authority, on this day pers  
Carolyn Lehmann \_\_\_\_\_, who being duly sworn, o

I do solemnly swear that the information obtained from the co  
Voter File will not be used to advertise or promote commercia

  
Signature

Sworn to and Subscribe before me, this the 9<sup>th</sup> da



  
Notary Public in &

Rene Brimmage  
Printed Name

**My commission Expires:** April 22, 2021

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**  
TX-SOS-20-0049-A-000247

(a) A person commits an offense if the person uses information in connect  
promoting commercial products or services that the person knows was obt

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

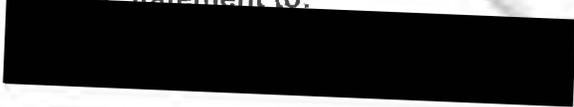
Send Order to:

Carolyn Lehmann

FTP site - as per instructions

Telephone (830) 627-7744, x 101

Send Statement to:



Telephone (830) 627-7744, x 103

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).



Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Carolyn Lehmann

BUSINESS NAME: Direct Texas

NAME OF REQUESTOR: Carolyn Lehmann

MAILING ADDRESS: PO Box 312100

CITY: New Braunfels STATE: TX ZIP CODE: 78131

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (830) 627-7744

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

EXPIRATION DATE: 

AMOUNT OF CHARGE: ~~\$75.00~~ for deposit  
please email quote for  
full amount.

*For Internal Use Only*  
Receipt date: 01/02/2020  
PIR-Log number: 20200074

# The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must be completed:**

**Media**

CD-ROM

FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Jeff Morris

**(required)**

**Flagging Options ONLY**

Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_\_ and \_\_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:

Entire State  Counties listed below only

**Elections and Years:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <i>[Signature]</i>	<i>For Internal Use Only</i> Date reviewed: 1/7/2020	EFM: _____
Second Reviewer: <i>[Signature]</i>	Date reviewed: 1/7/2020	Date processed: _____
Completion date: _____		

11.30.16

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Jeff Morris

PO BOX 1888

Rowlett, TX 75030

Telephone (214) 908-1091

Send Statement to:

Jeff Morris

PO BOX 1888

Rowlett, TX 75030

Telephone (214) 908-1091

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
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5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Affidavit

THE STATE OF TEXAS

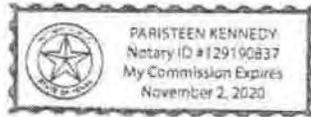
COUNTY OF Dallas

Before me, the undersigned authority, on this day personally appeared Jeffrey Morris, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Jeffrey P. Morris  
Signature

Sworn to and Subscribe before me, this the 02nd day of January, 2020.



(Seal)

Paristeen Kennedy  
Notary Public in and for the State of Texas

Paristeen Kennedy  
Printed Name of Notary

My commission Expires: November 02 2020

PLEASE BE ADVISED

§ 18.067, Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or

TX-SOS-20-0049-A-000252

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Jeffrey P Morris

BUSINESS NAME: JPM Strategies Inc

NAME OF REQUESTOR: Jeff Morris

MAILING ADDRESS: PO BOX 1888

CITY: Rowlett STATE: TX ZIP CODE: 75089

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: (214) 908-1091 EMAIL: [REDACTED]

BILLING ADDRESS: 8721 Homestead Blvd, Rowlett TX 75089

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

AMOUNT OF CHARGE: \$ 1,224.14

TX-SOS-20-0049-A-000253



# The State of Texas



Division  
Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

**For Internal Use Only**  
Receipt date: 1/7/20  
PIR-Log number: 20200071

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must be completed:**

**Media**

- CD-ROM
- FTP - Provide FTP information:

SFTP site: \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Alynn Woischke  
\_\_\_\_\_  
(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

Elections and Years:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <i>[Signature]</i>	<b>For Internal Use Only</b> Date reviewed: 1/10/20	EFM: <i>[Signature]</i>
Second Reviewer: <i>[Signature]</i>	Date reviewed: 1/10/20	Date processed: 1/13/20
Completion date: ___/___/___		

INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

To:

Woischke c/o Alloy

2093 Philadelphia Pike #4747

Claymont, DE 19703

Telephone (302) 8876441

Send Statement to:

Alynn Woischke c/o Alloy

2093 Philadelphia Pike #4747

Claymont, DE 19703

Telephone (302) 8876441

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 12.066)

~~STATE OF TEXAS~~  
Washington DC  
COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared Alynn Weischke, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Alynn Weischke  
Signature

Sworn to and Subscribe before me, this the 3rd day of January, 2020.



Matthew Gallo  
Notary Public in and for the State of Texas  
Washington DC

Matthew Gallo  
Printed Name of Notary

My commission Expires: 08/14/2024

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

- (a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.
- (b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

Master Card, Visa, American Express & Discover are  
accepted

For Office Use Only

DATE: V7/20 STAFF TAKING ORDER: Kate Fisher

Please provide all requested information so your request may be processed.

NAME ON CARD: JENNIFER SMITH

BUSINESS NAME: ALLOY

NAME OF REQUESTOR: ALYNN WOLSCHE

MAILING ADDRESS: 2093 PHILADELPHIA PIKE #4747

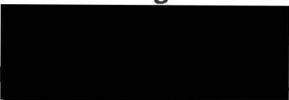
CITY: CLAYMONT STATE: DE ZIP CODE: 19703

HOME PHONE: 302-887-6441 BUSINESS PHONE: 302-887-6441

CELL PHONE: 302-887-6441 EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: 1463.86

The State of Texas

For Internal Use Only  
Receipt date: 1/8/20  
PIR-Log number: 20200081

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

Sam Stern

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:

2019 Constitutional Election

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

For Internal Use Only  
First Reviewer: [Signature] Date reviewed: 1/10/20  
Second Reviewer: [Signature] Date reviewed: 1/10/20  
Completion date: \_\_\_\_\_  
EFM: [Signature]  
Date processed: 1/13/20

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Sam Stern

300 Decker Dr Suite 340

Irving TX 75062

Telephone (914) 560-6371

Send Statement to:

Sam Stern

300 Decker Dr Suite 340

Irving TX 75062

Telephone (914) 5606371

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

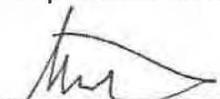
Affidavit

THE STATE OF TEXAS

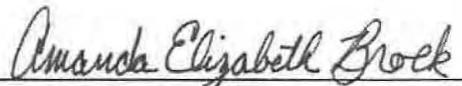
COUNTY OF Dallas

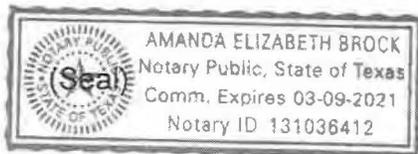
Before me, the undersigned authority, on this day personally appeared Samuel Stern, who being duly sworn, deposes and says:

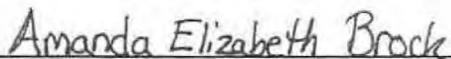
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
\_\_\_\_\_  
Signature

Sworn to and Subscribe before me, this the 8<sup>th</sup> day of January, 2020.

  
\_\_\_\_\_  
Notary Public in and for the State of Texas



  
\_\_\_\_\_  
Printed Name of Notary

My commission Expires: 03-09-2021

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Sam Stern

BUSINESS NAME: Murphy Nasica & Associates

NAME OF REQUESTOR: Sam Stern

MAILING ADDRESS: 815 A Brazos St Suite 304

CITY: Austin STATE: TX ZIP CODE: 78701

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: (914) 560-6371 EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE. \_\_\_\_\_ (required)

AMOUNT OF CHARGE: 455.28

*add \$11  
change for CD*

# The State of Texas

**For Internal Use Only**  
Receipt date: 12/30/20  
PIR-Log number: 20200084

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must** be completed:

### Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: [REDACTED] \_\_\_\_\_  
 Login: \_\_\_\_\_  
 Password: \_\_\_\_\_

### Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

### Requestor name:

Bruce Stringfellow

(required)

### Flagging Options ONLY

- Hispanic surname flag notation

### Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

### I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:

- Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer:	<b>For Internal Use Only</b> Date reviewed: <u>1/10/20</u>	EFM:
Second Reviewer:	Date reviewed: <u>1/10/20</u>	Date processed: <u>1/17/20</u>
Completion date: ___/___/___		

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:



Telephone (\_\_\_\_) 972 869-2471 ext. 107

Send Statement to:

Cara Hill c/o ShadowSoft, Inc.

7750 N. MacArthur Blvd, #120-290

Irving, TX 75063

Telephone (\_\_\_\_) 972 869-2471 ext. 107

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 12.002)

avit

THE STATE OF TEXAS

COUNTY OF Dallas

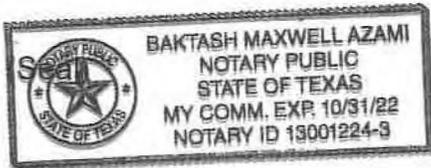
Before me, the undersigned authority, on this day personally appeared D. Bruce Stringfellow, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 23rd day of Dec, 2019.

Baktash Maxwell Azami  
Notary Public in and for the State of Texas



Baktash Maxwell Azami  
Printed Name of Notary

My commission Expires: 10.31.22

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

For Internal Use Only  
Receipt date: 1/7/20  
PIR-Log number: 20200085

The State of Texas



Secretary of State

Phone: 512-463-5659  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

0 • c  
187,475 • x  
0 • 000375 =  
70 • 30 \*  
70 • 3 +  
156 • 25 =  
226 • 55 \*

2050

ER REGISTRATION PUBLIC INFORMATION REQUEST FORM

0 • c completed:

JM

Provide FTP information:

FTP site: \_\_\_\_\_  
Login: \_\_\_\_\_  
Password: \_\_\_\_\_

Format being provided:  
Voter registration list (individual records)  
in zipped fixed width text file(s). See the  
attached record layout.

Requestor name:

Derek Ryan

(required)

Flagging Options ONLY

Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between  
12/3/2019 and 2/7/2020 dates
- Only voters between the age \_\_\_\_ and \_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer:	<u>For Internal Use Only</u> Date reviewed: 1/10/20	FPM:
Second Reviewer:	Date reviewed: 1/10/20	Date processed:
Completion date:		

11.39.16

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Derek Ryan

PO Box 202675

Austin, TX 78720

Telephone (512) 496-5470

Send Statement to:

Derek Ryan

PO Box 202675

Austin, TX 78720

Telephone (512) 496-5470

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds before submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066)

Affidavit

THE STATE OF TEXAS

COUNTY OF WILLIAMSON

Before me, the undersigned authority, on this day personally appeared Derek Ryan, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Handwritten Signature]  
Signature

Sworn to and Subscribe before me, this the 19th day of February, 2018



[Handwritten Signature]  
Notary Public in and for the State of Texas

Katlyn Munoz  
Printed Name of Notary

My commission Expires 11/07/2020

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Derek P Ryan

BUSINESS NAME: Ryan Data & Research

NAME OF REQUESTOR: Derek Ryan

MAILING ADDRESS: PO Box 202675

CITY: Austin STATE: TX ZIP CODE: 78720

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: (512) 496-5470

CELL PHONE: (512) 496-5470 EMAIL: 

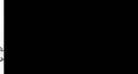
BILLING ADDRESS: 17811 Clare Morris Ln, Pflugerville, TX 78660

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY CODE:  (required)

AMOUNT OF CHARGE: \_\_\_\_\_

034000-2020086-1.txt  
000-2020086-2.txt  
000-2020086-3.txt  
000-2020086-4.txt  
000-2020086-5.txt  
000-2020086-6.txt

