



# South Dakota Voter Registration Form Hanson County

COPY

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name O'Brien	First Name Rory	Middle Name(s)/Initial Patrick	Suffix	
2	Residence Address 411 N 6TH ST PMB 6281	Apt. or Lot #	City EMERY	State SD	Zip Code 57332-2124
3	Mailing Address (if different) 411 N 6TH ST PMB 6281		City EMERY	State SD	Zip Code 57332-2124
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year [REDACTED]	5	Telephone Number 910-660-2110	6	
7	Choice of Party – See information in the box below: No Party Affiliation*	8	Email Address	If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

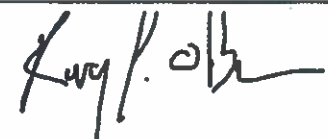
**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address	City WILMINGTON	State NC	Zip Code
11	Previous Driver License Number and State - NC	Previous County NEW HANOVER		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.



Signature Required

Date: 2/15/2023



South Dakota  
Voter Registration Form  
Hanson County

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Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Larson	First Name Shawn	Middle Name(s)/Initial Amherst	Suffix	
2	Residence Address 411 N 6TH ST PMB 6690	Apt. or Lot #	City EMERY	State SD	Zip Code 57332-2124
3	Mailing Address (if different) 411 N 6TH ST PMB 6690		City EMERY	State SD	Zip Code 57332-2124
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year [REDACTED]	5	Telephone Number 307-371-0511	South Dakota Driver License Number (Required) [REDACTED]	
7	Choice of Party – See information in the box below: REPUBLICAN	8	Email Address	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

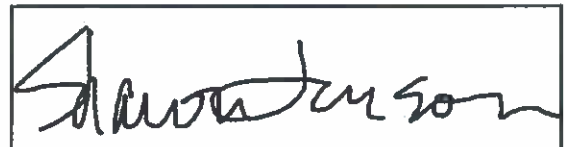
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**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address	City PARK RAPIDS	State MN	Zip Code
11	Previous Driver License Number and State - MN	Previous County HUBBARD		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.



Signature Required

Date: 2/28/2023



South Dakota  
Voter Registration Form  
Hanson County

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Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name <b>Larson</b>	First Name <b>Jody</b>	Middle Name(s)/Initial <b>Ann</b>	Suffix	
2	Residence Address <b>411 N 6TH ST PMB 6690</b>	Apt. or Lot #	City <b>EMERY</b>	State <b>SD</b>	Zip Code <b>57332-2124</b>
3	Mailing Address (if different) <b>411 N 6TH ST PMB 6690</b>		City <b>EMERY</b>	State <b>SD</b>	Zip Code <b>57332-2124</b>
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year <b>01/01/1982</b>	Telephone Number <b>218-255-5721</b>	South Dakota Driver License Number (Required) <b>00000000</b>		
7	Choice of Party – See information in the box below: <b>No Party Affiliation*</b>	Email Address <b></b>	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number <b></b>		

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix	
10	Previous Address		City <b>PARK RAPIDS</b>	State <b>MN</b>	Zip Code
11	Previous Driver License Number and State <b>- MN</b>	Previous County <b>HUBBARD</b>			

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

*Jody A. Larson*

Signature Required

Date: 2/28/2023



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Voter Registration Form  
Hanson County

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Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Cullinan	First Name Gerald	Middle Name(s)/Initial William	Suffix Jr	
2	Residence Address 411 N 6TH ST PMB 6772	Apt. or Lot #	City EMERY	State SD	Zip Code 57332-2124
3	Mailing Address (if different) 411 N 6TH ST PMB 6772		City EMERY	State SD	Zip Code 57332-2124
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year <del>01/01/01</del>	5	Telephone Number 716-866-8892	6	
7	Choice of Party – See information in the box below: INDEPENDENT	8	Email Address	If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address	City CHOCKTOWAGA	State NY	Zip Code
11	Previous Driver License Number and State - NY	Previous County ERIE		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 5/2/2023





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Voter Registration Form  
Hanson County

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Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Tate	First Name Marjorie	Middle Name(s)/Initial Kathryn	Suffix	
2	Residence Address 411 N 6TH ST PMB 5401	Apt. or Lot #	City EMERY	State SD	Zip Code 57332-2124
3	Mailing Address (if different) 411 N 6TH ST PMB 5401		City EMERY	State SD	Zip Code 57332-2124
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year 01/01/1963	5	Telephone Number 317-796-1592	6	
7	Choice of Party – See information in the box below: REPUBLICAN	8	Email Address	If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address	City HILLSBORO	State IN	Zip Code
11	Previous Driver License Number and State - IN	Previous County FOUNTAIN		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 5/8/2023



South Dakota  
Voter Registration Form  
Minnehaha County

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Are you a citizen of the United States of America?

☒ Yes ☐ No

Will you be 18 years of age on or before the next election?

☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Dill	First Name Ruth	Middle Name(s)/Initial Ann	Suffix	
2	Residence Address 3916 N POTSDAM AVE # 2430	Apt. or Lot #	City SIOUX FALLS	State SD	Zip Code 57104-7048
3	Mailing Address (if different) 3916 N POTSDAM AVE # 2430		City SIOUX FALLS	State SD	Zip Code 57104-7048
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
	Date of Birth (Required) 7/1954	Telephone Number 562-714-5081	South Dakota Driver License Number (Required) [REDACTED]		
7	Choice of Party INDEPENDENT	Email Address [REDACTED]	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number		

Previous Voter Registration Information Required, if applicable:

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address 5018 DOWNEY AVE	City LAKEWOOD	State CA	Zip Code 90712
11	Previous Driver License Number and State - CA	Previous County UNKOWN		

Would you like to be a precinct election worker on election day?

☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 9/6/2017



South Dakota  
Voter Registration Form  
Minnehaha County

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Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Picha	First Name Kathleen	Middle Name(s)/Initial Jo	Suffix	
2	Residence Address 3916 N POTSDAM AVE PMB 1535	Apt. or Lot #	City SIOUX FALLS	State SD	Zip Code 57104
3	Mailing Address (if different) 3916 N POTSDAM AVE PMB 1535		City SIOUX FALLS	State SD	Zip Code 57104
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
	Date of Birth (Required) [REDACTED]/1956	Telephone Number 5 - -	South Dakota Driver License Number (Required) [REDACTED]		
7	Choice of Party DEMOCRAT	Email Address 8	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number		

Previous Voter Registration Information Required, if applicable:

9	Previous Last Name PICHA	First Name KATHLEEN	Middle Name(s) JO	Suffix
10	Previous Address 1647 WILSHIRE DR NE	City ROCHESTER	State MN	Zip Code 55906
11	Previous Driver License Number and State - MN	Previous County OLDSTEAD		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 6/25/2019





South Dakota  
Voter Registration Form  
Minnehaha County

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Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

	Last Name	First Name	Middle Name(s)/Initial	Suffix
1	Pontes	Ana Maria	Pereira Gomes	

	Residence Address	Apt. or Lot #	City	State	Zip Code
2	3916 N POTSDAM AVE PMB 1384		SIOUX FALLS	SD	57104-7048

	Mailing Address (if different)	City	State	Zip Code
3	3916 N POTSDAM AVE PMB 1384	SIOUX FALLS	SD	57104-7048

3a If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:

	Date of Birth (Required)	Telephone Number	South Dakota Driver License Number (Required)
	██/██/1956	5 914-450-8481	██

	Choice of Party	Email Address	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number
7	No Party Affiliation*	8	


Previous Voter Registration Information Required, if applicable:

	Previous Last Name	First Name	Middle Name(s)	Suffix
9				

	Previous Address	City	State	Zip Code
10	401 E 8TH ST STE 214 PMB 4014	SIOUX FALLS	SD	57103

	Previous Driver License Number and State	Previous County
11	01869786 - SD	01

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12	<p>I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:</p> <ul style="list-style-type: none"><li>*I am a citizen of the United States of America;</li><li>*I actually live at and have no present intention of leaving the above address;</li><li>*I will be 18 on or before the next election;</li><li>*I have not been judged mentally incompetent;</li><li>*I am not currently serving a sentence for a felony conviction; and</li><li>*I authorize cancellation of my previous registration, if applicable.</li></ul>	<div> Signature Required  Date: 8/1/2019</div>
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Auditor use only. Agency code: A

