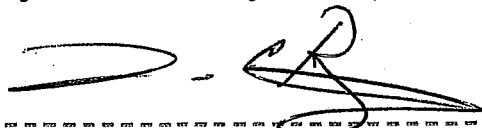


ARKANSAS VOTER REGISTRATION APPLICATION

Check all that apply: <input checked="" type="checkbox"/> This is a new registration. (Second Attempt) <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.				Office Use Only			
					Assigned ID		
1	Mr. Mrs. Miss (MS)	Last Name <u>Rutledge</u>	Jr. Sr. II. III. IV.	First Name <u>Leslie</u>	Middle Name <u>Carol</u>		
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.) <u>12002 Shawnee Forest</u>		Apt. or Lot #	City/Town <u>Little Rock</u>	County <u>Pulaski</u>	State <u>AR</u>	Zip Code <u>72212</u>
3	Address Where You Receive Mail If Different From Above		Apt. or Lot #	City/Town	County	State	Zip Code
4	Date of Birth <u>06 / 09 / 1976</u> Month Day Year	5	Home & Work Phone Numbers (Optional) (H) <u>(501) 227-0917</u>		6	Party Affiliation (Optional) <u>Republican</u>	
7	E-mail Address (Optional)			8 Have you ever voted in a federal election in this State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9	ID Number - Check the applicable box and provide the appropriate number. <input checked="" type="checkbox"/> Arkansas Driver's license number <input type="checkbox"/> If you do not have a driver's license provide the last 4 digits of social security number <input type="checkbox"/> I have neither a driver's license nor social security number.			Signature of elector - Please sign full name or put mark. 			
10	(A) Are you a citizen of the United States of America and an Arkansas resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (D) Have you ever been convicted of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked No in response to either questions A or B, do not complete this form. If you checked Yes in response to either questions C or D, do not complete this form.			The information I have provided is true to the best of my knowledge. I do not claim the right to vote in another county or state. If I have provided false information, I may be subject to a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws.			
			11		Date: <u>10 / 3 / 2014</u> Month Day Year If applicant is unable to sign his/her name, provide name, address and phone number of the person providing assistance: Name: _____ Address: _____ City: _____ State: _____ Phone#: _____		

Please complete the sections below if: MAIL REGISTRANTS: PLEASE SEE SECTION D.

• You were previously registered in another county or state, or
 • You wish to change the name or address on your current registration.

Agency Code (For Official Use Only)

A	Mr. Mrs. Miss Ms.	Previous Last Name <u>Rutledge</u>	Jr. Sr. II. III. IV.	First Name <u>Leslie</u>	Middle Name(s) <u>Carol</u>
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Date of Birth 06 / 09 / 1976 **note, these are previous! not current addresses*
 Month Day Year

B	Previous House Number and Street Name <u>3322 Shenandoah Valley Dr. 401 Holland Ln #1114 129 4th St 1914 Chapman Hill 195 N. 11th St # 736 Sidney Street</u>	Apt. or Lot #	City or Town <u>Little Rock Alexandria Washington D.C. Little Rock Batesville</u>	State <u>AR VA DC AR AR</u>	Zip Code <u>72212 22314 20003 72227 72521</u>
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If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.

C

- Write in the names of the crossroads (or streets) nearest where you live.
- Draw an "X" to show where you live.
- Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.

Example	• Grocery Store	NORTH ↑
	Woodchuck Road	
• Public School	X	

Route #2

IDENTIFICATION REQUIREMENTS

IMPORTANT: If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a **valid Arkansas driver's license number or social security number**, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

FILED
REGISTER DIV.

14 OCT -3 PM 3:31

MAINTENANCE DIV.
SECRETARY OF STATE
STATE OF ARKANSAS

BY _____

1