**For Internal Use Only**  
Receipt date: 1 / 13 / 20  
PIR-Log number: 2020086

# State of Texas

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must** be completed:

### Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

### Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

### Requestor name:

John Andersen

(required)

### Flagging Options ONLY

- Hispanic surname flag notation

### Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

### I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State

All registered voters statewide

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer:	<b>For Internal Use Only</b>	Date reviewed: 1 / 14 / 20	EFM:
Second Reviewer:		Date reviewed: 1 / 14 / 20	Date processed: 1 / 15 / 20
Completion date: ___ / ___ / ___			

11.30.16

## REQUEST FORM DETAILS AND INSTRUCTIONS

John Andersen  
8303 Cedarspur  
Houston, TX 77055  
Telephone (713) 301-8879

**Send Statement to:**  
John Andersen  
8303 Cedarspur  
Houston, TX 77055  
Telephone (713) 301-8879

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

STATE OF TEXAS

COUNTY OF Harris

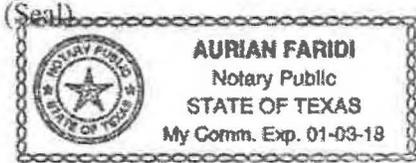
Before me, the undersigned authority, on this day personally appeared John Andersen, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Handwritten Signature]  
Signature

Sworn to and Subscribe before me, this the 6<sup>th</sup> day of Jan, 2015.

[Handwritten Signature]  
Notary Public in and for the State of Texas



AURIAN FARIDI  
Printed Name of Notary

My commission Expires: 1-3-18

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: John Andersen

BUSINESS NAME: \_\_\_\_\_

NAME OF REQUESTOR: John Andersen

MAILING ADDRESS: 8303 Cedarspur

CITY: Houston STATE: TX ZIP CODE: 77055

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: (713) 301-8879 EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD 

CREDIT CARD # 

EXPIRATION DATE 

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required)

AMOUNT OF CHARGE: 1345.63

# The State of Texas



Division  
Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

**For Internal Use Only**  
Receipt date: 1/13/20  
PIR-Log number: 20200087

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must be completed:**

### Media

- CD-ROM
- FTP - Provide FTP information:  
FTP site: will provide secure link  
Login: when file is ready.  
Password: \_\_\_\_\_

### Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Abigail Robinson  
(required)

### Flagging Options ONLY

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

Elections and Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**

Check if entire State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

<b>For Internal Use Only</b>		
First Reviewer: _____	Date reviewed: ____/____/____	EFM: _____
Second Reviewer: _____	Date reviewed: ____/____/____	Date processed: ____/____/____
Completion date: ____/____/____		

ION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Statement to:

Robinson  
Aristotle International

Abigail Robinson  
Aristotle International

Telephone (885) 685 9056

Telephone (885) 685 9056

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section

North Carolina  
THE STATE OF TEXAS

COUNTY OF Mercklenburg

Before me, the undersigned authority, on this day personally appeared Abigail Robinson, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Abigail Robinson  
Signature

Sworn to and Subscribe before me, this the 13 day of January, 2020.



Madeline Hancock  
Notary Public in and for the State of Texas  
North Carolina

Madeline Hancock  
Printed Name of Notary

My commission Expires: 07/29/2022

### PLEASE BE ADVISED

#### § 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_

STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Mathew Packer

BUSINESS NAME: Aristotle International

NAME OF REQUESTOR: Abigail Robinson

MAILING ADDRESS: 86 N University Avenue Suite 400

CITY: Provo

STATE: UT

ZIP CODE: 84601

HOME PHONE: 7812231692

BUSINESS PHONE: 3856850956

CELL PHONE: 7812231692

EMAIL: \_\_\_\_\_

BILLING ADDRESS: 2268 W 130 S Mapleton UT 84664

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_

AMOUNT OF CHARGE: \_\_\_\_\_

\$1,464.89

Clear Form

# The State of Texas

For Internal Use Only  
Receipt date: 1/14/20  
PIR-Log number: 20200088

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

## Secretary of State

### VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must be completed:**

**Media**

CD-ROM

FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

MELISSA HALEY  
\_\_\_\_\_

**(required)**

**Flagging Options ONLY**

Hispanic surname flag notation

**Voters may be extracted by**  
**Please checkmark all that apply to the request:**

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

**I would like my data reduced to the following**  
**Please checkmark all that apply to the request:**

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_\_ and \_\_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:

Entire State  Counties listed below only

**Elections and Years:**  
2015-2020 ALL ELECTIONS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.**

**If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.**

**COUNTY NAME(S) or DISTRICT NUMBER(S)                      Check if entire State \_\_\_\_\_**

"ALL" Mason County Texas

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.**

First Reviewer:	<b><u>For Internal Use Only</u></b>	Date reviewed: 1/16/20	EFM: _____
Second Reviewer:		Date reviewed: 1/17/20	Date processed: _____
Completion date: 1/1/20			

## PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

### Send Order to:

**MELISSA HALEY**  
**603 LEHMBERG LN**  
**MASON TEXAS 76856**

Telephone (325) **3472459**

### Send Statement to:

**MELISSA HALEY**  
**603 LEHMBERG LN**  
**MASON TX 76856**

Telephone (325) **3472459**

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

**Affidavit**

**THE STATE OF TEXAS**

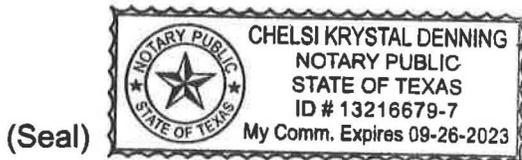
**COUNTY OF** Mason

Before me, the undersigned authority, on this day personally appeared Melissa Haley, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Melissa Haley  
Signature

Sworn to and Subscribe before me, this the 09 day of January, 20 20.



Chelsi K. Denning  
Notary Public in and for the State of Texas

Chelsi K. Denning  
Printed Name of Notary

**My commission Expires:** 09-26-2023

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Brian Haley

BUSINESS NAME: \_\_\_\_\_

NAME OF REQUESTOR: Melissa Haley

MAILING ADDRESS: Po Box 122

CITY: Mason STATE: TX ZIP CODE: 76856

HOME PHONE: 325 867 2459 BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\*\*\*3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_ (required) AMOUNT OF CHARGE: \$ 86.00

# The State of Texas

For Internal Use Only  
Receipt date: 12/31/19  
PIR-Log number: 2020091

Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us



Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

## VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

**Media must be completed:**

**Media**  
 CD-ROM  
 FTP Provide FTP information:  
 FTP site: [REDACTED]  
 Login: [REDACTED]  
 Password: [REDACTED]

**Format being provided**  
 Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**  
Darla Cloud  
 (required)

**Flagging Options ONLY**  
 Hispanic surname flag notation

**Voters may be extracted by**  
 Please checkmark all that apply to the request:

Include Active Voters  
 Include Suspense Voters  
 Include Cancelled Voters

**I would like my data reduced to the following**  
 Please checkmark all that apply to the request:

Only voters with Texas mailing address  
 Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates  
 Only voters between the age \_\_\_\_\_ and \_\_\_\_\_  
 Hispanic Surnames only  
 Males only  
 Females only  
 Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

**Elections and Years:**  
Last 40 Elections  
General and Primary (do not need Special Elections)

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

**COUNTY NAME(S) or DISTRICT NUMBER(S)**  Check if entire State \_\_\_\_\_

Texas 13th Congressional District

(Would like all information in one file if possible - \_\_\_\_\_)

NOTE: For requests in addition to the options provided on this form, please email [elections@sos.texas.gov](mailto:elections@sos.texas.gov), as a data manipulation estimate may need to be provided for you.