1/1/2013



South Dakota  
Voter Registration Form  
Minnehaha County

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Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Ragland	First Name Julia	Middle Name(s)/Initial Field	Suffix	
2	Residence Address 3916 N POTSDAM AVE PMB 4705	Apt. or Lot #	City SIOUX FALLS	State SD	Zip Code 57104-7048
3	Mailing Address (if different) 3916 N POTSDAM AVE PMB 4705		City SIOUX FALLS	State SD	Zip Code 57104-7048
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year 1957	5	Telephone Number 434-390-1885	6	
7	Choice of Party – See information in the box below: REPUBLICAN	8	Email Address	If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address 401 HATTERS CREEK DR	City GREEN BAY	State VA	Zip Code 23942
11	Previous Driver License Number and State - VA	Previous County PRINCE EDWARD		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\* I am a citizen of the United States of America;  
\* I actually live at and have no present intention of leaving the above address;  
\* I will be 18 on or before the next election;  
\* I have not been judged mentally incompetent;  
\* I am not currently serving a sentence for a felony conviction; and  
\* I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 9/8/2021





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Voter Registration Form  
Minnehaha County

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Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Radke	First Name Gladys	Middle Name(s)/Initial Alta	Suffix	
2	Residence Address 3916 N POTSDAM AVE PMB 2003	Apt. or Lot #	City SIOUX FALLS	State SD	Zip Code 57104-7048
3	Mailing Address (if different) 3916 N POTSDAM AVE PMB 2003		City SIOUX FALLS	State SD	Zip Code 57104-7048
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
	Date of Birth (Required) /1954	Telephone Number 5 507-993-9772	South Dakota Driver License Number (Required)		
7	Choice of Party INDEPENDENT	Email Address 8	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number		

Previous Voter Registration Information Required, if applicable:

9	Previous Last Name RADKE	First Name GLADYS	Middle Name(s) ALTA	Suffix
10	Previous Address 61397 233RD AVE	City MANTORVILLE	State MN	Zip Code 55955
11	Previous Driver License Number and State Z666285633918 - MN	Previous County DODGE		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

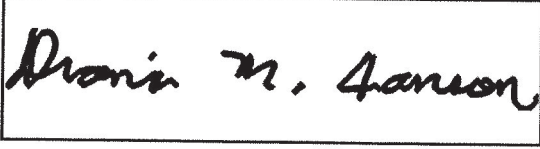
12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 10/11/2019



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Minnehaha County

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Are you a citizen of the United States of America?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be 18 years of age on or before the next election?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked 'No' in response to either of these questions, do not complete the form.					
1	Last Name	First Name	Middle Name(s)/Initial	Suffix	
	Hanson	Diana	Mae		
2	Residence Address	Apt. or Lot #	City	State	Zip Code
	401 E 8TH ST STE 214 PMB 1193		SIOUX FALLS	SD	57103
3	Mailing Address (if different)		City	State	Zip Code
	401 E 8TH ST STE 214 PMB 1193		SIOUX FALLS	SD	57103
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
	Date of Birth (Required)	Telephone Number	South Dakota Driver License Number (Required)		
	9/1949	5 540-533-5805	[REDACTED]		
7	Choice of Party	Email Address	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number		
	INDEPENDENT				
Previous Voter Registration Information Required, if applicable:					
9	Previous Last Name	First Name	Middle Name(s)	Suffix	
10	Previous Address		City	State	Zip Code
	102 WILD ROSE CIR		WINCHESTER	VA	22602
11	Previous Driver License Number and State	Previous County			
	- VA	FREDRICK			
Would you like to be a precinct election worker on election day?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I actually live at and have no present intention of leaving the above address; *I will be 18 on or before the next election; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature Required Date: 12/8/2016</div>		

Auditor use only. Agency code: A

1/1/2013





South Dakota  
Voter Registration Form  
Minnehaha County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Harasyn	First Name Theodore	Middle Name(s)/Initial David	Suffix	
2	Residence Address 401 E 8TH ST PMB 1838	Apt. or Lot #	City SIOUX FALLS	State SD	Zip Code 57103-7011
3	Mailing Address (if different) 401 E 8TH ST PMB 1838		City SIOUX FALLS	State SD	Zip Code 57103-7011

3a If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:

4	Date of Birth (Required) Month / Day / Year [REDACTED]/1955	5	Telephone Number 612-999-5546	6	South Dakota Driver License Number (Required) [REDACTED]
7	Choice of Party – See information in the box below: REPUBLICAN	8	Email Address	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address	City	State	Zip Code
11	Previous Driver License Number and State -	Previous County		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

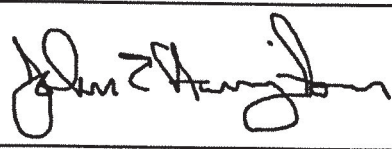
Signature Required

Date: 6/24/2020

EXHIBIT 25



South Dakota  
Voter Registration Form  
Minnehaha County

Use this form to: Register to vote or report a name, address or party change.					
Please print. Complete the entire form. Return this form to your county auditor.					
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit <a href="http://www.sdsos.gov">www.sdsos.gov</a> .					
Are you a citizen of the United States of America?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be 18 years of age on or before the next election?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked 'No' in response to either of these questions, do not complete the form.					
1	Last Name	First Name	Middle Name(s)/Initial	Suffix	
	Harrington	John	Edmund		
2	Residence Address	Apt. or Lot #	City	State	Zip Code
	401 E 8TH ST STE 214 PMB 1727		SIOUX FALLS	SD	57103
3	Mailing Address (if different)		City	State	Zip Code
	401 E 8TH ST STE 214 PMB 1727		SIOUX FALLS	SD	57103
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
	Date of Birth (Required)	Telephone Number	South Dakota Driver License Number (Required)		
	1956	5 228-860-0098			
7	Choice of Party	Email Address	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number		
	REPUBLICAN	8			
Previous Voter Registration Information Required, if applicable:					
9	Previous Last Name	First Name	Middle Name(s)	Suffix	
10	Previous Address		City	State	Zip Code
11	Previous Driver License Number and State	Previous County			
	-				
Would you like to be a precinct election worker on election day?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12	I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I actually live at and have no present intention of leaving the above address; *I will be 18 on or before the next election; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div> Signature Required</div> Date: 9/4/2018		

Auditor use only. Agency code: A

1/1/2013

EXHIBIT 25





South Dakota  
Voter Registration Form  
Minnehaha County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America?

☒ Yes ☐ No

Will you be 18 years of age on or before the next election?

☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Hayden	First Name Katherine	Middle Name(s)/Initial	Suffix	
2	Residence Address 401 E 8TH ST STE 214 PMB 7617	Apt. or Lot #	City SIOUX FALLS	State SD	Zip Code 57103-7049
3	Mailing Address (if different) 401 E 8TH ST STE 214 PMB 7617		City SIOUX FALLS	State SD	Zip Code 57103-7049
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year [redacted] 1988	5	Telephone Number 415-619-0874	6	
7	Choice of Party – See information in the box below: DEMOCRAT	8	Email Address	If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address	City	State	Zip Code
11	Previous Driver License Number and State -	Previous County		

Would you like to be a precinct election worker on election day?

☐ Yes ☐ No

I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:

- 12
- \*I am a citizen of the United States of America;
  - \*I actually live at and have no present intention of leaving the above address;
  - \*I will be 18 on or before the next election;
  - \*I have not been judged mentally incompetent;
  - \*I am not currently serving a sentence for a felony conviction; and
  - \*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 1/29/2020

EXHIBIT 25





South Dakota  
Voter Registration Form  
Minnehaha County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Heagney	First Name Tammie	Middle Name(s)/Initial Marie	Suffix	
2	Residence Address 401 E 8TH ST STE 214 PMB 7808	Apt. or Lot #	City SIOUX FALLS	State SD	Zip Code 57103-7049
3	Mailing Address (if different) 401 E 8TH ST STE 214 PMB 7808		City SIOUX FALLS	State SD	Zip Code 57103-7049

3a If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:

4	Date of Birth (Required) Month / Day / Year [redacted] 1958	5	Telephone Number 208-369-8720	6	South Dakota Driver License Number (Required) [redacted]
7	Choice of Party – See information in the box below: REPUBLICAN	8	Email Address	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name HEAGNEY	First Name TAMMIE	Middle Name(s) MARIE	Suffix
10	Previous Address 58470 HOP RD	City CALDWELL	State ID	Zip Code 83607
11	Previous Driver License Number and State AB193698I - ID	Previous County CANYON		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 7/15/2020



# South Dakota Voter Registration Form

## Pennington County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

1	Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
1	Will you be 18 years of age on or before the next election?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If you checked 'No' in response to either of these questions, do not complete the form.					
2	Last Name	First Name	Middle Name(s)/Initial	Suffix	
	Ritze	Donald	Eugene		
3	Residence Address	Apt. or Lot #	City	State	Zip Code
	514 AMERICAS WAY PMB 12883		BOX ELDER	SD	57719-7600
4	Mailing Address (if different)		City	State	Zip Code
	514 AMERICAS WAY PMB 12883		BOX ELDER	SD	57719-7600
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live. If you run out of room or if you want to draw a map to pinpoint your residence and you do not have enough room in the space provided, use the back of this form:				
5	Date of Birth (Required) Month / Day / Year	6	Telephone Number	7	SD Driver License (DL) # or SD Non-Driver ID #(Required)
	[REDACTED]		[REDACTED]		[REDACTED]
8	Choice of Party – See information in the box below: REPUBLICAN	9	Email Address	If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as a no party affiliation voter.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

10	Previous Last Name	First Name	Middle Name(s)	Suffix
11	Previous Address	City	State	Zip Code
12	Previous Driver License Number and State	Previous County		
13	Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

14 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:

- \*I am a citizen of the United States of America;
- \*I will be 18 years of age or older on or before the next election;
- \*I have maintained residence in South Dakota for at least 30 days prior to submitting the registration form;
- \*I have not been judged mentally incompetent;
- \*I am not currently serving a sentence for a felony conviction; and
- \*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 10/26/2023

Auditor use only. Agency code: A


2023

EXHIBIT 25



# South Dakota Voter Registration Form

## Pennington County

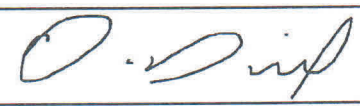
Use this form to: Register to vote or report a name, address or party change.					
Please print. Complete the entire form. Return this form to your county auditor.					
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit <a href="http://www.sdsos.gov">www.sdsos.gov</a> .					
Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
1 Will you be 18 years of age on or before the next election?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
If you checked 'No' in response to either of these questions, do not complete the form.					
2 Last Name		First Name		Middle Name(s)/Initial	
Wakafuji		Quan		Pham	
3 Residence Address		Apt. or Lot #		City	
514 AMERICAS WAY PMB 22032				BOX ELDER	
				SD	
				57719-7600	
4 Mailing Address (if different)		City		State	
514 AMERICAS WAY PMB 22032		BOX ELDER		SD	
				57719-7600	
4a If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live. If you run out of room or if you want to draw a map to pinpoint your residence and you do not have enough room in the space provided, use the back of this form:					
5 Date of Birth (Required) Month / Day / Year		6 Telephone Number		7 SD Driver License (DL) # or SD Non-Driver ID #(Required)	
[REDACTED]		[REDACTED]		[REDACTED]	
8 Choice of Party – See information in the box below: REPUBLICAN		9 Email Address		If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
<b>Choice of Party Information:</b> If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as a no party affiliation voter.					
<b>Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:</b>					
10 Previous Last Name		First Name		Middle Name(s)	
11 Previous Address		City		State	
12 Previous Driver License Number and State		Previous County			
13 Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
14 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I will be 18 years of age or older on or before the next election; *I have maintained residence in South Dakota for at least 30 days prior to submitting the registration form; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div style="text-align: center;"> <b>Signature Required</b></div> Date: 10/26/2023			





# South Dakota Voter Registration Form

## Pennington County

Use this form to: Register to vote or report a name, address or party change.					
Please print. Complete the entire form. Return this form to your county auditor.					
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit <a href="http://www.sdsos.gov">www.sdsos.gov</a> .					
Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
1	Will you be 18 years of age on or before the next election?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
If you checked 'No' in response to either of these questions, do not complete the form.					
2	Last Name	First Name	Middle Name(s)/Initial	Suffix	
	David	Owen			
3	Residence Address	Apt. or Lot #	City	State	Zip Code
	514 AMERICAS WAY PMB 21948		BOX ELDER	SD	57719-7600
4	Mailing Address (if different)		City	State	Zip Code
	514 AMERICAS WAY PMB 21948		BOX ELDER	SD	57719-7600
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live. If you run out of room or if you want to draw a map to pinpoint your residence and you do not have enough room in the space provided, use the back of this form:				
5	Date of Birth (Required) Month / Day / Year	6	Telephone Number	7 SD Driver License (DL) # or SD Non-Driver ID #(Required)	
	[REDACTED]		[REDACTED]	[REDACTED]	
8	Choice of Party – See information in the box below:	9	Email Address	If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
	DEMOCRATIC				
<b>Choice of Party Information:</b> If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as a no party affiliation voter.					
<b>Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:</b>					
10	Previous Last Name	First Name	Middle Name(s)	Suffix	
11	Previous Address		City	State	Zip Code
			PITTSFIELD	NH	
12	Previous Driver License Number and State - NH	Previous County MCGRRIMACK			
13	Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
14	I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I will be 18 years of age or older on or before the next election; *I have maintained residence in South Dakota for at least 30 days prior to submitting the registration form; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Signature Required</b></div> Date: 10/25/2023		



# South Dakota Voter Registration Form

## Pennington County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

1	Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
1	Will you be 18 years of age on or before the next election?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you checked 'No' in response to either of these questions, do not complete the form.					
2	Last Name	First Name	Middle Name(s)/Initial	Suffix	
2	David	Valerie	H		
3	Residence Address	Apt. or Lot #	City	State	Zip Code
3	514 AMERICAS WAY PMB 21948		BOX ELDER	SD	57719-7600
4	Mailing Address (if different)		City	State	Zip Code
4	514 AMERICAS WAY PMB 21948		BOX ELDER	SD	57719-7600
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live. If you run out of room or if you want to draw a map to pinpoint your residence and you do not have enough room in the space provided, use the back of this form:				
5	Date of Birth (Required) Month / Day / Year	6	Telephone Number	7	SD Driver License (DL) # or SD Non-Driver ID #(Required)
5	[REDACTED]	6	[REDACTED]	7	[REDACTED]
8	Choice of Party – See information in the box below: DEMOCRATIC	9	Email Address	If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as a no party affiliation voter.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

10	Previous Last Name	First Name	Middle Name(s)	Suffix
10				
11	Previous Address	City	State	Zip Code
11		PITTSFIELD	NH	
12	Previous Driver License Number and State - NH	Previous County MERRIMOCK		
13	Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

14 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:

- \*I am a citizen of the United States of America;
- \*I will be 18 years of age or older on or before the next election;
- \*I have maintained residence in South Dakota for at least 30 days prior to submitting the registration form;
- \*I have not been judged mentally incompetent;
- \*I am not currently serving a sentence for a felony conviction; and
- \*I authorize cancellation of my previous registration, if applicable.

*Valerie H David*

Signature Required

Date: 10/25/2023

Auditor use only. Agency code: A


2023





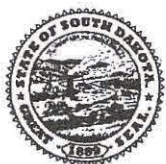
# South Dakota Voter Registration Form

## Pennington County

Use this form to: Register to vote or report a name, address or party change.					
Please print. Complete the entire form. Return this form to your county auditor.					
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit <a href="http://www.sdsos.gov">www.sdsos.gov</a> .					
Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
1 Will you be 18 years of age on or before the next election?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
If you checked 'No' in response to either of these questions, do not complete the form.					
2 Last Name		First Name		Middle Name(s)/Initial	
Duperock		Emily		Ruth Ogden	
3 Residence Address		Apt. or Lot #		City	
514 AMERICAS WAY PMB 21622				BOX ELDER	
				SD	
				57719-7600	
4 Mailing Address (if different)		City		State	
514 AMERICAS WAY PMB 21622		BOX ELDER		SD	
				57719-7600	
4a If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live. If you run out of room or if you want to draw a map to pinpoint your residence and you do not have enough room in the space provided, use the back of this form:					
5 Date of Birth (Required) Month / Day / Year		6 Telephone Number		7 SD Driver License (DL) # or SD Non-Driver ID # (Required)	
[REDACTED]		[REDACTED]		[REDACTED]	
8 Choice of Party – See information in the box below: DEMOCRATIC		9 Email Address		10 If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
Choice of Party Information: If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as a no party affiliation voter.					
Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:					
10 Previous Last Name		First Name		Middle Name(s)	
11 Previous Address		City		State	
		VIRGINIA BEACH		VA	
12 Previous Driver License Number and State - VA		Previous County VIRGINIA BEACH			
13 Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
14 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I will be 18 years of age or older on or before the next election; *I have maintained residence in South Dakota for at least 30 days prior to submitting the registration form; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature Required</div> Date: 10/25/2023			

Auditor use only. Agency code: A

2023



South Dakota  
Voter Registration Form

Pennington County

Mail to:

Use this form to: Register to vote or report a name, address, or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America?