First Reviewer: <u>[Signature]</u>	<u>For Internal Use Only</u> Date reviewed: <u>1/15/20</u>	EFM: <u>[Signature]</u>
Second Reviewer: <u>[Signature]</u>	Date reviewed: <u>1/15/20</u>	Date processed: <u>1/15/20</u>
Completion date: _____		

11.30.16

INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Darla Cloud

7913 Joliet Ave

Lubbock, TX 79423

Telephone (80) 793-3301

Send Statement to:

Mike Stevens

2407 82nd ST

Lubbock, TX 79423

Telephone (80) 745-5500

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section 18.066).

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

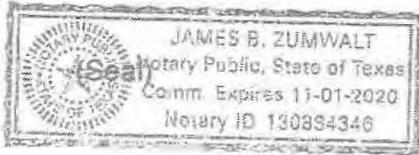
THE STATE OF TEXAS  
COUNTY OF Lubbock

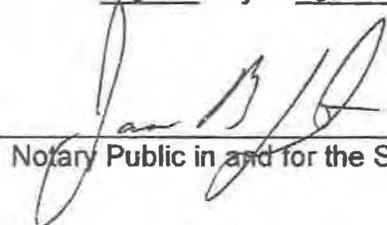
Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 31 day of DEC, 2019.



  
Notary Public in and for the State of Texas

JAMES B. ZUMWALT  
Printed Name of Notary

My commission Expires: 11/1/2020

**PLEASE BE ADVISED**

**§ 18.067. Unlawful Use of Master File Information**

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Michael Stevens

BUSINESS NAME: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

MAILING ADDRESS: 6923 Indiana Ave Box 292

CITY: Lubbock STATE: TX ZIP CODE: 79413

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: 806-745-5500

CELL PHONE: 806-790-0709 EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED] EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required) AMOUNT OF CHARGE: ~~\$75.00~~

419.25

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Secretary of State

For Internal Use Only
Receipt date: 1/14/20
PIR-Log number: 2020092

Voter Reg

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP Information:

FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
In zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Andrew Early-Griffith
(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only

Voters who Voted in the following Elections:

- Entire State
Counties listed below only

Elections and Years:

November 2009
March 2009

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State [checked]

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

Form with review dates and signatures. Includes 'For Internal Use Only' section with dates reviewed (1/16/20, 1/17/20) and completion date.

11.30.16

The State of Texas



Elections Division
P.O. Box 12060
Austin, Texas 78711-2060
www.sos.state.tx.us

Secretary of State

For Internal Use Only
Receipt date: 1/16/20
PIR-Log number: 2020093

Election History '19 CAE

Phone: 512-463-5650
Fax: 512-475-2811
Dial 7-1-1 For Relay Services
(800) 252-VOTE (8683)

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media must be completed:

Media

- CD-ROM
FTP - Provide FTP Information:

FTP site:
Login:
Password:

Format being provided

Voter registration list (individual records)
In zipped fixed width text file(s). See the
attached record layout.

Requestor name:

Andrew Early-Grimm

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
Include Suspense Voters
Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
Only voters who are effective to vote between
and dates
Only voters between the age and
Hispanic Surnames only
Males only
Females only

Voters who Voted in the following Elections:

- Entire State
Counties listed below only

Elections and Years:

November 2019
May 2019

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been
received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the
district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial
district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State [checked]

2019 Constitutional Amendment Election

NOTE: For requests in addition to the options provided on this form, please email
elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

For Internal Use Only
First Reviewer: [Signature] Date reviewed: 1/16/20 EFM:
Second Reviewer: [Signature] Date reviewed: 1/17/20 Date processed:
Completion date: 1/1/20



Affidavit

THE STATE OF ~~TEXAS~~ WASHINGTON

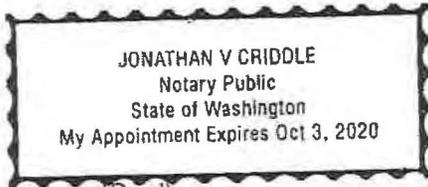
COUNTY OF KING

Before me, the undersigned authority, on this day personally appeared ANDREW EARLY-GRIFFITH, who being duly sworn, deposes and says:

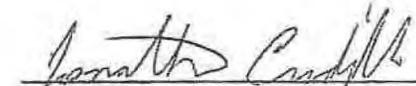
I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

  
Signature

Sworn to and Subscribe before me, this the 1 day of 7, 2020.