☒ Yes ☐ No

Will you be 18 years of age on or before the next election?

☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete this form.

1	Last Name <b>FERREE</b>	First Name <b>LAWRENCE</b>	Middle Name(s)/Initial <b>M</b>	Suffix	
2	Residence Address <b>316 VILLA DR</b>	Apt. or Lot # <b>11438</b>	City <b>BOX ELDER</b>	State <b>SD</b>	Zip Code <b>57719</b>
3	Mailing Address (if different) <b>214 RAINBOW DR.</b>	City <b>LIVINGSTON</b>	State <b>TX</b>	Zip Code <b>77399</b>	
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) ____ / ____ / ____ Month / Day / Year	5	Telephone Number <b>812-927-0393</b>	South Dakota Driver License Number (Required) _____	
7	Choice of Party <b>Republican</b>	8	Email Address <b>l.ferree@sbcglobal.net</b>	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number _____	

Previous Voter Registration Information Required, if applicable:

9	Previous Last Name <b>FERREE</b>	First Name <b>LAWRENCE</b>	Middle Name(s) <b>M</b>	Suffix	
10	Previous Address <b>2061 SR 229 N</b>	City <b>BATESVILLE</b>	State <b>IN</b>	Zip Code <b>47606</b>	
11	Previous Driver License Number and State <b>i</b>	Previous County <b>FRANKLIN</b>			

Would you like to be a precinct election worker on election day?

Yes ☐ No ☒

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\* I am a citizen of the United States of America;  
\* I actually live at and have no present intention of leaving the above address;  
\* I will be 18 on or before the next election;  
\* I have not been judged mentally incompetent;  
\* I am not currently serving a sentence for a felony conviction; and  
\* I authorize cancellation of my previous registration, if applicable.

Lance M. Ferree

Signature Required

Date: 8 / 10 / 15  
Month / Day / Year

RECEIVED

Auditor use only. Agency code:

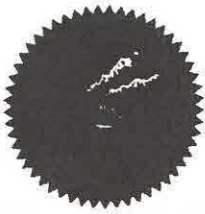
AUG 10 2015

01/01/2013

PENNINGTON

EXHIBIT 25





## South Dakota Voter Registration Form

Pennington

☐ County

RECEIVED

JUN 10 2022

PENNINGTON CO. AUDITOR

Use this form to: Register to vote or report a name, address, or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America?

☒ Yes ☐ No

Will you be 18 years of age on or before the next election?

☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete this form.

1	Last Name <b>Kaga</b>	First Name <b>David</b>	Middle Name(s)/Initial <b>Genzo</b>	Suffix	
2	Residence Address <b>316 Villa Drive</b>	Apt. or Lot # <b>11491</b>	City <b>Box Elder</b>	State <b>SD</b>	Zip Code <b>57719</b>
3	Mailing Address (if different) <b>214 Rainbow Drive #11491</b>	City <b>Livingston</b>	State <b>TX</b>	Zip Code <b>77399</b>	
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence: <b>PMB: 11491</b>				
4	Date of Birth (Required): Month / Day / Year <b>[REDACTED]</b>	5 Telephone Number <b>770.712.4755</b>	6 South Dakota Driver License Number (Required) <b>[REDACTED]</b>		
7	Choice of Party - See information in the box below: <b>Republican</b>	8 Email Address <b>dgkaga@gmail.com</b>	If you do not have a current SD Driver License, provide the last 4 digits of Social Security Number		

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address	City	State	Zip Code
11	Previous Driver License Number and State	Previous County	Date of Birth (Required)	

Would you like to be a precinct election worker on election day?

☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:

- \*I am a citizen of the United States of America;
- \*I actually live at and have no present intention of leaving the above address;
- \*I will be 18 on or before the next election;
- \*I have not been judged mentally incompetent;
- \*I am not currently serving a sentence for a felony conviction; and
- \*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: **05** / **31** / **2022**  
Month / Day / Year

Auditor use only. Agency code:

EXHIBIT 25<sup>2019</sup>





South Dakota  
Voter Registration Form  
Pennington County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Murdock	First Name Jerry	Middle Name(s)/Initial Daniel	Suffix Sr	
2	Residence Address 316 VILLA DR PMB 11558	Apt. or Lot #	City BOX ELDER	State SD	Zip Code 57719-2023
3	Mailing Address (if different) 316 VILLA DR PMB 11558		City BOX ELDER	State SD	Zip Code 57719-2023
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year	5	Telephone Number 269-635-3907	6 South Dakota Driver License Number (Required) If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	
7	Choice of Party – See information in the box below: REPUBLICAN	8	Email Address		

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name MURDOCK	First Name JERRY	Middle Name(s) DANIEL	Suffix
10	Previous Address 3017 JOHNSON RD LOT 59	City STEVENSVILLE	State MI	Zip Code 49127
11	Previous Driver License Number and State	Previous County BERRIEN		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 6/17/2021



From: mikemitchell2346@gmail.com  
Subject:  
Date: October 17, 2018 at 12:16 PM  
To: Mike Mitchell mikemitchell2346@gmail.com



<https://sdsos.gov/elections-voting/assets/VoterRegistrationFormFillable.pdf>

RECEIVED

OCT 22 2018

PENNINGTON CO. AUDITOR



South Dakota

Voter Registration Form

Pennington County

Use this form to: Register to vote or report a name, address, or party change.  
Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America? ☒ Yes ☐ No  
Will you be 18 years of age on or before the next election? ☒ Yes ☐ No  
If you checked "No" in response to either of these questions, do not complete this form.

1	Last Name <u>Mitchell</u>	First Name <u>William</u>	Middle Name(s) / Initial <u>Michael</u>	Suffix	
2	Residence Address <u>316 Villa Drive</u>	Apt. or Lot # <u>10232</u>	City <u>Box Elder</u>	State <u>SD</u>	Zip Code <u>57719</u>
3	Mailing Address (if different) <u>202 Rainbow Drive</u>	<u>10232</u>	City <u>Livingston</u>	State <u>SD</u>	Zip Code <u>57519</u>
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year	Telephone Number <u>(205) 369-5698</u>	South Dakota Driver License Number (Required) 6 If you do not have a current SD Driver License, provide the last 4 digits of Social Security Number		
7	Choice of Party <u>Republican</u>	Email Address <u>mike.mitchell2346@gmail.com</u>			

Use this section to cancel your previous voter registration. Previous Voter Registration Information Required, if applicable:

9	Previous Last Name <u>Mitchell</u>	Previous First Name <u>William</u>	Previous Middle Name(s) / Initial <u>Michael</u>	Previous Suffix
10	Previous Address <u>110 East Center Street</u>	Previous City <u>Madison</u>	Previous State <u>SD</u>	Previous Zip Code <u>57042</u>
11	Previous Driver License Number and State	Previous County <u>Lake</u>	Date of Birth (Required)	

Would you like to be a precinct election worker on election day? ☐ Yes ☒ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\* I am a citizen of the United States of America;  
\* I actually live at and have no present intention of leaving the above address;  
\* I will be 18 on or before the next election;  
\* I have not been judged mentally incompetent;  
\* I am not currently serving a sentence for a felony conviction; and  
\* I authorize cancellation of my previous registration, if applicable.

Signature Required  
William Mitchell  
Date: 10 / 17 / 2018  
Month / Day / Year





South Dakota  
Voter Registration Form  
Pennington County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Hepburn	First Name Betty	Middle Name(s)/Initial Ann	Suffix	
2	Residence Address 316 VILLA DR PMB 10289	Apt. or Lot #	City BOX ELDER	State SD	Zip Code 57719-2023
3	Mailing Address (if different) 316 VILLA DR PMB 10289		City BOX ELDER	State SD	Zip Code 57719-2023
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence: 316 VILLA DR PMB 10289 BOX ELDER SD 57719				
4	Date of Birth (Required) Month / Day / Year	5	Telephone Number 303-523-1206	South Dakota Driver License Number (Required)	
7	Choice of Party – See information in the box below: INDEPENDENT	8	Email Address	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

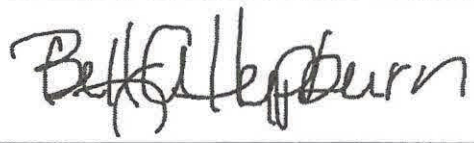
**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name HEPBURN	First Name BETTY	Middle Name(s) ANN	Suffix
10	Previous Address 2582 S XAVIER ST	City DENVER	State CO	Zip Code 80219
11	Previous Driver License Number and State	Previous County JEFFERSON		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.



Signature Required

Date: 4/1/2022





## South Dakota Voter Registration Form Pennington County

Use this form to: Register to vote or report a name, address, or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America?

☒ Yes ☐ No

Will you be 18 years of age on or before the next election?

☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete this form.

1	Last Name <b>METTLER</b>	First Name <b>CAROL</b>	Middle Name(s)/Initial <b>L</b>	Suffix <b>MRS</b>	
2	Residence Address <b>23752 ARENADR.</b>	Apt. or Lot #	City <b>RAPID CITY</b>	State <b>SD</b>	Zip Code <b>57702</b>
3	Mailing Address (if different)		City	State	Zip Code

3a If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:

4	Date of Birth (Required): Month / Day / Year <b>.</b>	5	Telephone Number <b>605-593-7570</b>	6	South Dakota Driver License Number(Required)
7	Choice of Party -- See information in the box below: <b>REPUBLICAN</b>	8	Email Address <b>CAROL.METTLER38@GMAIL.COM</b>	If you do not have a current SD Driver License, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address <b>4820 CHALKSTONE DR</b>	City <b>RAPID CITY</b>	State <b>SD</b>	Zip Code <b>57701</b>
11	Previous Driver License Number and State	Previous County	Date of Birth (Required)	

Would you like to be a precinct election worker on election day?

☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: **12 / 20 / 2021**  
Month / Day / Year



South Dakota  
Voter Registration Form  
Pennington County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America? ☒ Yes ☐ No

Will you be 18 years of age on or before the next election? ☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete the form.

1	Last Name Blick	First Name Suzanne	Middle Name(s)/Initial Julie	Suffix	
2	Residence Address 23756 ARENA DR	Apt. or Lot #	City RAPID CITY	State SD	Zip Code 57702
3	Mailing Address (if different) 23756 ARENA DR		City RAPID CITY	State SD	Zip Code 57702
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required) Month / Day / Year	5	Telephone Number 650-888-4871	South Dakota Driver License Number (Required)	
7	Choice of Party – See information in the box below: DEMOCRAT	8	Email Address	6 If you do not have a SD Driver License, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

9	Previous Last Name	First Name	Middle Name(s)	Suffix	
10	Previous Address		City	State	Zip Code
11	Previous Driver License Number and State		Previous County		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No



12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 3/10/2020



Voter Registration Application for \_\_\_\_\_  
 \_\_\_\_\_  
 County

Last		First		Middle		Suffix	
TREICK		TIMOTHY		PHILIP			
Residence Address				City/Town			
23756 ARENA DR PMB 2585				RAPID CITY			
State				Zip			
SD				57702-7302			
Mailing Address (if different)				City/Town			
23756 ARENA DR PMB 2585				RAPID CITY			
State				Zip			
SD				57702-7302			
If residence address is a post office box or general delivery, you must give the location of your residence:							
Print previous name, if changed:							
South Dakota Driver License Number Required:							
*** You do not have a valid South Dakota driver license, you must give the last four digits of your social security number Please register me as a member of the _____ REPUBLICAN Party. I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: • I am a citizen of the United States; • I actually live at and have no present intention of leaving the above address; • I will be 18 on or before the next election; • I have not been judged mentally incompetent; • I am not currently serving a sentence for a felony conviction which included imprisonment, served or suspended, in an adult penitentiary system.							
Dated		04/03/2012					
Voter Signature:							
For county auditor's office use only:							
Ward		Precinct		Water		Leg	
Comm		Township		School		Other	
A							
Previous Voter Registration Information Required							
I wish to be registered as shown above. I was last registered with the following name and address which will be cancelled:							
Last		First		Middle		Suffix	
Previous Address				City/Town			
				State			
				Zip			
Birth Date		Driver license number					
Dated		Voter Signature:					
							

Voter Registration Application for Pennington County

Last STEWART		First DAVID		Middle RAY		Suffix SR	
Residence Address 23756 ARENA DR PMB #14187		City/Town RAPID CITY		State SD		Zip 57702-7302	
Mailing Address (if different) 23756 ARENA DR PMB #14187		City/Town RAPID CITY		State SD		Zip 57702-7302	
If residence address is a post office box or general delivery, you must give the location of your residence:							
Print previous name, if changed: DAVID RAY STEWART							
Drivers License Number Required:						State of DL Issue SD	
If you do not have a valid driver license, you must give the last four digits of your social security number)						DOB (Required) SD	
Please register me as a member of the REPUBLICAN Party.						Phone Number 817 528 6978	
<ul style="list-style-type: none"> <li>I declare, under penalty of perjury (5 years imprisonment and \$5,000 fine), that:</li> <li>I am a citizen of the United States;</li> <li>I maintain my home at the above address;</li> <li>I will be 18 on or before the next election;</li> <li>I have not been judged mentally incompetent;</li> <li>I am not currently serving a sentence for a felony conviction which included imprisonment, served or suspended, in an adult penitentiary system.</li> <li>I authorize cancellation of my previous registration as written below.</li> </ul>							
Dated 12/20/2005		Voter Signature: <i>David R Stewart</i>					
For county auditor's office use only:							
Ward	Precinct	Water	Leg	Comm	Township	School	Other A
I wish to be registered as shown above. I was last registered with the following name and address which will be cancelled:							
Last STEWART		First DAVID		Middle RAY		Suffix SR	
Previous Address 5708 ENSIGN DR EAST		City/Town FORT WORTH		State TX		Zip 76119	
County TARRANT		Birth Date		Driver license number			
Dated 12/20/2005		Voter Signature: <i>David R Stewart</i>					

RECEIVED  
DEC 21 2005  
PENNINGTON CO. AUDITOR

COA  
COOL

Voter Registration Application for Pennington County

Last COX		First VALERIE		Middle EDWINA		Suffix	
Residence Address 23756 ARENA DRIVE PMB B22054		City/Town RAPID CITY		State SD		Zip 57702-7302	
Mailing Address (if different) 23756 ARENA DRIVE PMB B22054		City/Town RAPID CITY		State SD		Zip 57702-7302	
If residence address is a post office box or general delivery, you must give the location of your residence:							
Print previous name, if changed: VALERIE COX							
South Dakota Driver License Number Required:							
If you do not have a valid South Dakota driver license, you must give the last four digits of your social security number)							
Please register me as a member of the <u>REPUBLICAN</u> Party.				DOB (Required)		Phone Number	
						05 484 1161	
<ul style="list-style-type: none"><li>• I declare, under penalty of perjury (5 years imprisonment and \$5,000 fine), that:</li><li>• I am a citizen of the United States;</li><li>• I maintain my home at the above address;</li><li>• I will be 18 on or before the next election;</li><li>• I have not been judged mentally incompetent;</li><li>• I am not currently serving a sentence for a felony conviction which included imprisonment, served or suspended, in an adult penitentiary system.</li></ul>							
Dated 10/05/2007		Voter Signature: <i>Valerie E Cox</i>					
For county auditor's office use only:							
Ward _____ Precinct _____ Water _____ Leg _____ Comm _____ Township _____ School _____ Other _____ A							
<del>Previous Voter Registration Information Required</del>							
I wish to be registered as shown above. I was last registered with the following name and address which will be cancelled:							
Last COX		First VALERIE		Middle		Suffix	
Previous Address 13037 TIMBER LANE		City/Town RAPID CITY		State SD		Zip 57702	
County PENNINGTON		Birth Date		Driver license number			
Dated 10/05/2007		Voter Signature: <i>Valerie E Cox</i>					





## South Dakota Voter Registration Form Pennington County

Use this form to: Register to vote or report a name, address, or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

Are you a citizen of the United States of America?

☒ Yes ☐ No

Will you be 18 years of age on or before the next election?

☒ Yes ☐ No

If you checked 'No' in response to either of these questions, do not complete this form.