(Seal)

  
Notary Public in and for the State of ~~Texas~~  
WASHINGTON

JONATHAN CRIDDLE  
Printed Name of Notary

My commission Expires: 10/3/2020

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or ...

Secretary of State  
Elections Division  
Credit Card Payment Form

*Master Card, Visa, American Express & Discover are  
accepted*

*For Office Use Only*

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

*Please provide all requested information so your request may be processed.*

NAME ON CARD: Paul Graham

BUSINESS NAME: Labels & Lists Inc

NAME OF REQUESTOR: Andrew Early-Griffith

MAILING ADDRESS: 18912 North Creek Parkway Suite 201

CITY: Bothell STATE: WA ZIP CODE: 98011

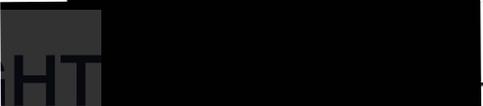
HOME PHONE: (206) 227-6626 BUSINESS PHONE: (800) 842-5478

CELL PHONE: \_\_\_\_\_ EMAIL: 

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: 

CREDIT CARD #: 

EXPIRATION DATE: 

\*\*\*3 OR 4 DIGIT SECURITY COD (required)

AMOUNT OF CHARGE: \_\_\_\_\_

AMERICAN  
OVERSIGHT

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only  
Receipt date: 1 / 9 / 20  
PIR-Log number: 20200044

Strep 47

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

CD-ROM

FTP - Provide FTP information:

FTP site: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Deria Cloud Gary Cloud

(required)

**Flagging Options ONLY**

Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

Include Active Voters

Include Suspense Voters

Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

Only voters with Texas mailing address

Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates

Only voters between the age \_\_\_\_\_ and \_\_\_\_\_

Hispanic Surnames only

Males only

Females only

Voters who Voted in the following Elections:

Entire State  Counties listed below only

**Elections and Years:**

\_\_\_\_\_  
Last 40 Elections

\_\_\_\_\_  
General and Primary (do not need Special Elections)

\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State \_\_\_\_\_

Texas District 47, 50, 128, 92

Please create one file for each district (total of 4 files) An example spreadsheet was sent showing how each file should look.



The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

Secretary of State

For Internal Use Only  
Receipt date: 1/9/20  
PIR-Log number: 20200096

Strey 60

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

Media must be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site:

Login:

Password:

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Daria Cloud Gary Cloud  
(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:  
 Entire State  Counties listed below only

**Elections and Years:**

\_\_\_\_\_  
Last 40 Elections  
\_\_\_\_\_  
General and Primary (do not need Special Elections)  
\_\_\_\_\_

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State \_\_\_\_\_

Texas District 47, 60, 128, 92

Please create one file for each district (total of 4 files) An example spreadsheet was sent showing how each file should look.

AMERICAN OVERSIGHT

TX-SOS-20-0049-A-000291

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

*For Internal Use Only*  
Receipt date: 1/9/20  
PIR-Log number: 2020096

Strey 92

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must be completed:**

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site:

Login:

Password:

**Format being provided**

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

**Requestor name:**

Datta Cloud

Gary Cloud

(required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**

*Please checkmark all that apply to the request:*

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**

*Please checkmark all that apply to the request:*

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

**Elections and Years:**

Last 40 Elections

General and Primary (do not need Special Elections)

A "suspense voter" is a voter known to have an incorrect or outdated address.