1	Last Name <b>PRITCHARD</b>	First Name <b>Elmer</b>	Middle Name(s)/Initial <b>J.</b>	Suffix	
2	Residence Address <b>23756 ARENA DR.</b>	Apt. or Lot #	City <b>RAPID CITY</b>	State <b>SD</b>	Zip Code <b>57702</b>
3	Mailing Address (if different) <b>23756 ARENA DR.</b>	City	State	Zip Code	
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				
4	Date of Birth (Required): Month / Day / Year	5	Telephone Number <b>605-415-3629</b>	6	South Dakota Driver License Number (Required)
7	Choice of Party - See information in the box below: <b>Rep</b>	8	Email Address <b>elmerpritchard39@gmail.com</b>	If you do not have a current SD Driver License, provide the last 4 digits of Social Security Number	

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

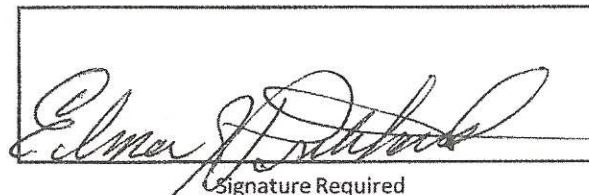
9	Previous Last Name <b>PRITCHARD</b>	First Name <b>Elmer</b>	Middle Name(s) <b>J.</b>	Suffix
10	Previous Address <b>2044 Promise Rd.</b>	City <b>RAPID CITY</b>	State <b>SD</b>	Zip Code <b>57701</b>
11	Previous Driver License Number and State	Previous County <b>Pennington</b>	Date of Birth (Required)	

Would you like to be a precinct election worker on election day?

☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:



- \*I am a citizen of the United States of America;
- \*I actually live at and have no present intention of leaving the above address;
- \*I will be 18 on or before the next election;
- \*I have not been judged mentally incompetent;
- \*I am not currently serving a sentence for a felony conviction; and
- \*I authorize cancellation of my previous registration, if applicable.

  
Signature Required

Date: 10 / 19 / 2021  
Month / Day / Year

EXHIBIT 25

Voter Registration Application for Pennington County

Last <b>WEEKS</b>	First <b>JAMES</b>	Middle <b>ARTHUR</b>	Suffix
Residence Address <b>23756 ARENA DR PMB 2530</b>	City/Town <b>RAPID CITY</b>	State <b>SD</b>	Zip <b>57702-7302</b>
Mailing Address (if different) <b>23756 ARENA DR PMB 2530</b>	City/Town <b>RAPID CITY</b>	State <b>SD</b>	Zip <b>57702-7302</b>
If residence address is a post office box or general delivery, you must give the location of your residence:			
Print previous name, if changed: <b>JAMES</b> <b>ARTHUR</b> <b>WEEKS</b>			
South Dakota Driver License Number Required:			
If you do not have a valid South Dakota driver license, you must give the last four digits of your social security number)			
Please register me as a member of the <u>INDEPENDENT</u> Party.		DOB (Required)	Phone Number <b>712 490 0837</b>
<ul style="list-style-type: none"> <li>I declare, under penalty of perjury (5 years imprisonment and \$5,000 fine), that:</li> <li>I am a citizen of the United States;</li> <li>I maintain my home at the above address;</li> <li>I will be 18 on or before the next election;</li> <li>I have not been judged mentally incompetent;</li> <li>I am not currently serving a sentence for a felony conviction which included imprisonment, served or suspended, in an adult penitentiary system.</li> </ul>			
Dated <b>08/29/2007</b>	Voter Signature: 		
For county auditor's office use only:			
Ward	Precinct	Water	Leg Comm Township School Other <b>A</b>
Previous Voter Registration Information Required			
I wish to be registered as shown above. I was last registered with the following name and address which will be cancelled:			
Last <b>WEEKS</b>	First <b>JAMES</b>	Middle <b>ARTHUR</b>	Suffix
Previous Address <b>907 WINFIELD CR</b>	City/Town <b>SERGEANT BLUFF</b>	State <b>IA</b>	Zip <b>51054</b>
County <b>WOODBURY</b>	Birth Date	Driver license number	
Dated <b>08/29/2007</b>	Voter Signature: 		



# South Dakota Voter Registration Form Pennington County

Use this form to: ★ Register to Vote ★ Report a Change: name, address, or party

Please print. Complete entire form. Return this form to the Pennington County Auditor.

The deadline for registration is 15 days before any election.

Your form must be received by the auditor by this deadline if you are to vote in the next election.

Within 15 days you will receive a notice of your registration. If you do not, contact the Pennington County Auditor.

Any private person or entity registering voters is required to provide you with their contact information.

If you need assistance in completing this form, contact our office at 605-394-2153. For more information visit [www.sdsos.gov](http://www.sdsos.gov)

1	Are you a citizen of the United States of America?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	Will you be 18 years of age on or before the next election	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

If you checked 'No' in response to either of these questions, do not complete this form.

1	Last Name <i>CHRISTIANSON</i>		First Name <i>Juanita</i>	MI/Name <i>M</i>	Suffix
2	Residential Address <i>23756 Arena Dr.</i>	Apt or Lot#	City <i>Rapid City</i>	State <i>SD</i>	Zip <i>57702</i>
3	Mailing Address (if different) <i>Same</i>		City	State	Zip
3a	Print previous name, if changed:				
4	Birth Date (Required) Month / Day / Year	5	Telephone Number <i>605-381-3301</i>	6	
7	Choice of Party <i>Independent</i>	8	Email Address <i>juanita726@gmail.com</i>	South Dakota Driver License Number (Required) If you do not have a SD Driver License, provide the last 4 digits of your Social Security Number	

Use this section to cancel your previous voter registration. Previous voter registration information required, if applicable:

9	Previous Last Name <i>CHRISTIANSON</i>	First Name <i>Juanita</i>	MI/Name <i>127</i>
10	Previous Address <i>3410 Corral Dr.</i>	City <i>Rapid City</i>	State <i>SD</i>
11	Previous Driver License Number and State	Previous County	Date of Birth (Required)

Would you like to be a precinct election worker on Election Day?

Yes ☐ No ☐

I declare, under penalty of perjury (2 years imprisonment and \$4000 fine), that:

- \* I am a citizen of the United States of America;
- \* I actually live at and have no present intention of leaving the above address;
- \* I will be 18 on or before the next election;
- \* I have not been judged mentally incompetent;
- \* I am not currently serving a sentence for a felony conviction; and
- \* I authorize cancellation of my previous registration, if applicable.

*Juanita A. Christianson*

Signature Required

Date: *09/13/2016*

Return this application to:

Phone: 394-2153 [www.pennco.org](http://www.pennco.org)

Pennington County Auditor 130 Kansas City St Ste 230 Rapid City SD 57701-2818

EXHIBIT 25

Auditor use only. Agency code:

7/1/2016



# South Dakota Voter Registration Form Pennington County

Use this form to: ★ Register to Vote ★ Report a Change: name, address, or party

Please print. Complete entire form. Return this form to the Pennington County Auditor.

The deadline for registration is 15 days before any election.

Your form must be received by the auditor by this deadline if you are to vote in the next election.

Within 15 days you will receive a notice of your registration. If you do not, contact the Pennington County Auditor.

Any private person or entity registering voters is required to provide you with their contact information.

If you need assistance in completing this form, contact our office at 605-394-2153. For more information visit [www.sdsos.gov](http://www.sdsos.gov)

1	Are you a citizen of the United States of America?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2	Will you be 18 years of age on or before the next election?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If you checked 'No' in response to either of these questions, do not complete this form.

1	Last Name <i>Stephenson</i>		First Name <i>John</i>	MI/Name <i>K</i>	Suffix
2	Residential Address <i>23756 Arena Dr</i>	Apt or Lot#	City <i>Rapid City</i>	State <b>SD</b>	Zip <i>57702</i>
3	Mailing Address (if different)		City	State	Zip
3a	Print previous name, if changed:				
4	Birth Date (Required) ____/____/____ Month / Day / Year	5	Telephone Number <i>605-381-3838</i>	6 South Dakota Driver License Number (Required)	
7	Choice of Party <i>Rep R</i>	8	Email Address	If you do not have a SD Driver License, provide the last 4 digits of your Social Security Number _____	

Use this section to cancel your previous voter registration. Previous voter registration information required, if applicable:

9	Previous Last Name	First Name	MI/Name
10	Previous Address <i>3410 Coral Dr</i>	City <i>Rapid City</i>	State <i>SD</i> Zip <i>57702</i>
11	Previous Driver License Number and State	Previous County	Date of Birth (Required)

Would you like to be a precinct election worker on Election Day?