The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)

Check if entire State \_\_\_\_\_

Texas District 47, 60, 128, 92

Please create one file for each district (total of 4 files) An example spreadsheet was sent showing how each file should look.



TX-SOS-20-0049-A-000292

The State of Texas



Elections Division  
P.O. Box 12060  
Austin, Texas 78711-2060  
www.sos.state.tx.us

**For Internal Use Only**  
Receipt date: 1/9/20  
PIR-Log number: 2020097

Strey 128

Phone: 512-463-5650  
Fax: 512-475-2811  
Dial 7-1-1 For Relay Services  
(800) 252-VOTE (8683)

Secretary of State

**VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM**

**Media must** be completed:

**Media**

- CD-ROM
- FTP - Provide FTP information:

FTP site: [REDACTED]  
 Login: [REDACTED]  
 Password: [REDACTED]

**Format being provided**  
 Voter registration list (individual records)  
 in zipped fixed width text file(s). See the  
 attached record layout.

**Requestor name:**  
 Daria Cloud Gary Cloud  
 (required)

**Flagging Options ONLY**

- Hispanic surname flag notation

**Voters may be extracted by**  
 Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

**I would like my data reduced to the following**  
 Please checkmark all that apply to the request:

- Only voters with Texas mailing address
- Only voters who are effective to vote between \_\_\_\_\_ and \_\_\_\_\_ dates
- Only voters between the age \_\_\_\_\_ and \_\_\_\_\_
- Hispanic Surnames only
- Males only
- Females only
- Voters who Voted in the following Elections:
  - Entire State
  - Counties listed below only

**Elections and Years:**

\_\_\_\_\_  
 Last 40 Elections  
 General and Primary (do not need Special Elections)  
 \_\_\_\_\_

A "suspense voter" is a voter known to have an **incorrect** or **outdated** address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes.

If the entire state is requested, mark the space provided. If a district or county is requested, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S)      Check if entire State \_\_\_\_\_

Texas District 47, 60, 128, 92

Please create one file for each district (total of 4 files) An example spreadsheet was sent showing how each file should look.

AMERICAN OVERSIGHT

TX-SOS-20-0049-A-000293

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Gary Cloud

7913 Joliet Ave

Lubbock, TX 79423

Telephone (806) 793-3301

Send Statement to:

Mike Stevens

2407 82nd ST

Lubbock, TX 79423

Telephone (806) 745-5500

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released and/or files will not be uploaded to the FTP until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15<sup>th</sup> day after the date the request is received. (Texas Election Code, Section

Affidavit

THE STATE OF TEXAS

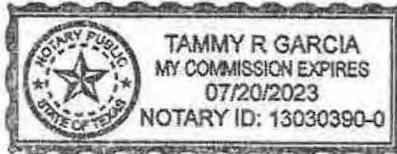
COUNTY OF Lubbock

Before me, the undersigned authority, on this day personally appeared Gary Cloud, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

[Signature]  
Signature

Sworn to and Subscribe before me, this the 9th day of January 2020.



(Seal)

Tammy R. Garcia  
Notary Public in and for the State of Texas

Tammy R. Garcia  
Printed Name of Notary

My commission Expires: 7/20/2023

Secretary of State  
Elections Division  
Credit Card Payment Form  
*Master Card, Visa, American Express & Discover are  
accepted*

For Office Use Only

DATE: \_\_\_\_\_ STAFF TAKING ORDER: \_\_\_\_\_

Please provide all requested information so your request may be processed.

NAME ON CARD: Michael Stevens

BUSINESS NAME: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

MAILING ADDRESS: 6923 Indiana Ave Box 292

CITY: Lubbock STATE: TX ZIP CODE: 79413

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: 806-745-5500

CELL PHONE: 806-790-0709 EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Billing Address same as Mailing Address

TYPE OF CREDIT CARD: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

\*\*\*3 OR 4 DIGIT SECURITY CODE: [REDACTED] (required)

AMOUNT OF CHARGE: \$75.00

435.29