Yes ☐ No ☐

12 I declare, under penalty of perjury (2 years imprisonment and \$4000 fine), that:

- \* I am a citizen of the United States of America;
- \* I actually live at and have no present intention of leaving the above address;
- \* I will be 18 on or before the next election;
- \* I have not been judged mentally incompetent;
- \* I am not currently serving a sentence for a felony conviction; and
- \* I authorize cancellation of my previous registration, if applicable.

*John K. Stephenson*

Signature Required

Date: *09.30.2016*

Return this application to:

Phone: 394-2153 [www.pennco.org](http://www.pennco.org)

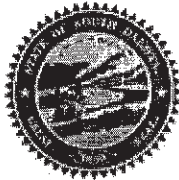
Pennington County Auditor 130 Kansas City St Ste 230 Rapid City SD 57701-2818

EXHIBIT 25

Auditor use only. Agency code:

7/1/2016





# South Dakota Voter Registration Form

## Lawrence County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

1	Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
1	Will you be 18 years of age on or before the next election?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you checked 'No' in response to either of these questions, do not complete the form.					
2	Last Name	First Name	Middle Name(s)/Initial	Suffix	
	Apolinario	Divina	Javilagon		
3	Residence Address	Apt. or Lot #	City	State	Zip Code
	41 W HIGHWAY 14 PMB 461		SPEARFISH	SD	57783-1148
4	Mailing Address (if different)		City	State	Zip Code
	41 W HIGHWAY 14 PMB 461		SPEARFISH	SD	57783-1148
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:				
5	Date of Birth (Required) Month / Day / Year	6	Telephone Number	7	
			310-619-0201	SD Driver License (DL) # or SD Non-Driver ID # (Required)	
8	Choice of Party – See information in the box below:	9	Email Address	If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
	REPUBLICAN				

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

10	Previous Last Name	First Name	Middle Name(s)	Suffix
11	Previous Address	City	State	Zip Code
12	Previous Driver License Number and State	Previous County		
	-			
13	Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

14 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:

- \* I am a citizen of the United States of America;
- \* I actually live at and have no present intention of leaving the above address;
- \* I will be 18 on or before the next election;
- \* I have not been judged mentally incompetent;
- \* I am not currently serving a sentence for a felony conviction; and
- \* I authorize cancellation of my previous registration, if applicable.

*Divina J. Apolinario*

Signature Required

Date: 6/23/2023



# South Dakota Voter Registration Form

## Lawrence County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

1	Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Will you be 18 years of age on or before the next election?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked 'No' in response to either of these questions, do not complete the form.			

2	Last Name	First Name	Middle Name(s)/Initial	Suffix
	Mc Kay	Christopher	Quain	

3	Residence Address	Apt. or Lot #	City	State	Zip Code
	41 W HIGHWAY 14 PMB 1877		SPEARFISH	SD	57783-1148

4	Mailing Address (if different)	City	State	Zip Code
	41 W HIGHWAY 14 PMB 1877	SPEARFISH	SD	57783-1148

4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:				
	41 W HWY 14 PMB 1877 SPEARFISH SD 57783				

5	Date of Birth (Required) Month / Day / Year	6	Telephone Number	7	SD Driver License (DL) # or SD Non-Driver ID # (Required)
			575-494-0855		

8	Choice of Party - See information in the box below: REPUBLICAN	9	Email Address	7	If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number
---	---	---	---------------	---	---

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.


**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

10	Previous Last Name	First Name	Middle Name(s)	Suffix

11	Previous Address	City	State	Zip Code

12	Previous Driver License Number and State	Previous County
	-	

13	Would you like to be a precinct election worker on election day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	--	------------------------------	-----------------------------

14	I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I actually live at and have no present intention of leaving the above address; *I will be 18 on or before the next election; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>Signature Required</b></div> Date: 6/23/2023
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Auditor use only. Agency code: A

2022





# South Dakota Voter Registration Form

## Lawrence County

Use this form to: Register to vote or report a name, address or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

1	Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Will you be 18 years of age on or before the next election?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked 'No' in response to either of these questions, do not complete the form.			

2	Last Name	First Name	Middle Name(s)/Initial	Suffix
	Mc Kay	Lindsey	Marie Masters	

3	Residence Address	Apt. or Lot #	City	State	Zip Code
	41 W HIGHWAY 14 PMB 1877		SPEARFISH	SD	57783-1148

4	Mailing Address (if different)	City	State	Zip Code
	41 W HIGHWAY 14 PMB 1877	SPEARFISH	SD	57783-1148

4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:				
	41 W HWY 14 PMB 1877 SPEARFISH SD 57783				

5	Date of Birth (Required) Month./Day/Year	6	Telephone Number	7	SD Driver License (DL) # or SD Non-Driver ID # (Required)
			575-494-0096		

8	Choice of Party - See information in the box below:	9	Email Address	7	If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number
	REPUBLICAN				

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.


**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

10	Previous Last Name	First Name	Middle Name(s)	Suffix

11	Previous Address	City	State	Zip Code

12	Previous Driver License Number and State	Previous County
	-	

13	Would you like to be a precinct election worker on election day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	--	------------------------------	-----------------------------

14	I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I actually live at and have no present intention of leaving the above address; *I will be 18 on or before the next election; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Signature Required</b></div> Date: 6/23/2023
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Auditor use only. Agency code: A

2022



# South Dakota Voter Registration Form

## Lawrence County

Use this form to: Register to vote or report a name, address or party change

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

1	Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
1	Will you be 18 years of age on or before the next election?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you checked 'No' in response to either of these questions, do not complete the form.					
2	Last Name	First Name	Middle Name(s)/Initial	Suffix	
2	Wagner	Jill	Aline		
3	Residence Address	Apt. or Lot #	City	State	Zip Code
3	41 W HIGHWAY 14 PMB 2119		SPEARFISH	SD	57783-1148
4	Mailing Address (if different)		City	State	Zip Code
4	41 W HIGHWAY 14 PMB 2119		SPEARFISH	SD	57783-1148
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:				
5	Date of Birth (Required) Month / Day / Year	Telephone Number	SD Driver License (DL) # or SD Non-Driver ID # (Required)		
5		612-615-4229			
8	Choice of Party - See information in the box below: No Party Affiliation*	Email Address	If you do not have a current SD, DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number		
8					

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:

10	Previous Last Name	First Name	Middle Name(s)	Suffix
10				
11	Previous Address	City	State	Zip Code
11				
12	Previous Driver License Number and State	Previous County		
12	-			
13	Would you like to be a precinct election worker on election day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

14 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:

- \* I am a citizen of the United States of America;
- \* I actually live at and have no present intention of leaving the above address;
- \* I will be 18 on or before the next election;
- \* I have not been judged mentally incompetent;
- \* I am not currently serving a sentence for a felony conviction; and
- \* I authorize cancellation of my previous registration, if applicable.

Jill Wagner

Signature Required

Date: 8/15/2023

Auditor use only. Agency code: A


2022





# South Dakota Voter Registration Form

## Lawrence County

Use this form to: Register to vote or report a name, address or party change.					
Please print. Complete the entire form. Return this form to your county auditor.					
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit <a href="http://www.sdsos.gov">www.sdsos.gov</a> .					
Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
Will you be 18 years of age on or before the next election?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
If you checked 'No' in response to either of these questions, do not complete the form.					
Last Name		First Name		Middle Name(s)/Initial	
Foss		Patrick		Brian	
Residence Address		Apt. or Lot #		City	
41 W HIGHWAY 14 PMB 366				SPEARFISH	
State		Zip Code			
SD		57783-1148			
Mailing Address (if different)		City		State	
41 W HIGHWAY 14 PMB 366		SPEARFISH		SD	
Zip Code					
57783-1148					
If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:					
41 W HIGHWAY 14 PMB 366 SPEARFISH, SD 57783					
Date of Birth (Required) Month / Day / Year		Telephone Number		SD Driver License (DL) # or SD Non-Driver ID # (Required)	
5		6		7	
207-653-9384					
Choice of Party - See information in the box below:		Email Address		If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
8		9		7	
DEMOCRATIC					
<b>Choice of Party Information:</b> If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.					
<b>Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:</b>					
Previous Last Name		First Name		Middle Name(s)	
10					
Previous Address		City		State	
11		GORHAM		ME	
Previous Driver License Number and State		Previous County			
12		CUMBERLAND			
- ME					
Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
13					
I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:					
*I am a citizen of the United States of America;					
*I actually live at and have no present intention of leaving the above address;					
*I will be 18 on or before the next election;					
*I have not been judged mentally incompetent;					
*I am not currently serving a sentence for a felony conviction; and					
*I authorize cancellation of my previous registration, if applicable.					
14					
		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature Required</div>			
		Date: 6/22/2023			

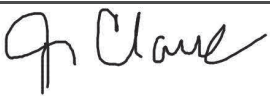
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2022



# South Dakota Voter Registration Form

## Lincoln County

Use this form to: Register to vote or report a name, address or party change.					
Please print. Complete the entire form. Return this form to your county auditor.					
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit <a href="http://www.sdsos.gov">www.sdsos.gov</a> .					
1	Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
1	Will you be 18 years of age on or before the next election?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If you checked 'No' in response to either of these questions, do not complete the form.					
2	Last Name	First Name	Middle Name(s)/Initial	Suffix	
	Clark	Jessica	Ann		
3	Residence Address	Apt. or Lot #	City	State	Zip Code
	5013 S LOUISE AVE UNIT 902		SIOUX FALLS	SD	57108-2268
4	Mailing Address (if different)		City	State	Zip Code
	5013 S LOUISE AVE UNIT 902		SIOUX FALLS	SD	57108-2268
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:				
5	Date of Birth (Required) Month / Day / Year	6	Telephone Number	SD Driver License (DL) # or SD Non-Driver ID #(Required)	
	Privacy		616-856-6050	Privacy	
8	Choice of Party – See information in the box below: REPUBLICAN	9	Email Address	7 If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
<b>Choice of Party Information:</b> If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.					
<b>Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:</b>					
10	Previous Last Name	First Name	Middle Name(s)	Suffix	
11	Previous Address		City	State	Zip Code
			ROCKFORD	MI	
12	Previous Driver License Number and State - MI	Previous County KENT			
13	Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I actually live at and have no present intention of leaving the above address; *I will be 18 on or before the next election; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div> Signature Required</div> Date: 8/2/2023		

Auditor use only. Agency code: A

2022





# South Dakota Voter Registration Form

## Lincoln County

Use this form to: Register to vote or report a name, address or party change.					
Please print. Complete the entire form. Return this form to your county auditor.					
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit <a href="http://www.sdsos.gov">www.sdsos.gov</a> .					
1		Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1		Will you be 18 years of age on or before the next election?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked 'No' in response to either of these questions, do not complete the form.					
2		Last Name		First Name	
		Hunter		Zaneta	
3		Residence Address		Apt. or Lot #	
		5013 S LOUISE AVE PMB 203			
		City		State	
		SIOUX FALLS		SD	
		Zip Code		57108-2268	
4		Mailing Address (if different)		City	
		5013 S LOUISE AVE PMB 203		SIOUX FALLS	
		State		Zip Code	
		SD		57108-2268	
4a		If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:			
5		Date of Birth (Required) Month / Day / Year		Telephone Number	
		Privacy		501-769-3387	
6		SD Driver License (DL) # or SD Non-Driver ID #(Required)		7	
		Privacy		If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
8		Choice of Party – See information in the box below:		9	
		No Party Affiliation*		Email Address	
<b>Choice of Party Information:</b> If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.					
Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:					
10		Previous Last Name		First Name	
11		Previous Address		City	
				State	
		Zip Code			
12		Previous Driver License Number and State		Previous County	
		-			
13		Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14		I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:			
		*I am a citizen of the United States of America;		Signature Required	
		*I actually live at and have no present intention of leaving the above address;		Date: 8/1/2023	
		*I will be 18 on or before the next election;			
		*I have not been judged mentally incompetent;			
		*I am not currently serving a sentence for a felony conviction; and			
		*I authorize cancellation of my previous registration, if applicable.			


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2022



# South Dakota Voter Registration Form

## Lincoln County

Use this form to: Register to vote or report a name, address or party change.					
Please print. Complete the entire form. Return this form to your county auditor.					
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit <a href="http://www.sdsos.gov">www.sdsos.gov</a> .					
1	Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
1	Will you be 18 years of age on or before the next election?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If you checked 'No' in response to either of these questions, do not complete the form.					
2	Last Name	First Name	Middle Name(s)/Initial	Suffix	
	Wolfson	Jay	Kenneth		
3	Residence Address	Apt. or Lot #	City	State	Zip Code
	5013 S LOUISE AVE PMB 838		SIOUX FALLS	SD	57108-2268
4	Mailing Address (if different)		City	State	Zip Code
	5013 S LOUISE AVE PMB 838		SIOUX FALLS	SD	57108-2268
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:				
5	Date of Birth (Required) Month / Day / Year	6	Telephone Number	SD Driver License (DL) # or SD Non-Driver ID #(Required)	
	Privacy		602-291-6057	Privacy	
8	Choice of Party – See information in the box below:	9	Email Address	7 If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
	No Party Affiliation*				
<b>Choice of Party Information:</b> If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.					
<b>Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:</b>					
10	Previous Last Name	First Name	Middle Name(s)	Suffix	
11	Previous Address		City	State	Zip Code
12	Previous Driver License Number and State	Previous County			
	-				
13	Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I actually live at and have no present intention of leaving the above address; *I will be 18 on or before the next election; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div> <b>Signature Required</b></div> Date: 8/8/2023		

Auditor use only. Agency code: A


2022





# South Dakota Voter Registration Form

## Lincoln County

Use this form to: Register to vote or report a name, address or party change.					
Please print. Complete the entire form. Return this form to your county auditor.					
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit <a href="http://www.sdsos.gov">www.sdsos.gov</a> .					
1	Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
1	Will you be 18 years of age on or before the next election?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If you checked 'No' in response to either of these questions, do not complete the form.					
2	Last Name	First Name	Middle Name(s)/Initial	Suffix	
	Wolfson	Pamela	Ann		
3	Residence Address	Apt. or Lot #	City	State	Zip Code
	5013 S LOUISE AVE PMB 838		SIOUX FALLS	SD	57108-2268
4	Mailing Address (if different)		City	State	Zip Code
	5013 S LOUISE AVE PMB 838		SIOUX FALLS	SD	57108-2268
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:				
5	Date of Birth (Required) Month / Day / Year	6	Telephone Number	7 SD Driver License (DL) # or SD Non-Driver ID #(Required)	
	Privacy		602-369-7404	Privacy	
8	Choice of Party – See information in the box below: No Party Affiliation*	9	Email Address	If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
<b>Choice of Party Information:</b> If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.					
Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:					
10	Previous Last Name	First Name	Middle Name(s)	Suffix	
11	Previous Address		City	State	Zip Code
12	Previous Driver License Number and State	Previous County			
	-				
13	Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that: *I am a citizen of the United States of America; *I actually live at and have no present intention of leaving the above address; *I will be 18 on or before the next election; *I have not been judged mentally incompetent; *I am not currently serving a sentence for a felony conviction; and *I authorize cancellation of my previous registration, if applicable.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Signature Required</b></div> Date: 8/8/2023		



# South Dakota Voter Registration Form

## Lincoln County

Use this form to: Register to vote or report a name, address or party change.

**Please print. Complete the entire form. Return this form to your county auditor.**

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit [www.sdsos.gov](http://www.sdsos.gov).

1	Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1	Will you be 18 years of age on or before the next election?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked 'No' in response to either of these questions, do not complete the form.				
2	Last Name	First Name	Middle Name(s)/Initial	Suffix
	Porter	Don	Jacob	
3	Residence Address	Apt. or Lot #	City	State
	5013 S LOUISE AVE PMB 1087		SIOUX FALLS	SD
				Zip Code
				57108-2268
4	Mailing Address (if different)		City	State
	5013 S LOUISE AVE PMB 1087		SIOUX FALLS	SD
				Zip Code
				57108-2268
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live:			
5	Date of Birth (Required) Month / Day / Year	Telephone Number	SD Driver License (DL) # or SD Non-Driver ID #(Required)	
	Privacy	850-162-5324	Privacy	
6				
8	Choice of Party – See information in the box below: REPUBLICAN	Email Address	If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number	
9				

**Choice of Party Information:** If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

**Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:**

10	Previous Last Name	First Name	Middle Name(s)	Suffix
11	Previous Address	City	State	Zip Code
		PANACEA	FL	
12	Previous Driver License Number and State - FL	Previous County WAKULLA		
13	Would you like to be a precinct election worker on election day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

14 I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  
\*I am a citizen of the United States of America;  
\*I actually live at and have no present intention of leaving the above address;  
\*I will be 18 on or before the next election;  
\*I have not been judged mentally incompetent;  
\*I am not currently serving a sentence for a felony conviction; and  
\*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: 8/9/2023